



**SOCIAL SERVICES
INSPECTORATE**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE NORTH EAST

FINAL

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1. Analysis of Findings

The Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the HSE Northern Area (HSENA) under the provision of Section 69(2) of the Child Care Act, 1991.

The centre was located in an attractive detached bungalow near a housing estate close to a small village. It provided a residential service within the HSENA catchment area for four girls between the ages of 15 and 18 years. At the time of inspection there were four teenage girls living in the centre.

The centre had previously been inspected by SSI in 2002. The service had changed considerably since the last inspection. It had been redesignated to provide care for four young people in preparation for semi-independent living. The HSENA had a dedicated after care service that was going through a period of transition resulting in residential care staff taking a primary role in preparation for after care. It no longer took emergency referrals. Its purpose and function adequately reflected this.

The centre had been subject to a comprehensive monitoring report in 2005. In the course of the current inspection, inspectors found a serious commitment among the management and the staff team to address the issues identified in that report. They had already achieved some success in this respect. The majority of recommendations had been implemented; however, some recommendations on issues such as bullying, complaints, some aspects of safeguarding and child protection, and managing behaviour required further action.

Practices that met the required standard

Inspectors found a dedicated, enthusiastic team committed to providing a good service to the young people in their care. One young person told inspectors that staff were sensitive and caring, and approach you if they think you are worried about anything.

There was a good balance of gender, age and experience on the staff team. The majority of centre staff were qualified. The HSENA had a policy of supporting all staff to obtain the required qualifications, and training as required. Newly appointed staff now receive formal induction training. All staff had received training in Therapeutic Crisis Intervention and Children First Guidelines. The HSENA told inspectors that the use of agency staff has been reduced to the point where from the end of May 2006, it will have the full staff complement and agency staff will no longer be required. Inspectors found significant improvements and progress since the last monitoring report. The HSENA systemically responded to these concerns in the past year in following key areas.

A new manager had been appointed to the centre. This person had been part of the staff team and knew the young people and staff well. She addressed issues raised by the monitoring report. She was supported by the alternative care manager and an external facilitator in this. Inspectors found the centre was well managed. The manager was respected by both staff and young people. She provided leadership and direction to the staff team. A culture of consultation, staff empowerment and reflective practice was emerging and staff confidence and morale had increased.

The manager was very accessible to both the young people and staff. She was well informed on all aspects of the centre's care practices and on the needs of the individual young people. As one young person expressed it; "the manager will drop everything even if she's busy if you need to talk to her".

An external facilitator had been sourced by the HSENA to explore management and staff difficulties. He had met with the staff team on a number of occasions to address staff issues, team confidence and cohesion in the care of these young people. The manager did not attend these meetings but was given a general briefing about issues raised after each meeting. Of overarching importance as a consequence of these meetings was a renewed commitment to make the centre work for the young people. These facilitation meetings were valued by management and the staff team as a significant catalyst for positive change.

There was a renewed commitment to supervision and support. Supervision of and support for the centre manager by the alternative care manager took place on a regular and frequent basis. Formal supervision of staff was now frequent and valued as empowering by the staff team. The manager now had internal monitoring systems in place.

Practice in relation to consultation with young people was good. The young people told inspectors that they were consulted about all aspects of their lives. They were encouraged and facilitated in their care and placement reviews. They were consulted about courses and work placements and they were given a wide choice in relation to leisure activities. The young people had their own meetings prior to weekly staff meetings and could attend the latter meeting in part. They had participated in the design and content of the book introducing the centre and designed a programme in consultation with staff on smoking cessation. Practice in relation to the young people's right to information was good.

Inspectors found that young people in the centre were well cared for and related well to the managers and the staff team. One young person told inspectors that she loved living at the centre and that it was a home away from home. There was an air of affection and fun between the staff and the young people at the centre. The staff liked the young people and the young people knew it. The staff team told inspectors that a good relationship with the young people was the key factor in managing behaviour. All the young people interviewed identified a member of the staff team or manager to whom they could talk if they were worried about something or needed advice. At the time of inspection there was a relaxed family atmosphere in the centre with friends and relatives calling in and joining in meal times. Sometimes friends stayed for sleepovers. Young people were involved in leisure activities such as singing lessons, dancing, going to the cinema, and holiday trips with friends. There was also a good relationship between friend's siblings and the staff team. Key working had been reintroduced in a systemic way along with weekly care planning meetings. The centre had developed a basic model of care. The central importance of relationship building in the management of behaviour was now emphasised. Each young person had an individual crisis management plan understood by all. There was now greater clarity about what behaviour was acceptable and what was not so that the young people were learning what was expected of them.

The centre had a proactive policy in relation to contact with families. In this area practice was of a very high standard. Sometimes siblings stayed overnight. Two parents told inspectors that they are listened to and respected.

One parent told inspectors that they can visit any time and are welcomed. Another parent told inspectors that he was regularly telephoned by the centre, and that the centre's approach to this young person was at times informed by his insight into his child's needs. This level of partnership is commended.

The standard on education was well met. The staff placed a high value on education. Three of the young people had educational programmes crafted to their individual needs and one young person was exploring different occupational options in conjunction with one of her key workers. One school principal, who completed a questionnaire as part of this inspection wrote about the excellent level of contact between the centre and the school. Staff assisted the young people with their homework. Inspectors commend the centre for attaching such importance to the provision of education.

All the young people had social workers. They visited the centre frequently and regularly and saw the young people privately. Social workers interviewed by inspectors read centre records from time to time. There was a good level of inter-professional work and good inter-agency cooperation between the centre, social workers and other specialised services. This is commendable.

Inspectors found that young people in this centre received a good standard of primary care and their health needs were met. One general practitioner told inspectors that the centre's care of his patient was excellent. Access to emotional and specialist support was good. There was a high standard of key working. Placement plans were devised weekly in consultation with the young people.

The young people were encouraged to attend religious services once a week. The staff team were sensitive to the young people's feelings of sadness and loss. They supported them in sensitive and creative ways and encouraged both the expression of feelings and quiet reflective time.

There was one discharge in the past year which was carefully planned.

The centre had recently been refurbished to a high standard and was very homely. Each young person had their own room which they personalised with family pictures and posters. The bedrooms were painted in colours chosen by the young people.

The centre has gone through a difficult time over the past few years and inspectors acknowledge that the management and the staff team have made concerted efforts to address the issues. They have succeeded to a large extent. Inspectors would urge the centre to be ever vigilant in maintaining and developing the standards of care for the young people in their care.

Practices that met the required standard in some respect only

Inspectors found that standards were partially met only in relation to responses to some monitoring recommendations made in 2005, principally some aspects of safeguarding, managing behaviour and care planning.

The monitoring report found that there had been a crisis of authority in the centre. External line management oversight was insufficient and there was a high turnover of managers in the centre. The staff team lacked confidence in dealing with the young people and morale was at low ebb. There was an over reliance on agency staff. It reported several serious incidents when staff members had not appeared to have the support or confidence of management in managing the challenging behaviour of the young people. It reported tensions and a lack of trust between the management and some of the staff team.

Now the young people reported that they were listened to respected and liked by the staff team. They were aware of the changes that had occurred for the better in the past year. There was no longer a crisis of authority in the centre and there was a marked improvement in the centre's management of behaviour.

However, more progress is needed. A modal of care needs to be further developed that ensures that the young people know what is expected of them, particularly in relation to risk taking behaviour. A good indicator of progress of this would be where the young people themselves see for example, leaving the centre without permission, as unacceptable. The staff team is now cohesive and morale is high. Future facilitation meetings should focus on developing a system of team values, reflective practice, and the overarching ethos of care. This should be done in partnership with young people with due regard for their age and developmental stage. The manager is crucial in this and now needs to attend these meetings.

There had been a problem with bullying among some of the young people in the recent past and it was decided to run an anti bullying programme. However, this had not been implemented as there had been a decline in bullying behaviour.

Although there is minimal use of sanctions and an acceptance that sometimes just saying sorry is enough, there is still some reliance on monetary rewards that are not developmentally appropriate for completing everyday tasks. Inspectors recommend renegotiation of this practice with the young people. The young people should play a major part in this and thereby take ownership of it. They have already participated effectively in relation to the aforementioned introductory book and smoking cessation manual. They are in the process of reaching a developmental stage where success at building relationships, everyday tasks and significant achievements are intrinsically rewarding.

The vetting of staff members was incomplete. While all staff employed prior to the last inspection in 2002 now had garda clearance, one member of the staff team commenced employment prior to the receipt of garda clearance in 2003 and one in 2004. Another member of staff commenced employment in 2004 prior to the receipt of the required references. All now had the required 3 referees. Agency staff employed by the centre now had the required garda clearance and references.

Care planning and reviews were of uneven quality. Two of the statutory care plans were comprehensive and showed evidence of thorough planning. Needs and tasks were identified as was the long term plan for the young people. The young people and their parents were consulted in a meaningful way and their opinions were reflected in care planning decisions. However, two of the care plans had significant gaps and there was no reference or completion of the aftercare section in two cases. In these cases both young people were over sixteen. There were aftercare plans devised by staff. These were of good quality and concerned themselves with developmental tasks to be achieved and progress made in aspects of independent living.

But these were “preparation for leaving-care plans” rather than after care plans. The latter should address broader needs such as, future living arrangements, educational, and occupational plans, support systems in place and contingency plans. There was little cohesion between the after care plans devised by the social worker and the centre staff. Where there was a social work after care plan they were not connected to the aftercare plans devised by centre staff.

All the young people were regularly reviewed but it was unclear whether these reviews were statutory reviews or professionals meetings. Some had minutes of reviews recorded by the centre but their status was unclear. It was not possible to discern whether they were internal centre records only or the official minutes of the review, or indeed the status of the review. Inspectors could find no minutes of reviews in two cases. There must be absolute clarity that it is primarily the social work department’s responsibility to call statutory review meetings and ensure that the official minutes of the review are distributed to all relevant parties. It would be helpful if there was an official statutory review format designed to record decisions of reviews.

Key workers had undertaken preparatory work for leaving care to a good standard. The centre was committed to a policy of follow up for three months in relation to any young person discharged from their care. The HSENA had a written policy on after care. While inspectors acknowledge some good practice but some aspects of practice needs development. It was not clear to inspectors what precise resources were available to the young people leaving care in relation to support and finance, for example, social workers have to make a case to a community welfare officer as if the young person was not in care because of unrealistic rent provision for young people leaving care.

Aftercare planning between the centre and social worker needs to be more connected.

It was difficult to access information in some of the care files and their format needs to be changed.

The register did not contain all the information required by regulation such as the address the young person would be moving to upon leaving the centre.

A Health and Safety audit was recently carried out and its recommendations needed to be completed.

Fire drills took place every six months and needed to be more frequent.

Practices that did not meet the required standard

The standards that were not met related to suitability of placement, and other aspects of safeguarding. Inspectors were concerned that the safety standard of one young person was not being met primarily due to her high level of absences without authority and the particular serious risk this presented to her. While all the relevant parties were informed, these absences were not notified through the child protection system. Inspectors were informed that a high support placement was being explored for her. Notwithstanding this inspectors recommend an urgent review of her placement.

Inspectors were concerned at the poor practice that had existed in relation to the investigation and resolution of complaints in the recent past. Following her appointment the manager had prioritised finalising outstanding complaints in conjunction with relevant social workers and alternative care manager. The delay in responding to complaints is a serious safeguarding issue particularly as it erodes the young people's confidence in the complaints procedure. Future practice in this area requires a recording that clearly shows what action was taken and the complainant's response. Notwithstanding the work completed in finalising past complaints, the alternative care manager must ensure that the complaints procedure is sufficiently robust so that this situation does not arise again in the future. There had been two developments in the past year. The young people now had access to stamped, self addressed letters to the child care manager and a complaints register had been established. One young person used this channel in the past year and achieved a satisfactory result.

In relation to previously discussed concerns about bullying in the recent past, inspectors recommend that the planned anti bullying programme proceed as a preventative measure and to enhance a culture of intolerance towards bullying.

The centre has no monitoring officer at present. An alternative care manager from another HSE area acted as an interim monitor, and had visited on five occasions in the past year. He reported his findings to the alternative residential manager for the centre. The HSE told inspectors that they are currently in the process of recruiting a replacement and inspectors recommend that this occur as a matter of priority. In the mean time the alternative care manager should report to the child care manager in relation to safeguarding issues.

2. Introduction

The Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the HSE Northern Area. Kieran O'Connor (lead inspector) and Ann Ryan (support inspector) conducted the inspection over a three day period from the 3rd to the 5th of May 2006.

2.1 Methodology

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

- The centre's statement of purpose and function
- The centre's policies and procedures
- The young people's care plans
- Questionnaires completed by social workers
- Questionnaires completed by teachers
- Questionnaires completed by the young people's general practitioner
- The monitoring officer's reports
- The young people's care files
- Administrative records.

In the course of the inspection, inspectors interviewed:

1. The centre manager
2. The deputy manager
3. Six social care workers
4. Three young people
5. The monitoring officer
6. Two social workers for three of the young people
7. The alternative care manager
8. The child care manager
9. The general manager
10. Two parents and two guardians.

2.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of the young people, staff and all other professionals involved in this inspection.

2.3 Management structure

The centre manager reported to the HSENA alternative care manager who in turn reported to the child care manager who reported to the general manager. The centre manager was assisted by a deputy manager.

2.4 Data on young people

Young Person	Age	Length of Placement	No. of previous placements
#1 (Female)	18	2 yrs 7mths	3 residential care
# 2 (Female)	16	2yrs 5mths	none
# 3 (Female)	16	1yr 5 months	1 residential care
# 4 (female)	16	3 months	2 foster care 2residential care

3. Findings

3.1 Purpose and function

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Purpose and function	√		

3.2 Management and staffing

Standard

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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Management	√		
Register		√	
Notification of significant events	√		
Staffing		√	
Supervision and support	√		
Training and development		√	
Administrative files		√	

Recommendations:

1. The HSENA should ensure that the register includes all information required by regulations.
2. The HSENA should ensure that in future Garda clearance and three references are obtained on all staff prior to employment.
3. The HSENA should review the role of the staff facilitator to ensure the focus of facilitation is on reflective practice in working with young people.

4. The HSENA should ensure that in future the centre manager attends the facilitation sessions.
5. The HSENA should conduct a systematic review of record keeping with a view to streamlining the care files to ensure information is more accessible and stored in a more secure format.

3.3 Monitoring

Standard

The health board, for the purposes 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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Monitoring			√

Recommendation:

6. The HSENA should ensure that the monitoring officer's post is filled as a matter of priority.
7. The HSENA should ensure that the alternative care manager provides written reports on agreed areas of practice to the child care manager and general manager on a monthly basis.

3.4 Children's rights

Standard

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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Consultation	√		
Complaints			√
Access to information	√		

Recommendations:

8. The HSENA should change social work practice in relation to delays in dealing with complaints and ensure all outstanding complaints are attended to.
9. The HSENA should ensure that complaints procedure and practice is reviewed by the alternative care manager as part of children's rights on a regular basis.

3.5 Planning for children and young people

Standard

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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Suitable placements and admissions		√	
Statutory care planning and review		√	
Contact with families	√		
Supervision and visiting of young people	√		
Social work role		√	
Emotional and specialist support	√		
Preparation for leaving care	√		
Aftercare	√		

Recommendations:

10. The HSENA should ensure that care plans are thoroughly completed.
11. The HSENA should ensure that formal statutory reviews take place and minutes distributed to all relevant parties.
12. The HSENA should ensure there is clarity in recording statutory review decisions subsequent to all statutory reviews.
13. The HSENA should ensure that planning for aftercare is incorporated into the statutory care planning process.

3.6 Care of young people

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Individual care in group living	√		
Provision of food and cooking facilities	√		
Race, culture, religion, gender and disability	√		
Managing behaviour		√	
Restraint	√		
Absence without authority		√	

Recommendations:

14. The manager and staff should change the sanctions policy in consultation with the young people. Greater emphasis should be placed on positive affirmation rather than financial incentives in completing day to day tasks and achievements.

3.7 Safeguarding and Child Protection

Standard

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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection			√

Recommendations:

15. The HSENA should ensure that the placement of one young person is reviewed
16. The HSENA should ensure that where unauthorised absences are a high risk, they should be notified through the child protection system.
17. The manager should ensure that the planned anti-bullying programme is implemented.

3.8 Education

Standard

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 educational facilities.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Education	√		

3.9 Health

Standard

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.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Health	√		

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the 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 & 13 of the Child Care Regulations, 1995.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Accommodation	√		
Maintenance and repairs	√		
Safety		√	
Fire safety		√	

Recommendations:

18. The HSENA should ensure that all outstanding repairs are completed expeditiously.
19. The HSENA should ensure that the recommendations of the recently completed health and safety audit are completed.
20. The manager should ensure that fire drills are more regularly completed.
21. The HSENA needs to provide written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with.

4. Summary of recommendations

1. The HSENA should ensure that the register includes all information required by regulations.
2. The HSENA should ensure that in future Garda clearance and three references are obtained on all staff prior to employment.
3. The HSENA should review the role of the staff facilitator to ensure the focus of facilitation is on reflective practice in working with young people.
4. The HSENA should ensure that in future the centre manager attends the facilitation sessions.
5. The HSENA should conduct a systematic review of record keeping with a view to streamlining the care files to ensure information is more accessible and stored in a more secure format.
6. The HSENA should ensure that the monitoring officer's post is filled as a matter of priority.
7. The HSENA should ensure that the alternative care manager provides written reports on agreed areas of practice to the child care manager and general manager on a monthly basis.
8. The HSENA should change social work practice in relation to delays in dealing with complaints and ensure all outstanding complaints are attended to.
9. The HSENA should ensure that complaints procedure and practice is reviewed by the alternative care manager as part of children's rights on a regular basis.
10. The HSENA should ensure that care plans are thoroughly completed.
11. The HSENA should ensure that formal statutory reviews take place and minutes distributed to all relevant parties.
12. The HSENA should ensure there is clarity in recording statutory review decisions subsequent to all statutory reviews.
13. The HSENA should ensure that planning for aftercare is incorporated into the statutory care planning process.
14. The manager and staff should change the sanctions policy in consultation with the young people. Greater emphasis should be placed on positive affirmation rather than financial incentives in completing day to day tasks and achievements.

15. The HSENA should ensure that the placement of one young person is reviewed
16. The HSENA should ensure that where unauthorised absences are a high risk, they should be notified through the child protection system.
17. The manager should ensure that the planned anti-bullying programme is implemented.
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