



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

**Report on the Inspection
of a
CHILDREN'S RESIDENTIAL CENTRE
IN THE
Health Service Executive
Southern Area**

FINAL

INSPECTION REPORT ID NUMBER: 261

**Fieldwork Dates: 23 – 24 September 2008
Publication Date: 6th November 2008
SSI Inspection Period: 10
Centre ID Number: 7**

ADDRESS: Health Information & Quality Authority, Social Services Inspectorate,
3rd Floor, Morrison Chambers,
32 Nassau Street, Dublin 2
PHONE: 01-604 1780 FAX: 01-604 1799
WEB: www.hiqa.ie

Contents

1. Introduction

1.1 Methodology

1.2 Acknowledgements

1.3 Management structure

1.4 Data on children

2. Analysis of findings

3. Findings

4. Summary of recommendations

1. Introduction

The Health Information and Quality Authority (HIQA) Social Services Inspectorate (SSI) carried out an announced inspection of a residential care centre in the Health Service Executive (HSE) Southern region under section 69(2) of the Child Care Act, 1991. The inspection took place over the 23rd and 24th of September 2008 and was conducted by Bronagh Gibson (inspector) and Sharron Austin (co-inspector).

The centre was established to provide short to medium term residential care for up to three boys aged between 13 and 18 years of age, however, inspectors found that one of the boys had been resident in the centre for seven years. It is one of three residential care centres within the regional residential child care services. The aim of the centre, as described in the purpose and function, was to provide a safe and 'comforting' environment for young people, within which their past experiences may be understood and the impact of them acknowledged. The centre was located on the outskirts a town, in a mature, quiet residential area. It was a four bed- roomed detached house, with a large rear garden and a front drive way, and it blended in well with the surrounding houses. The area was well serviced with public transport, a church, schools and shops in the immediate vicinity.

1.1 Methodology

Inspectors judgements are based on an analysis of findings verified from more than one source of evidence gathered through: observation of practice; interviews with staff, parents/relatives and young people; interviews with external professionals; an inspection of accommodation and a review of the following documents:

- Statement of purpose and function,
- Policies and procedures (including booklets for young people and their guardians/parents),
- Young peoples care plans,
- Census forms on management and staff,
- Census forms for young people,
- Questionnaires from parents, social workers, school principals/course tutor and a probation officer,
- Personnel files,
- Staff and managers supervision records,
- Duty roster,
- Staff training records,
- Young peoples care files,
- Administrative records which included the centre register and significant incidents such as physical restraint, sanctions, complaints and absences without authority, maintenance records,
- HSE Monitoring officer's reports,
- Previous inspection report,
- Fire safety and maintenance records,
- Insurance certificate,
- Health and Safety statement and most recent Health and Safety audit.

Inspectors interviewed the following people:

- Two young people,
- One parent,
- One relative of a young person (by telephone),
- The acting centre manager,
- The acting child care leader,
- Three child care workers,
- Two social workers,
- One social work team leader,
- HSE monitoring officer,
- The child care manager,
- The HSE general manager.

1.2 Acknowledgements

Inspectors wish to acknowledge the young people, staff members and all other professionals who assisted with this inspection.

1.3 Management structure

The centre was one of three managed by an acting centre manager who was appropriately qualified and who was supported by an acting deputy manager. The acting centre manager reported to the child care manager.

1.4 Data on young people

At the time of the inspection, there were 2 young people in residence aged 14 and 15 years respectively, and both had allocated social workers. According to the centre's register, one of the young people resident had been living in the centre for seven years and the other was a relatively recent admission (July 2008). The centre's register also showed that there had been one discharge in the past year. Prior to discharge, this young person had been resident in the centre for 18 months. Records showed that the average age on admission had increased from eight years of age in 2001, to 11.7 years of age in 2008, reflecting a change in the admission criteria. The most recent admissions had been aged 14 and 15.5 years of age respectively.

Current young people

Young Person	Age	Legal Status	Length of Placement	Number of previous placements
# 1	14	Voluntary Care	2 months	None
# 2	15	Care Order	7 years 3 months	None

2. Analysis of Findings

Overall, inspectors found a good standard of care in the centre. Practice was child-centred and focused on the individual needs of the young people and the centre had established a good level of engagement with families, the local community and professionals.

In the last year, the centre had experienced some changes, due to the change in age and profile of the young people being admitted, and the change of the child care leader who was responsible for the day to day running of the centre. Inspectors found that these changes had been challenging to the staff, but that the changes also provided the impetus for an evaluation of practices and systems within the centre. This resulted in staff morale lifting and practices and systems improving. Inspectors found that the centre was well managed and the staff team provided a professional standard of work.

Key areas identified in the inspection were the impact of the age and profile of the young people admitted to the centre and the change in child care leader.

2.1 Practices that met the required standard

Management

Inspectors found that the internal and external management of the centre was good. The centre was one of three managed by an acting unit manager. Inspectors found that the centre had experienced some difficulties as a result of the challenges posed by the changing profile of the young people being admitted and the recent change in social care leader. These challenges within the team were identified to inspectors by both management and staff members. Inspectors found that they were being addressed through facilitation work being provided by the centre manager and child care leader. Given the specific nature of this work and that it is a short piece of work, inspectors suggest that the HSE South to provide an external facilitator for this process.

Inspectors found the centre manager was accessible and supportive to the centre and the child care leader. The day to day running of the centre was provided by the acting child care leader four days a week (one day a week this person was an after care worker). Social workers, parents and one young person told inspectors of their positive experiences of the centre managers and of the staff team in general, and one young person stated, *'staff are very nice to me here'*.

Vetting

All staff appointed recently were vetted appropriately.

Register

The unit had a register that contained all of the information required by the standards. This register was kept in the offices of the regional residential child care services.

Notification of significant events

Inspectors found through an examination of documentation and consultation with external managers, social workers and one parent, that the notification of significant events met the required standards.

Consultation

The standard on consultation was well met. Inspectors saw documentary evidence and heard from two young people about how they were consulted on various aspects of their care. One young person told inspectors that staff talk with him daily about his care and that he knows his care plan entails *'how long I'll be here and how they'll help me'*. He also stated

he attended his care reviews and inspectors saw review reports written by the young people themselves. Inspectors had access to the young people's meetings records and staff meeting records and both indicated a good level of consultation with young people.

Access to information

Inspectors found that the standard on access to information was well met. One young person told inspectors that he read what was entered about him in his daily log book and had no difficulty challenging anything he did not agree with. Staff members were clear on the centre policy related to access to information and recorded when a young person was asked if he wished to read his daily log. Both parents stated they were given enough information about their children's care and progress in the placement.

Reviews

Inspectors had access to statutory care plans and found that statutory reviews met the required standard. Dates of the statutory reviews were within the required timescales and inspectors saw documentary evidence and were told by one parent, two social workers and staff members that reviews were attended by the young people and parents.

Contact with families

The standard on contact with families was well met. Inspectors found that family contact was within the boundaries of agreed placement plans and access arrangements. Both young people and parents reported they had regular contact with each other through visits and phone calls. One parent told inspectors that '*staff are great here*', and that she could call in whenever she wanted and was always made feel welcome. One resident was from another county and staff drove him home in accordance with the access arrangements. Inspectors also found evidence of families being encouraged to ring or visit the young people when it was felt that there was not enough contact.

Discharge and aftercare

The centre had a dedicated after care worker (who provides an aftercare service across the three centres under the regional residential child care services). It also had an adequate aftercare policy. One young person was discharged in the last year to live independently and support for this young person from the centre was ongoing. Inspectors witnessed the young person returning to the centre to wash his clothes and observed the positive interactions between him and staff members. Inspectors reviewed documentation, interviewed relevant parties, and found that the discharge was planned to a satisfactory standard. Inspectors advise that the HSE South satisfy itself that the ongoing needs of this young person are addressed by the appropriate agencies.

Primary care

Inspectors found the level of primary care was good. The centre had a very homely atmosphere and the young people appeared well nurtured and cared for. Food was plentiful and different dietary needs were catered for. Meal times were observed to be as it would be in an average house, with lots of talk about the day's experiences and upcoming football matches. The young people had free access to the kitchen and laundry area and reported washing their own clothes. They each had their own rooms and inspectors observed that these were full of things one would expect to see in an average teenager's room. The centre was clean and scattered with objects belonging to the young people and had lots of games, books and recreational materials about the house and gardens. There was a trampoline and a football in the back garden and inspectors saw the young people playing in the garden after school.

Race, culture, religion, gender and disability

The religious preferences of parents were known and observed by the boys. Both young people were encouraged to go to Mass and one attended regularly. Although one mother wished her son to attend, the centre and mother were satisfied that it was not in his best

interest to attend. Both young people had a strong sense of identity and the value placed on family background and links by the unit was articulated by one social worker. The staff were cognisant of the learning ability of the residents and the staff expectations was in keeping with this.

Managing behaviour

Behaviour management in the centre was good. The centre's expectations of the young people were clear and parents were included in behaviour management strategies, so as to maintain a consistent approach to the young people. Managers described the psychologist as helpful in developing programmes to deal with challenging behaviour.

Restraint

There had been no restraints in the unit in the last year.

Absence without authority

Inspectors found that absences without authority were dealt with appropriately. There were 200 unauthorised absences from the centre over the last year. Ten were in relation to one young person and the remainder were in relation to one young person who had a court imposed curfew. Although the young person always told the centre where he was and kept in contact, the centre continued to report the absences for the benefit of the Court.

Safeguarding and Child Protection

The centre had comprehensive policies and guidelines on safeguarding and child protection. The young people interviewed identified people they could report any concerns to and both said they felt safe in the unit. Social workers also said that they were satisfied that young people were safe in the unit. There were no outstanding child protection issues or concerns raised over the last year. Staff were able to distinguish between complaints and child protection issues and all staff interviewed said they had no problem with challenging and/or reporting a colleague should they feel the need to do so.

Education

Both boys attended school locally and the centre had a strong educational ethos. Inspectors observed young people doing home-work after school and being assisted by staff. The boys said that they liked school and one told inspectors he wished to go to college. School reports were on file and inspectors received positive reports on one young person from a school principal. One young person, experiencing difficulty in maintaining his placement in his school, was getting help from the centre, psychologist and social work team. A back-up plan was there should the young person's placement be terminated.

Emotional and specialist support

The standard on emotional and specialist support was met. Inspectors saw records and confirmed with parents, young people and staff that the young people in this centre had the emotional and specialist support they required. The centre also had access to a psychologist in the region. One young person was receiving specialist support in another county as he was from that county; however, inspectors advise that this be reviewed by the HSE South, should his placement be longer than anticipated.

Health

The standard on health was well met. The young people had medical histories on file and both had a G.P. in the local area. Their attendance at the dentist and doctor was documented.

2.2 Practices that met the required standard in some respects only

Purpose and function

The unit had a statement of purpose and function which stated the unit provided short to medium term care for up to three boys. Inspectors found that two placements had been long-term and recommend that the statement of purpose and function be revised to reflect practice.

Staffing

The centre had a total allocation of 7.5 child care worker posts and one child care leader post and inspectors found that one post was vacant. Inspectors also found that there is an ongoing dispute regarding the temporary nature of the centre manager and child care leader posts and that the dual role of the acting child care leader was reviewed on an ongoing basis. Inspectors recommend that the HSE South ensures vacant positions are filled and those that are temporary are made permanent.

Administrative files

Inspectors found that the administrative files were of good standard. They were accessible and stored in a safe area. Recording systems were found to be good. One young person's care file had grown in volume due to the length of time they had spent in care and as such, inspectors recommend the archiving of information not required by the centre.

Monitoring

The centre was monitored by the HSE monitoring officer. Inspectors found that monitoring was of a good standard and records showed that the monitoring officer visited the centre regularly. The monitoring officer produced three reports in the last year dated the 19th of June 2008; 15th of April 2008 and the 29th of February 2008. However, the monitoring officer was unaware of the issues relating to the staff team and the ensuing facilitation work that took place. Inspectors recommend that the monitoring officer interview staff members and centre managers periodically. Inspectors also recommend that the centre managers and HSE monitoring officer satisfy themselves that processes of communication between them are good. Records showed that the monitoring office checked the complaints book regularly however, although the monitoring officer stamped these records, he did not sign them. Inspectors recommend that all records reviewed be stamped and signed by the monitoring officer.

Complaints

There were no complaints made in the last year. The centre had clear policies and good recording systems related to complaints. It also had a parents and young person's booklet about how to make a complaint, which young people receive on admission. However, one parent said they did not know how to make a complaint. Inspectors recommend that parents are made aware of the complaints process.

Suitable placement and admissions

Admissions to the centre came through a central admissions panel and inspectors were satisfied that these admissions were appropriate in that they met the purpose and function of the centre. Parents, social workers, staff and internal and external managers stated they viewed all placements as suitable and appropriate. However, one young person was discharged and then *re-admitted* after his 18th birthday. Inspectors recommend that the centre managers and senior managers satisfy themselves that there are adequate procedures and policies in relation to re-admissions to the unit.

Social work role

Social work contact was good. This was evidenced by records of visits and phone calls. Both young people had an allocated social worker. Both social workers stated they received weekly updates from the unit and were notified of any significant events.

On admission, one young person had no social work history and inspectors recommend that the unit be furnished with one immediately.

Statutory care plans

Both young people had up to date care plans on file however, one was written two months after the young person was admitted. The HSE South should ensure that care plans are provided within statutory timescales.

Supervision and support

Supervision of staff was found by inspectors to be good, but that it was less frequent during the transition from one child care leader to the next. However, inspectors were satisfied that this was a temporary situation. All staff had a supervision contract, one of which was unsigned. From the documentation provided, inspectors found that the content of supervision was well balanced between the needs of the staff and the care of the young people.

Staff meetings were held every two weeks and inspectors found that attendance by staff was low at times. On several occasions, records showed that there were more managers than staff in attendance. Inspectors recommend that the unit roster be revised to include the staff meeting as part of the rostered hours. The quality of handovers was identified by both managers and staff as an issue, and inspectors were satisfied to see that a new system was being piloted to address this issue.

Key working

Each young person had a key worker. Key working sessions were carried out on an informal basis and this seemed to work well, however, they were unplanned and opportunistic. They were recorded in the context of what had transpired during a shift. Inspectors recommend that key working sessions are planned and that they are utilised to address specific issues related to the young people.

Training and development

Inspectors found through an examination of training records, that staff training was regular and the areas it covered were broad. All staff members were trained in *Therapeutic Crisis Intervention* (TCI) and the majority of staff had *Children First: National Guidelines for the Protection and Welfare of Children* training. Inspectors recommend that all staff be trained in *Children First: National Guidelines for the Protection and Welfare of Children*. Inspectors also found that the profile of the young people being admitted to the centre had changed in recent times. Inspectors recommend that a training audit be carried out on the staff team in order to identify any training that may assist in dealing with some of the specific behaviours displayed by the young people in residence.

Premises and safety

Inspectors were provided with a copy of the centre's insurance, and health and safety statement. A health and safety assessment had been carried out in 2006 and was reviewed annually. However, it did not specify the date by which the hazards identified were to be addressed. Inspectors recommend that the HSE South ensure dates by which hazards are met are specified as part of the risk assessment process. The oil tank was situated in the back garden, and inspectors observed that it was not boxed in to minimise tampering. Inspectors recommend that the oil tank be boxed in. Inspectors advise the centre to reconsider the storage area for the vacuum cleaner.

The inspector found that the general standard of the accommodation was satisfactory. The unit was well maintained and records showed no outstanding repairs. However, the unit is in need of some redecoration and inspectors advise that this be carried out.

2.3 Practices that did not meet the required standard

Fire Safety

The standard on fire safety was not met. The centre had no fire certificate nor did it have written confirmation from a qualified architect or engineer that all statutory requirements relating to fire safety and building control have been complied with, in accordance with standard 10.19. Inspectors recommend that the HSE South ensure the centre is compliant with standard 10.19 and 10.20 of the standards.

However, since the inspection, inspectors have been informed that the necessary procedures have been put in place to achieve the above, and as soon as the relevant certificates are available to inspectors, this standard will be met.

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		√	

Recommendation:

1. The HSE South should ensure the purpose and function is revised to reflect current practice.

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 (including vetting)		√	
Supervision and support		√	
Training and development			
Administrative files		√	

Recommendations:

2. The HSE South are to ensure vacant positions are filled.
3. The HSE South are to make permanent any temporary positions.
4. The HSE South are to ensure that any files not in use by the centre are archived.

5. The HSE South are to revise the centre rota.
6. The HSE South are to ensure that all staff are trained in *Children First: National Guidelines for the Protection and Welfare of Children*.
7. The HSE South are to carry out a training audit in the centre.

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		√	

Recommendations:

8. The HSE South are to ensure that the HSE monitoring officer interviews staff periodically.
9. The HSE South are to ensure that the HSE monitoring officer initials any records reviewed.

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	√		

Recommendation:

10. The HSE South are to ensure that parents are aware of the complaints process.

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:

11. The HSE South are to satisfy themselves that there are adequate procedures and policies in place in relation to re-admissions to the centre.
12. The HSE South are to ensure that care plans are provided within the statutory timescales.
13. The HSE South are to ensure that the centre be provided with a social history for the most recent admission.

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	√		

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	√		

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:

14. The HSE South are to revise the health and safety audit to include dates by which hazards identified are to be addressed.
15. The HSE South are to ensure that the oil tank is boxed in adequately.
16. The HSE South are to provide written confirmation from a qualified architect or engineer, that the centre complies with fire safety and building regulations as required by the National Standard 10.19.

4. Summary of recommendations

1. The HSE South should ensure the purpose and function is revised to reflect current practice.
2. The HSE South are to ensure vacant positions are filled.
3. The HSE South are to make permanent any temporary positions.
4. The HSE South are to ensure that any files not in use by the centre are archived.
5. The HSE South are to revise the centre rota.
6. The HSE South are to ensure that all staff are trained in *Children First: National Guidelines for the Protection and Welfare of Children*.
7. The HSE South are to carry out a training audit in the centre.
8. The HSE South are to ensure that the HSE monitoring officer interviews staff periodically.
9. The HSE South are to ensure that the HSE monitoring officer initials any records reviewed.
10. The HSE South are to ensure that parents are aware of the complaints process.
11. The HSE South are to satisfy themselves that there are adequate procedures and policies in place in relation to re-admissions to the centre.
12. The HSE South are to ensure that care plans are provided within the statutory timescales.
13. The HSE South are to ensure that the centre be provided with a social history for the most recent admission.
14. The HSE South are to revise the health and safety audit to include dates by which hazards identified are to be addressed.
15. The HSE South are to ensure that the oil tank is boxed in adequately.
16. The HSE South are to provide written confirmation from a qualified architect or engineer, that the centre complies with fire safety and building regulations as required by the National Standard 10.19.