



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE Dublin Mid Leinster Area

FINAL REPORT

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1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an unannounced inspection of a children's residential centre in the Health Services Executive Dublin Mid-Leinster (DML) Area. Sharron Austin (lead inspector) conducted the inspection under Section 69 (2) of the Child Care Act 1991, on the 7th & 8th May 2008.

The centre had been previously inspected on two occasions in March/April 2004 (Report ID No. 104) and again in October 2005 (Report ID No. 134)

The centre evolved as a children's residential centre providing long term residential care for both boys and girls aged 9 – 14 years with physical disability/illness, learning disability or combinations of both. The purpose and function of the centre is currently under review as two of the young people are in the process of moving to other care arrangements. The policies and procedures document has been reviewed and updated since the last inspection and is subject to further review currently. The HSE DML's statement of purpose and function states that *"young people over 12 years of age will be the primary residents of residential child care centres and that every effort will be made to ensure that younger children are not placed in residential care unless an assessment states that it is in their best interests."*

The young people received a good standard of primary care and their health needs were well met. The acting centre manager was experienced and suitably qualified. She was respected by both staff and young people. The inspector found the staff team to be experienced and dedicated with a very good knowledge and understanding of the young people's needs and abilities and observed a respectful and caring approach in all aspects of care.

1.1 Methodology

In this inspection, the inspector's judgements are based on evidence of findings verified from several sources gathered through direct observation, interviews, examination of relevant records and documentation, and an inspection of accommodation. Details of sources of evidence are given below.

The inspector had access to the following documents:

- The centre's statement of purpose and function
- The centre's policies and procedures
- The young people's care plans
- The monitoring officer's reports
- The young people's care files
- Administrative records
- Details of physical restraint for previous twelve months
- Details of unauthorised absences for previous twelve months.

In the course of the inspection, the inspector interviewed the acting centre manager, the co-ordinator of residential care with line management responsibility, four social care workers and two of the young people resident in the centre. Telephone interviews were carried out with the local health manager, the acting child care manager, the monitoring officer and two social workers (one aftercare).

1.2 Acknowledgements

The inspector wishes to acknowledge the co-operation of the young people, their families, the manager and staff of the centre, the social workers and external managers and others who participated in this inspection.

1.3 Management structure

The acting centre manager reports to the co-ordinator for residential care who in turn reports to the local health manager.

1.4 Data on young people

On the day of the fieldwork the following young people were residing in the centre:

Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
# 1 (Male)	21	Voluntary care	7 years	3
# 2 (female)	20	Voluntary care	7 years	3
# 3 (male)	15	Full Care Order	6 years	2

The young people aged 21 and 20 years continued to live in the centre as suitable adult settings had not been found. During the inspection, the inspector was made aware of a proposed move for one of the young people to a supported living arrangement in a purpose built, disability friendly centre which will take place within the coming weeks subject to funding. A provisional placement has also been identified for the second young person.

2. Analysis of Findings

The centre had previously been inspected by SSI in October 2005 and the majority of recommendations arising from that inspection were met.

Practices that met the required standard

Primary Care

The young people received a good standard of primary care and their health needs were well met. During the inspection, there were only two young people in the centre as the third was in hospital due to a pre-existing medical condition. The young people were positive about the care they received. One young person who was due to move to supported accommodation spoke about how much he would miss it and the staff. The inspector observed a respectful and caring approach in all aspects of care.

Management

The acting manager had been in position for just over a year. She was experienced and suitably qualified. Those interviewed spoke about the positive changes she has made and that her management style encouraged and empowered staff in all aspects of their work. She reports to the coordinator of residential care who has responsibility for twelve children's residential services in the area. He provides formal supervision to the acting centre manager every six weeks. He also meets with the key workers from each centre as a group once a month to look at their role and to discuss cases. Staff reported that they found him supportive and responsive to issues as they arose for the young people and staff.

Notification of significant events

This standard was well met and all relevant recipients were satisfied that this was carried out in a prompt manner.

Supervision

The acting centre manager provided regular supervision to all the staff. It is appropriately recorded and a sample of supervision records accessed by the inspector evidenced good links between supervision and the implementation of care/placement plans. The inspector noted that agency staff do not receive formal supervision. This is understandable if there is a big turn over of agency staff. However, given that the agency staff interviewed during the inspection has consistently worked in the centre for the past twelve months, management should provide formal supervision to this person.

Children's Rights

Practice in relation to children's rights was good. The views of the young people were sought regularly. They were asked about their preferences in terms of meals, activities, decoration of their rooms and were encouraged to go shopping with staff. Each young person is asked individually if they have any issues or concerns in relation to any aspect of their care prior to the team meeting which takes place every fortnight. Feedback is given after the meeting. The young people understood how to make a complaint and could name a member of staff they could talk to if they were unhappy or had a concern. The centre's policy on complaints lists the people the young person can contact if they are unhappy with the outcome. Access to

information was also good and the young people were encouraged and facilitated to access their files in accordance with their wishes and abilities.

Contact with families

The inspector found that staff had a positive relationship with the families of the young people and they encouraged and facilitated contact. Friends could call to the house and overnight visits were facilitated.

Social work and care planning

One young person had a supervising social worker. She visits on a monthly basis and takes the young person out during this time. She regularly reads centre records and is notified on all matters in relation to the young person. There is very good communication between the centre and the social worker. Staff interviewed found her involvement supportive and that she is accessible to them when needed. Statutory care plan reviews take place on an annual basis. There was an updated comprehensive care plan on file with evidence of good consultation. The other two young people are over 18 years, one has an aftercare social worker and the other has no social work involvement.

Education

This standard was well met. One of the older young people has been attending a local community school and is due to sit the Leaving Certificate examinations. Her time in secondary school has been prolonged due to a medical condition which requires lengthy hospitalization. The second young person is attending a special school and receives one to one support due to his learning needs. The third young person attends a training course.

When one of the young people was refusing to attend school at the latter part of last year, the staff made every effort to address the matter. They were creative in achieving a positive outcome with the young person returning to school. Staff have meetings with the teachers and the clinical team in the special school every four weeks. Regular contact is also maintained with the school and vocational placement for the other two young people.

Behaviour management

Given the young people's level of ability, staff respond in a manner that is appropriate to the individual. They concentrated on a solution focused intervention when required, for example using life stories as a tool. The inspector saw evidence of this on the young person's file. All staff have been trained in the use of therapeutic crisis intervention. Due to the young people's needs, the restraint element of this model is not appropriate to use and staff concentrate on the therapeutic aspects of this model.

Unauthorised absences

There had been one instance of unauthorised absence from the centre in the past year. The young person was not at risk and returned to the centre with staff. All relevant people were informed in line with HSE policy.

Practices that met the required standard in some respect only

Purpose and Function

The purpose and function of the centre is to provide long term residential care for boys and girls aged 9 – 14 years on admission with physical disability/illness, learning disability or combinations of both. The purpose and function of the centre is currently under review as two of the young people are moving to other care arrangements, and taking into account that children aged 12 and under should not be placed in residential care. The building is not suitable for young people with physical disabilities. The inspector welcomes this review and recommends that it considers the experience gained by the staff in working with special needs within mainstream residential care.

Register

The centre maintains a register on the young people. It did not record the address to which the young person is discharged to as required by the regulations. The inspector recommends that the register be amended to reflect all the required information.

Staffing

The inspector found the staff team to be experienced and dedicated with a very good knowledge and understanding of the young people's needs and abilities. The staff complement for the centre is nine. There was one vacant post at the time of inspection. The gender balance was very good with four male staff on the team. The majority of staff were appropriately qualified; however, two staff did not have a qualification. The inspector suggests that opportunities to obtain the recognised or relevant qualifications be discussed and facilitated.

There has been a significant reduction in the use of agency staff since the last inspection. At the time of inspection the centre had one agency staff who has been working with them consistently for the past year.

Vetting

All the staff team had the required garda clearance. However, three staff (including the acting manager) had no references (two of these commenced employment in the centre in the past twelve months) and a further three staff had only one reference. The inspector recommends that outstanding references be taken up for the two staff employed in the past twelve months and in future three references are obtained prior to the commencement of employment within the centre.

Monitoring

The monitoring officer visited the centre three times in the past year. She has monthly phone contact with the centre and is notified of all significant events. Her most recent visit was a week prior to the inspection. She has not written any formal reports, writing instead to senior management in the HSE DML area highlighting issues of concern and outline recommendations. Whilst this alerts senior management to issues within the centre, the Social Services Inspectorate was not being informed. This was highlighted in the previous inspection report (ID No. 134) in 2005 and a recommendation to submit monitoring reports to the SSI has not occurred. The inspector recommends that monitoring reports are submitted to the social services inspectorate or copies of correspondence to management outlining concerns.

The inspector was made aware of a complaint that arose in relation to one of the young people during an aftercare planning meeting which involved the monitoring officer. The inspector was given the details of the issue from the acting centre manager and the monitoring officer. The young person did not make a formal complaint when requested; however, the acting centre manager and line manager are viewing the matter in the context of a complaint on behalf of the young person. For the purposes of this report the inspector will not go in to detail so as to protect the identity of the young person. However, the inspector is concerned that as no resolution has been reached in relation to the matter it is impacting on the monitor's role with the centre. The inspector recommends that the local health manager meets with all parties involved together so as to bring the matter to a satisfactory conclusion as no action will impact the monitor's role.

Training and Development

There was a range of in-service training programmes provided by the HSE's training department which staff members have attended. All staff had received training in therapeutic crisis intervention, first aid, fire safety and more recently, training in working with children who display sexualised behaviour. As outlined in the *Safeguarding and Child protection* section below, Children First Training and refresher training is outstanding. Some staff expressed an interest in specific training such as autism and ADHD (Attention deficit hyperactivity disorder). The inspector recommends that a training needs audit of the staff team is carried out and that training is relevant to the specific needs of the young people living in the centre.

Suitable placement and admissions

Given the purpose and function of the centre at the time the current young people were admitted, the placements were deemed suitable. However, this has changed with the age profile of two of the residents (over 18 years) and the unsuitability of the building for one of the young people. (This point has been further addressed under accommodation in: *practices that did not meet the required standard*)

Children's case and care Records

Care files and records were of a good standard. There was no copy of the care order or birth certificate on file for the youngest person as required by standard 5.42. The inspector recommends that the original or copy of both the care order and birth certificate are obtained immediately for the youngest person in the centre.

Safeguarding and Child protection

The young people told the inspector that they felt safe in the centre. Staff interviewed were very clear about safeguarding and child protection. This was enhanced by the transparency of practice amongst staff. Each outlined their ability to challenge practice where necessary. The majority of the staff had received training in *Children First*, the National Guidelines for the Protection and Welfare of Children a number of years ago. Three staff have yet to receive the training. The coordinator for residential care told the inspector that they cannot get someone to train staff in *Children First*. He proposed to train a staff member who could carry out the training with all the staff teams in his area. Whilst the centre's policies and procedures pay attention to keeping young people safe, they do not have a specific written policy on safeguarding young people in the centre as required by standard 7.1.

The inspector recommends that a safeguarding policy be drafted and implemented within the centre and that *Children First* training and refresher courses be sourced.

Preparation for leaving care and aftercare

Two of the young people were preparing to move on to other care arrangements. One young person is linked in with a local aftercare service and has an aftercare social worker. The other young person has not had social work involvement since turning 18 years. In a letter to the local health manager in May 2007 the monitoring officer recommended that an appropriately qualified member of staff be appointed to advocate on the young person's behalf in the absence of social work support. This recommendation was not followed up. To date the staff in the centre have fulfilled this function for the young person. Given the current and future needs of the young people, the inspector recommends that more formal links with the disability services is established so as to ensure transition from residential care to the most appropriate aftercare service occurs.

Safety

A health and safety audit was carried out in 2007. It was evident during the inspection that some of the recommendations had not been completed. The inspector recommends completion of all outstanding recommendations as soon as possible.

Practices that did not meet the required standard

Fire Safety

While the centre had a fire certificate it did not have written confirmation from a certified engineer that all statutory requirements relating to fire safety and building control have been complied with as required by standard 10.19.

Fire drills take place regularly and details are recorded in a fire register. The records should indicate how long each evacuation took.

The inspector recommends that written confirmation is obtained with immediate effect certifying that all statutory requirements relating to fire safety and building control have been complied with in accordance with standard 10.19.

Accommodation

The centre is located in a four bed-roomed semi detached house in a quiet suburban housing estate. The rooms are small and the corridors are narrow. At the time of the last inspection one young person had mobility difficulties and he required a bedroom on the ground floor. This was done by converting the garage. A shower facility was installed in the new bedroom and a toilet facility was next to his bedroom. Despite these changes and the progressive nature of his disability the accommodation is totally unsuitable for young people with physical disabilities. The young person cannot use a wheelchair within the house. He relies on crutches to get around, and even then, he is limited in his movements. The inspector recommends that the HSE DML should review the purpose and function of the centre in light of its unsuitability for young people with long term physical disabilities.

The inspector was made aware of a proposed move for the young person to a supported living arrangement in a purpose built, disability friendly centre which will take place within the coming weeks.

Findings

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 DML should ensure that in its review of the centre's purpose and function it considers the experience gained by the staff in working with special needs within mainstream residential care.

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 (incl. vetting)		√	
Supervision and support	√		
Training and development		√	
Administrative files	√		

Recommendations:

2. The HSE DML should ensure that the register be amended to reflect all the required information.
3. The HSE DML should ensure that outstanding references be taken up for the two staff employed in the past twelve months and in future three references are obtained prior to the commencement of employment within the centre.
4. The HSE DML should ensure that a training needs audit of the staff team is carried out and that training is relevant to the specific needs of the young people living in the centre.

3. Monitoring

Standard

The Health Service Executive, 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 Service Executive 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:

5. The HSE DML should ensure that monitoring reports or copies of relevant correspondence are submitted to the Social Services Inspectorate.
6. The Local Health Manager should meet all parties to resolve the outstanding complaint.

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	√		

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		√	
Discharge	√		
Aftercare		√	
Children's Case and care records		√	

Recommendation:

7. The HSE DML should ensure that the original or copy of both the care order and birth certificate are obtained immediately for the youngest person in the centre.
8. The HSE DML should ensure that more formal links with the disability services is established so as to ensure transition from residential care to the most appropriate aftercare service occurs.

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	√		

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		√	

Recommendation:

- The HSE DML should ensure that a safeguarding policy is implemented within the centre and that *Children First* training and refresher courses are sourced.

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	√		

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	√		

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 (Placement of Children in Residential 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:

10. The HSE DML should ensure that all outstanding health and safety recommendations are completed as soon as possible.

11. The HSE DML should review the purpose and function of the building in light of its unsuitability for young people with physical disabilities.
12. The HSE DML should ensure that written confirmation is obtained with immediate effect certifying that all statutory requirements relating to fire safety and building control have been complied with in accordance with standard 10.19.

4. Summary of recommendations

1. The HSE DML should ensure that in its review of the centre's purpose and function it considers the experience gained by the staff in working with special needs within mainstream residential care.
2. The HSE DML should ensure that the register be amended to reflect all the required information.
3. The HSE DML should ensure that outstanding references be taken up for the two staff employed in the past twelve months and in future three references are obtained prior to the commencement of employment within the centre.
4. The HSE DML should ensure that a training needs audit of the staff team is carried out and that training is relevant to the specific needs of the young people living in the centre.
5. The HSE DML should ensure that monitoring reports or copies of relevant correspondence are submitted to the Social Services Inspectorate.
6. The Local Health Manager should meet all parties to resolve the outstanding complaint.
7. The HSE DML should ensure that the original or copy of both the care order and birth certificate are obtained immediately for the youngest person in the centre.
8. The HSE DML should ensure that more formal links with the disability services is established so as to ensure transition from residential care to the most appropriate aftercare service occurs.
9. The HSE DML should ensure that a safeguarding policy is implemented within the centre and that *Children First* training and refresher courses are sourced.
10. The HSE DML should ensure that all outstanding health and safety recommendations are completed as soon as possible.
11. The HSE DML should review the purpose and function of the building in light of its unsuitability for young people with physical disabilities.
12. The HSE DML should ensure that written confirmation is obtained with immediate effect certifying that all statutory requirements relating to fire safety and building control have been complied with in accordance with standard 10.19.