



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

**CHILDREN'S RESIDENTIAL CENTRE
IN THE
HSE Western Area**

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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 Western Area (HSEWA). Sharron Austin (lead inspector), Bronagh Gibson and Linda Moore (co-inspectors) conducted the inspection under Section 69 (2) of the Child Care Act 1991, on the 28th - 29th January 2009.

With prior knowledge that the HSE West had made a decision to close one of its centres and amalgamate two centres into this centre, inspectors proceeded with an unannounced inspection. The inspection followed the normal process. The new service was planned to be up and running by 9th February 2009.

The centre was last inspected by the SSI in 2006 and the majority of the recommendations had been met. Inspectors found a good standard of primary care in this centre. In light of the proposed amalgamation inspectors were concerned that the condition of the accommodation was below standard and recommended that certain works be completed prior to its opening. The local health manager and child care manager said that the target timeline was flexible and could be extended to 28th February 2009 to ensure that there was time to complete the refurbishment of the house.

As the SSI draft report would not be ready prior to the proposed amalgamation date, inspectors issued an interim set of recommendations that required priority action which related to standards on premises and safety, management and the statement of purpose and function. The child care manager was required to be satisfied that these works had been completed, and to inform the inspectorate accordingly, prior to the new service commencing.

Inspectors received written confirmation from the acting child care manager that the majority of the interim recommendations had been addressed and that the young people had moved in to the centre on the 11th February 2009. Interim recommendation No.5 was not fully met. (See section on Fire Safety in practices that did not meet the standards)

The purpose and function of the centre was to provide medium term residential care for four young people aged 14 to 18 years of mixed gender. At the time of inspection there were two girls aged 14 to 18 years residing in the centre. The centre was a purpose-built residential facility located a short distance from a town centre.

1.1 Methodology

Inspectors' judgements are based on evidence 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 centre register
- The young people's care plans and care files
- Administrative records
- Details of unauthorised absences for previous twelve months (43)
- Details of physical interventions for the previous twelve months(4)
- Details of the amalgamation process for the services

The inspectors interviewed the acting centre manager, a social care leader, two social care workers, two young people, one social worker (by telephone), two parents (by telephone), the HSE monitoring officer, the acting child care manager and the local health manager.

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of the young people, parents, the acting manager and staff of the centre, social workers, external professionals and others who participated in this inspection.

1.3 Management structure

All managers were in acting roles. The acting centre manager reported to the acting child care manager who in turn reported to the general manager for that area. An acting operational manager provided support to the managers of the residential centres in the HSEWA.

1.4 Data on young people

On the first day of fieldwork the following young people were residing in the centre, listed in order of length of placement:

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>No. of previous placements</i>
# 1 (female)	16yrs	Voluntary Care	2 years 2 months	1 emergency residential 1 high support
# 2 (female)	17yrs	Voluntary Care	1 year 10 months	1 foster care 1 emergency residential 1 special care

2. Analysis of Findings

Practices that met the required standard

Register

The centre maintains a register on the young people which contained all the required statutory information.

Primary Care

Inspectors found a good level of primary care. Both young girls had their own bedrooms. They had choice of food, clothing, and activities, and received pocket money.

Discharges

Two young people had been discharged in the twelve months prior to inspection. These were planned discharges in accordance with the standard.

Contact with families

There was good evidence that regular contact with families was taking place. Parents interviewed spoke positively about the care their daughters were receiving and felt welcome when they either visited the centre or attended for review meetings. Both parents were informed of the change process in relation to the service and the amalgamation of two services into one centre. They expressed their views to the social workers and felt that there should be no major impact on their daughters and were satisfied with the plans that were put in place to address the young people's individual placements.

Monitoring

The HSE monitoring officer visited the centre on a regular basis and had written comprehensive reports. Copies of the reports were forwarded to this inspectorate. He was notified of all significant events.

Complaints

A central complaints register was maintained. The complaints policy was in draft form. This should be signed off by senior management. Complaints were notified to the supervising social workers and on occasions to an external independent person. They were not routinely notified to the monitoring officer. However, he checked the complaints register during his visits. Each young person understood the complaints procedure in the centre. Inspectors read two complaints in the register made by a young person who had since left the centre: one was made to the monitoring officer who dealt with it at the time, and the other was withdrawn. Inspectors were made aware of a complaint by one of the young people resident in the centre at the time of the inspection. The young person withdrew her complaint, but it was evident to inspectors that there were residual issues that needed to be addressed. Inspectors brought these to the attention of the acting centre manager and the line manager.

Supervision

The formal supervision of staff had significantly improved since the last inspection. Records were maintained of the individual sessions and staff told inspectors during interview that they received supervision on a regular basis. Supervision sessions addressed work practices, training and personal development.

Emotional and Specialist support

Staff were aware of the emotional and psychological needs of each of the young people. Each young person had three key workers and the young people said that they felt comfortable to talk to them or their social workers if they were worried or anxious about anything. There was good evidence of individual key working sessions on file. Young people who required specialist support had access to external services, such as psychiatry, psychology and counselling.

Restraint

Therapeutic crisis intervention (TCI) was the approved method of physical restraint within the centre. There were four recorded incidents of its use in the previous twelve months and was attributable to a change in leadership and staff approach to incidents.

Unauthorised absences

There had been 27 instances of unauthorised absence involving five young people in the twelve months prior to this inspection. External professionals and families were notified in line with HSE policy. Risk assessments in relation to absences were carried out and appropriate actions taken. Some risk assessments were incorporated into the individual crisis management plans.

Education

One of the young people attended a local Youthreach project. A second young person had previously passed her Junior Certificate examinations, and had decided not to continue in school for the present. This young person was currently being assisted to secure a course in the local Institute of Technology.

Practices that met the required standard in some respect only

Purpose and Function

The statement of purpose and function was in draft form dated September 2008 and described the centre as an alternative care provision of the HSE Western area offering medium term accommodation for four young people aged 14 to 18 years of mixed gender. As a regional service it provided placements to three local health areas in the HSE WA.

As outlined earlier, a decision was made to amalgamate two services into this centre resulting in the reduction of placements to one local health area. Inspectors recommend that the HSEWA revise the purpose and function document for the centre and agree on the role of this service within the range of alternative care services.

Management and Staffing

There were 14.5 posts and three relief social care workers. At the time of inspection, the centre employed:

- 1 acting centre manager
- 1 deputy manager
- 4 social care leaders
- 10 social care workers (six permanent, one temporary and three relief staff)
- 1 chef
- .5 administration post

One social care leader was on extended leave and one social care worker seconded to a HSE project continued to be part of the whole time equivalent staff.

There was evidence that the majority of staff were suitably qualified and well experienced where the average length of service in the centre was over six years.

Personnel records were examined by inspectors. All staff had the required Garda clearance. Staff employed in the past two years had been appropriately vetted. The acting centre manager had obtained copies of the personnel files from the human resources department. Inspectors found that the files were not secure, were cumbersome, containing a lot of duplicate information and not in a format that was easy to access. Inspectors recommend that personnel files are organised to allow effective management and ease of access.

The internal management of the centre had improved significantly since the last inspection. The current acting manager had been in post for 18 months and had focussed his work on team building and work practices as recommended for change in the last inspection report. Staff, young people and external professionals spoke of the positive impact the manager had on the service.

Inspectors were told that with the amalgamation of two services into this centre, a new social care manager would be appointed to have overall responsibility of the two centres in the area and a deputy manager would operate in both centres. Inspectors enquired about the job description for this role; however, this had not been developed at the time. Inspectors recommend that the role of the social care manager with overall responsibility for the two centres is clarified and agreed by the HSEWA.

An external child care consultant provided in-house staff consultation. This was carried out with the team on a fortnightly basis and does not include the centre manager. This process was to assist staff in working and communicating in a focussed and planned manner. Those interviewed spoke positively of the consultation process. Inspectors recommend that the new centre manager takes part in this process once she takes up position.

Notification of significant events

The standard on notification of significant events was mostly well met. External professionals were satisfied that this was carried out in a prompt manner. Both parents interviewed expressed their unhappiness about not being notified promptly regarding unauthorised absences and other significant events in relation to their daughters. One parent said that staff may have delayed telling her in order not to aggravate an already stressful period in their lives. Inspectors recommend that the individual absence management plan be amended to reflect the agreed notification procedure with families.

Training and Development

Inspectors were informed that the external child care consultant had identified training needs with the staff team during initial sessions. Staff had received training in core aspects such as therapeutic crisis intervention (TCI), children first training and first aid. Not all staff had training in fire fighting and evacuation. Inspectors recommend that the new social care manager completes a training audit and puts forward a training plan for the coming year.

Administrative Files / Children's case and care Records

Each young person had a care file. Some work had been done to improve the filing system however it was difficult to access information easily. There was no process in place to manage confidential information, and the system for storing files was not secure. During the accommodation check inspectors found bags of shredded information as well as other information which had just been torn up and put in same bag. Inspectors recommend that filing systems are restructured so as to ensure effective management, security, accountability and ease of access.

Children's Rights

Both young people interviewed spoke positively of their experience of care in the centre and outlined who they could talk to if they had any concerns. The acting centre manager outlined how the young people are assisted in preparation for their statutory review meetings and given opportunities to express their views. Regular formal house meetings with the young people in the centre were not taking place. There was evidence of only one meeting which took place a month prior to the inspection. Inspectors were told that formal meetings were not working with the current group of young people. Issues raised were brought to the staff meeting two days later and recorded in the staff meeting minutes. The young people told inspectors that they did not receive feedback and no written evidence of feedback could be found. Inspectors recommend that the practice of consultation with young people be reviewed, and that the minutes of issues raised, decisions made and feedback given back to the young people is recorded appropriately.

The young people were not very clear about accessing information held on their files. Inspectors recommend that the policy around access to information is reviewed and that the centre manager ensures that all staff understand the policy and can explain the process to the young people.

Suitable placement and admissions

Given the purpose and function of the centre, the current placements were suitable. There had been one new admission to the centre in the year prior to the inspection. Young people had been placed on an emergency basis in the centre in the past. This was not in keeping with the purpose and function. The centre manager should ensure that the statement either includes or excludes emergency placements, in accordance with the children's residential service policy.

Given the amalgamation process which was taking place and the condition of the building inspectors recommend that managers satisfy themselves when it is appropriate to accept new admissions to the centre and that practice complies with standard 5.16 by having each admission risk assessed.

Social work role/ Care Planning and statutory reviews

Each young person had allocated social workers and the frequency of contact varied. There was evidence that some of the social workers read the care files on occasions.

In general, the social worker interviewed spoke positively of the care provided by the staff team and that the young person was co-operating with her care programme which was a problem in the past. Social workers received a weekly key worker report from the centre.

Both young people had care plans that were not specific to the current placement. There was evidence that young people and their families were consulted in the drawing up of the care plans. The care plans were of a poor quality and several sections were blank. One care plan was drawn up two months after admission. Inspectors were made aware of a proposed shared care arrangement for two young people whose placements in the centre would overlap rather than dovetail. A parent expressed concern about it to the inspectors but felt that the proposed plan should work with the necessary supports in place.

Statutory reviews were taking place, but review minutes were absent in some cases. Inspectors read various letters on file sent by the staff to the supervising social workers requesting minutes of review meetings, placement clarification and issues to do with care plans. Staff are commended for their proactive approach in relation to these matters. Placement plans were on both files and were comprehensive. Inspectors recommend that the HSEWA ensures that young people have a current, completed care plan on file

Preparation for leaving care and aftercare

One young person was in the process of preparing to leave care. Both young people were at an age where the statutory requirement for preparation for leaving care should commence two years in advance of the expected discharge date. Only one of the young people had an aftercare plan on file. This had been highlighted by the monitoring officer's report. Inspectors found that it focussed more on preparation for leaving than aftercare. Inspectors recommend that when the young people in the centre reach the age of 16 years, they should have a statutory leaving care plan and access to the HSE aftercare service, in accordance with the standard. Inspectors also recommend that a review of the use of the building be carried out to facilitate a possible semi-independent provision within the centre for preparation for leaving care.

Management of behaviour

Inspectors were told that the approved method of managing behaviour used within the centre is Therapeutic Crisis Intervention (TCI) and that de-escalating techniques were the main focus of managing behaviour. Staff had struggled in the past to deal with the young people who displayed out of control and challenging behaviour, and there had been a significant number of unauthorised absences. Inspectors were satisfied that improvements had taken place. There was evidence of risk assessments and individual crisis management plans (ICMP's) on file. The risk assessments mainly concerned unauthorised absences and to a lesser degree risks presented in the centre.

Staff and young people interviewed told inspectors that the use of sanctions for the management of behaviour had not been effective. The last recorded sanction was in January 2008, a year prior to the inspection. The acting centre manager told the inspectors that the life space interview element of TCI was used to problem-solve with the young people, and sanctions were linked to behaviour. This was not clear from the documentation reviewed.

Inspectors recommend that:

- the centre manager and staff review the overall management of behaviour focussing on the consistent use of sanctions and ensure that they are recorded in accordance with the standard,
- the distinction between management of behaviour and the management of risk is clarified.

Safeguarding and Child protection

In the previous inspection, safeguarding was a concern as no policy existed and staff were unclear about aspects of safeguarding. A policy was drafted and further attention to this area was addressed through team training with the external child care consultant. There was one child protection notification made two weeks prior to the inspection in relation to one young person ultimately resulting in an admission to a special care facility shortly before the inspection.

Inspectors found that despite the improvements in addressing safeguarding issues there was still some confusion which required more effective management. Inspectors recommend that all child protection concerns are managed effectively and reported promptly.

Health

All the young people had a named G.P. Staff had a good awareness of the health needs of each of the young people. Records of appointments were maintained. There was no evidence of a medical assessment on admission to care or note outlining if it was unnecessary, as required by the regulations. Medical histories were poor and immunisation records were absent on files. In the absence of any relevant documentation, inspectors could not find evidence that efforts were made to obtain the information. Inspectors recommend that the medical/health files are reviewed and ensure that efforts made to obtain medical information is recorded on file.

Safety, Maintenance and repairs

The centre had an up to date health and safety statement. During the accommodation inspection, there were several areas internally and externally that required repair and maintenance. Some of these issues formed part of the interim recommendations which have been highlighted at the start of this report. Staff interviewed outlined the difficulties in getting

maintenance issues addressed. The HSEWA should ensure that the response to routine maintenance is conducted in a timely manner.

Practices that did not meet the required standard

Accommodation

The centre was a purpose-built residential facility located a short distance from a town centre. It was in a poor state of décor. Its general appearance and upkeep was poor. Routines, where staff and young people would take an active responsibility for maintaining the quality of their environment, were not evident. As noted at the start of this report, inspectors were concerned about the condition of the accommodation and recommended that certain works be completed prior to the proposed amalgamation. Prior to the inspection visit finishing, it was agreed with the local health manager and the acting child care manager that the target timeline could be flexible and was extended to the 28th February 2009 to allow time for the refurbishment of the centre. The inspectorate obtained written confirmation that the interim recommendations made in relation to the accommodation had been met on the 12th February 2009.

Fire Safety

There was no written confirmation that all statutory requirements relating to fire safety and building control have been complied with in accordance with standard 10.19. Inspectors recommended that this standard be met as part of the interim recommendations. This was being addressed at the time of writing this report. Inspectors recommend that a copy of the written confirmation is forwarded to the inspectorate upon receipt.

A daily fire safety log was completed by staff. A quarterly check of fire fighting equipment and the alarm system was carried out by an external service provider. Inspectors viewed certificates of inspection by this company. One staff member had completed training in a safety representative consultation course. Several staff had not received training in fire prevention and evacuation. During a physical inspection of the premises, inspectors found that some fire extinguishers were absent from their locations. The daily fire safety log checks completed by staff did not reflect this information. Inspectors recommend that all fire prevention appliances are located as required and daily safety checks reflect any absences or reasons for removal of fire fighting appliances.

3. 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 HSEWA should revise the purpose and function document for the centre and agree on the role of this service within the range of alternative care services.

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 HSEWA should ensure that the personnel files are organised to allow effective management and ease of access.
3. The HSEWA should ensure that a job description for the new centre manager with overall responsibility for the two centres is clarified and agreed.
4. The HSEWA should ensure that the new centre manager takes part in the existing consultation process once she takes up her post.
5. The HSEWA should ensure that the individual absence management plans are amended to reflect agreed notification procedures with families.
6. The HSEWA should ensure that the new social care manager completes a training audit and puts forward a training plan for the coming year.
7. The HSEWA should ensure that filing systems are restructured to allow for effective management, security, accountability and ease of access.

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	√		

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 HSEWA should ensure that the practice of consultation with young people is reviewed and minutes of issues raised, decisions made and feedback given to the young people is recorded appropriately.**
- 9. The HSEWA should ensure that the policy on access to information is reviewed and that all staff understands the policy and can explain the process to the young people.**

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		√	

Recommendations:

10. Given the amalgamation process which was taking place and the condition of the building the HSEWA should ensure that managers satisfy themselves when it is appropriate to accept new admissions to the centre and that practice complies with standard 5.16 by having each admission risk assessed.
11. The HSEWA should ensure that young people have a current, completed care plan on file.
12. The HSEWA should ensure that when the young people in the centre reach the age of 16 years, they should have a statutory leaving care plan and access to the HSE aftercare service, in accordance with the standard.
13. The HSEWA should review the use of the building to facilitate a possible semi-independent provision within the centre for the preparation for leaving care.

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 HSEWA should ensure that:

- the centre manager and staff review the overall management of behaviour focussing on the consistent use of sanctions and ensure that they are recorded in accordance with the standard,
- the distinction between management of behaviour and the management of risk is clarified.

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:

- 15. The HSEWA should ensure that all child protection concerns are managed effectively and reported promptly.**

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		√	

Recommendation:

- 16. The HSEWA should ensure that the medical/health files are reviewed and ensure that efforts made to obtain absent medical information is recorded on file.**

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			Interim recommendation made on the 3.2.09 - met
Maintenance and repairs		Interim recommendation made on the 3.2.09 - met	
Safety		√	
Fire safety			√

Recommendations:

- 17. The HSEWA should ensure that the response to routine maintenance is conducted in a timely manner.**
- 18. The HSEWA should ensure that written confirmation of compliance with fire safety and building control regulations as required by standard 10.19 is in place and a copy is forwarded to the inspectorate upon receipt.**
- 19. The HSEWA should ensure that all fire prevention appliances are located as required and daily safety checks reflect any absences or reasons for removal of these appliances.**

4. Summary of recommendations:

- 1.** The HSEWA should revise the purpose and function document for the centre and agree on the role of this service within the range of alternative care services.
- 2.** The HSEWA should ensure that the personnel files are organised to allow effective management and ease of access.
- 3.** The HSEWA should ensure that a job description for the social care manager with overall responsibility for the two centres is clarified and agreed.
- 4.** The HSEWA should ensure that the new centre manager takes part in the existing consultation process once she takes up her post.
- 5.** The HSEWA should ensure that the individual absence management plans are amended to reflect agreed notification procedures with families.
- 6.** The HSEWA should ensure that the new social care manager completes a training audit and puts forward a training plan for the coming year.
- 7.** The HSEWA should ensure that filing systems are restructured to allow for effective management, security, accountability and ease of access.
- 8.** The HSEWA should ensure that the practice of consultation with young people is reviewed and minutes of issues raised, decisions made and feedback given to the young people is recorded appropriately.
- 9.** The HSEWA should ensure that the policy on access to information is reviewed and that all staff understands the policy and can explain the process to the young people.
- 10.** Given the amalgamation process which was taking place and the condition of the building the HSEWA should ensure that managers satisfy themselves when it is appropriate to accept new admissions to the centre and that practice complies with standard 5.16 by having each admission risk assessed.
- 11.** The HSEWA should ensure that young people have a current, completed care plan on file.
- 12.** The HSEWA should ensure that when the young people in the centre reach the age of 16 years, they should have a statutory leaving care plan and access to the HSE aftercare service, in accordance with the standard.
- 13.** The HSEWA should review the use of the building to facilitate a possible semi-independent provision within the centre for the preparation for leaving care.
- 14.** The HSEWA should ensure that:
 - the centre manager and staff review the overall management of behaviour and ensure that sanctions/consequences are recorded in accordance with the standard,
 - the distinction between the management of behaviour and the management of risk is clarified for staff,
 - external management and the centre manager establish a system for the assessment and management of risk.

- 15.** The HSEWA should ensure that all child protection concerns are managed effectively and reported promptly.
- 16.** The HSEWA should ensure that the medical/health files are reviewed and ensure that efforts made to obtain absent medical information is recorded on file.
- 17.** The HSEWA should ensure that the response to routine maintenance is conducted in a timelier manner.
- 18.** The HSEWA should ensure that written confirmation of compliance with fire safety and building control regulations as required by standard 10.19 is in place and a copy is forwarded to the inspectorate upon receipt.
- 19.** The HSEWA should ensure that all fire prevention appliances are located as required and daily safety checks reflect any absences or reasons for removal of these appliances.