



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Social Services  
Inspectorate**

**A**

**CHILDREN'S RESIDENTIAL CENTRE**

**IN THE**

**HSE DUBLIN NORTH EAST AREA**

**FINAL**

***INSPECTION REPORT ID NUMBER: 290***

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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 (HSE), Dublin Northeast Area (DNEA) under Section 69 (2) of the Child Care Act 1991. Patrick Bergin (lead inspector) and Sharron Austin (co inspector) carried out the inspection over a two day period from the 4<sup>th</sup> to the 5<sup>th</sup> of February 2009.

## **1.1 Methodology**

The judgements of inspectors are based on an analysis of findings verified from more than one source of evidence gathered through: observation of practice; interviews with relevant HSE staff members and managers, interviews with young people, examination of records and documentation and an inspection of accommodation.

The following unit documents were available to inspectors during this inspection:

- Statement of purpose and function,
- Policies and procedures
- Young peoples care plans and case files
- Census forms on management and staff
- Young people census forms
- Administrative records,
- Previous inspection report and follow-up report,
- Young person questionnaires

During the course of this inspection, inspectors interviewed the following people:

- centre manager, (project manager)
- acting alternative care manager,
- two social workers (one by telephone),
- one social care leader,
- two social care workers,
- HSE monitoring officer,
- four young people in residence,
- one parent

## **1.2 Acknowledgements**

Inspectors wish to acknowledge the assistance and cooperation of the young people, parent, staff members and other professionals who participated in this inspection.

## **1.3 Management structure**

The centre was managed by the centre manager and the external management structure consisted of an alternative care manager, a child care manager, a general manager and a local health office manager.

## 1.4 Data on young people

On the first 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)	14	Voluntary care	5 years 8 months	5 foster care placements
# 2 (male)	12	Voluntary care	5 years 8 months	5 foster care placements
# 3 (female)	14	Voluntary care	3 years 11 months	None
# 4 (female)	12	Voluntary care	3 years 11 months	None
#5 (male)	9	Voluntary Care	3 years 11 months	None

## 2. Analysis of Findings

The centre had previously been inspected by SSI in August 2006 and all recommendations arising from that inspection were met. Five of the young people living in the centre during the 2006 inspection were in residence during this inspection. There were two sibling groups, two brothers, in the centre over five years and two sisters and their brother who had lived in the centre almost four years.

The centre was in operation since 1981 and the mission statement described a holistic approach to the care of the children between the age of six and twelve on admission from a specific geographical area. Of crucial importance to the functioning of the centre was the involvement of families of origin and communities with the care of these children. A strong emphasis was placed on contact with parents and families and on facilitating the child and family to move forward adequately to allow the child return home at some point in the future.

The centre was a mid-terraced two story house with four bedrooms, dining room, sitting room and kitchen. The centre had one bathroom and two toilets to be shared by five children and three/four staff daily. The two sisters shared a bedroom, their brother had his own bedroom. Up to December 2008 the other sibling group shared a bedroom however with the discharge of a young person, the boys were allocated separate bedrooms.

Inspectors were informed that although the centre was designated as a six placement centre, it was agreed by HSE DNEA to reduce capacity to five on a temporary basis. Inspectors were concerned that young people had no choice but to share bedrooms and that the bathroom facilities were inadequate for the amount of people in the centre.

Inspectors were informed of complaints made by young people which were deemed to be child protection issues. Inspectors were concerned that information pertaining to associated issues in 2006 forwarded to the social work departments were not known to social workers. As a consequence inspectors were mindful that decisions to manage the current complaints were not informed by all the facts. Inspectors advised this situation required immediate review and correspondence was issued to the Social Work Department requesting report on the concerns.

### ***Practices that met the required standard***

#### *Purpose and function*

The centre had a statement which defined the purpose and function of the centre. Inspectors found evidence the practice in the centre reflected the purpose and function. Centre staff, manager and external managers had a comprehensive understanding, shared with young people and families of the importance of relationships and community supports. Inspectors advise the current changes in the capacity from six to five should be reflected in the purpose and function document.

#### *Management and Staffing*

The centre manager (project manager) was appropriately qualified for the post and reported to the acting alternative care manager. The centre had a deputy manager who had dedicated responsibilities but in the main shared the management duties with the manager. There was very constructive feedback from young people, care staff and external managers as to the positive impact the centre manager had on the service. He played a significant role in motivating people to maintain the focus on the stated objectives of the centre. Inspectors found that care practices in the centre were good and these will be discussed throughout the report.

#### *Register*

The centre had a new register format which was opened in March 2007. It contained the information required in the standards. A recent discharge from the centre was also entered in the register.

#### *Notification of significant events*

The centre had a system where significant events were notified to the social work department, the monitoring officer and the acting alternative care manager. Inspectors were told by social workers and monitoring officer that this information was shared promptly and appropriately and the inspectors concurred with this view.

#### *Staffing*

Inspectors were informed that the centre had a complement of 10.5 care staff excluding the manager post. Eight and a half posts were filled permanently with the remaining filled by agency staff. Four staff were on maternity and carers leave, however these positions were filled on a temporary basis. Inspectors were told that agency staff used in the centre were consistent and were seen as part of the team in the centre.

Inspectors reviewed staff census forms and found that all staff had appropriate garda vetting. They were informed the centre manager had viewed the garda vetting and references of agency staff and found them to be in order. Inspectors may seek to view staff records on a follow up visit in the future.

Inspectors were told the visiting teacher did not have garda vetting or references. The centre and external managers were advised to address the situation as a matter of urgency and comply with standard 2.11.

#### *Consultation*

Inspectors were told by young people their relationship with staff was good. They felt their views were considered and they understood reasons why some of their requests were refused. The centre held children's meetings on a weekly basis. Inspectors found this system was positive in informing and planning for young people and centre activities.

#### *Suitable placement and admissions*

The centre had maintained a strong policy and practice in its work with families in the local area. The young people living in the centre were there for a number of years. It was evident to inspectors the priority of care practices focused on family contact, leading to young people returning to the care of their families. Social workers, centre staff, monitoring officer and a parent said the young people were appropriately placed. Inspectors held the view that the five children were appropriately placed.

Inspectors were informed that a central admissions committee considered placements for residential services in the area. Inspectors were told that there was a clear understanding and acknowledgement by this committee of the purpose of the centre and the decision to admit young people to the centre was in keeping with the centre's remit.

#### *Contact with families*

Inspectors found evidence from observation, interviews with young people, interview with a parent and centre staff, that family members, friends and significant others were encouraged to visit the centre. The centre staff played an active role in developing relationships between young people and their families. Inspectors found openness in enhancing the contact between young people and their families which had resulted in the development of positive relationships.

Inspectors found evidence where the staff played a significant role in securing appropriate accommodation for one family as part of the process of reuniting the family. The centre were commended for the open, accepting and welcoming approach they adopted to contact with families and the collaborative and partnership attitude taken in meeting young people's needs.

Social workers described the work been undertaken by the centre as excellent and crucial in forging relationships between the young people and their families and local community. Inspectors were told by young people of the important contact between the centre staff and their families. Inspectors found that the centre was integrated in to local community where families called for a chat or when they had a concern.

### *Emotional and specialist supports.*

Inspectors were satisfied that young people in the centre could access appropriate services as required. There was a comprehensive knowledge of services near the centre amongst the centre staff. Young people were aware of the reason they were accessing services. Inspectors were aware of a previous referral of one young person to a psychologist for assessment. This assessment did not proceed due to the involvement of other specialised services. The young person had been re-referred in recent weeks and appointments were pending.

### *Preparing for leaving care*

Inspectors were told by one sibling group there were plans for them to return home. Inspectors found evidence of a multi-disciplinary / agency approach to assist the family prepare for the children return. This approach considered the children's needs, family's capabilities and a holistic approach to the challenges experienced by all. Access arrangements had increased over a considerable period of time and the young people were aware of the challenges which they and their family may encounter. More importantly, young people were aware of how to seek support should difficulties arise. There existed an understanding that the centre was an integral part of this plan and the centre staff would continue to be available to the family for the foreseeable future. The centre staff, management families and young people are commended for the level of trust and engagement they have shown in developing this strategy.

### *Aftercare*

Aftercare was not specifically noted as part of the young peoples plan due to their ages. It was noted by inspectors the level of contact that the centre had with adults who were previously placed in the centre. Many of these people continue to live in the area and see the centre as part of their lives. Inspectors were told by centre staff and external managers of people calling to the centre seeking advice or dropping in for a chat. The creation of a community ethos was evident to inspectors during the field work inspection.

### *Individual care in group living*

Inspectors interviewed four young people in the centre. One young person did not wish to meet with inspectors. The general consensus of young people was that they believed they were well cared for by the centre staff. They were aware of the routines and expectations of living in a children's residential centre. They all identified how to address a concern and each child could name someone they would speak to if they had any concerns. They spoke openly about their involvement in local groups and stated they could get involved in any hobbies they wanted to access.

Young people interviewed were able to explain to inspectors the role of care staff in caring for them, the relationship between centre staff and their families and the intended plans for their future. One parent interviewed told inspectors how she found it very difficult to place her children in the centre initially. She explained how she believed that the relationship between the centre staff, her children and herself had created a better chance for her family. She told inspectors she had no reservations in recommending the centre to any family who were experiencing problems.

### *Provision of food and cooking facilities*

Young people told inspectors they were happy with the food in the centre. Inspectors found consideration was given to individual preferences and there was awareness amongst the centre staff of the traditional meals families in the area prepared. Centre staff made a conscientious effort to maintain these traditions. Inspectors joined the young people and staff for dinner.

### *Race, culture, religion, gender and disability*

Inspectors found evidence of awareness by the centre staff of cultural and social issues. Centre staff consulted with families in regard to many issues and families wishes were evidenced in the practices in the centre. Some children sought to attend religious services on a weekly basis and they were facilitated while other children were encouraged.

### *Managing behaviour*

Inspectors were told by centre manager that the therapeutic crisis intervention skill set was an integral aspect of the team functioning. The awareness of escalating crisis, the environment and triggers assists centre staff to manage difficult situations. There were no physical restraints in 2008 and the centre manager credited the attitude and skills of centre staff in managing situations for this position. The centre manager described the staff team as a "very firm scaffolding" during times of crisis. He explained how the staff team responded to difficult behaviours displayed by one young person and the impact these had on other young people in the centre. The centre manager believed in a "balanced approach – collective for group and individual".

Inspectors were told that the use of weekly staff meetings in formulating strategies for young people was important and there was a frame-work for risk assessing situations. The centre also utilised individual crisis intervention plans as a mechanism of informing staff as to appropriate management behaviour techniques.

Inspectors were informed of three occasions when a young person was absent without leave. The centre staff made contact with the appropriate authorities following a risk assessment of the circumstances. The young person returned independently on two occasions and was collected from their family home on another occasion. Inspectors were satisfied with the practice adopted by the centre staff in managing these situations.

### *Education*

All young people were attending schools. Two young people were attending primary school and the other three were attending secondary school. Three of the young people had educational assessment reports on file.

While problems were experienced in maintaining one young person in school due to behavioural problems, inspectors were satisfied that holistic approaches to managing these difficulties were established. This approach involved parents, teachers, social worker and centre staff and the young person.

Inspectors found education was instilled in young people as a positive exercise and it was seen as part of the daily routine. Centre staff assisted young people as necessary in completing school work. The HSE EA had employed a teacher to assist two young people with specific subjects for a few hours each week.

### *Health*

Inspectors were told centre staff had recently applied for immunisation records for all young people in the centre. This was initiated following the audit of the case records. None of the children were on medication and there were no specific medical concerns reported for any of the children.

All the young people had medical cards and they could access the centre doctor or their own family doctor. Inspectors found records of medical appointments and medical reports. Young people told inspectors they visited the dentist and one young person had appointments with the optician.

### ***Practices that met the required standard in some respect only***

#### *Supervision and support*

Inspectors were told that the centre operated a policy on supervision and this occurred every four to six weeks. A random selection was undertaken by inspectors of five staff supervision records. They found most staff had three supervision sessions in a twelve month period which falls short of centre policy. The areas of discussion within the supervision session were appropriate and included practice issues, accountability and key working. Inspectors were told that there was regular informal contact between staff and managers and supervisors but accepted the need to address the variation between policy and practice. Inspectors recommend the policy on supervision is reviewed and practice should be in line with policy.

#### *Training and development*

Inspectors were told the centre staff had access to core training. These included therapeutic crisis intervention and refreshers, children first training and first aid. The centre manager had requested training in the use of fire extinguishers and this remained outstanding. Inspectors recommend that fire training is provided as a matter of urgency and updates provided periodically.

#### *Administrative files*

Inspectors were told by centre and external centre managers the area of administrative files had been identified as requiring restructuring. The arrangement for maintaining information in a user friendly format was identified in the audit as inadequate. Inspectors found the information maintained on file was not maintained in perpetuity thus creating confusion as to the decision making process and subsequent actions taken. Inspectors recommend that the administrative files are reviewed, structured and organised to facilitate effective management and accountability.

#### *Monitoring*

The monitoring officer was familiar with the centre but acknowledged he did not have regular formal contact with it. An audit on the centre had been completed. While the report was not finalised the monitoring officer held the view the standard of care in the centre was high. There were a number of areas which required further actions and these were to be progressed following completion of the report. No other report had been compiled by the monitoring officer in the twelve months prior to the inspection.

Significant information reports were forwarded to the monitoring officer however he told inspectors there would be few significant incidents. Inspectors requested a copy of the audit from the monitoring officer following completion of the report and recommended reports in writing are completed on a regular basis as required under standard 3.3.

### *Complaints*

The centre had a complaints policy. Practice in the centre did not reflect this policy. There were five complaints logged between August 2007 and the inspection. A number of these complaints remained outstanding and inspectors were concerned there was lack of clarity as to who was investigating these matters or their current status.

Of particular concern to inspectors were two complaints which related to child protection concerns. Records show the centre manager had shared the concerns with the social workers and actions had been agreed however the current status of these matters were not evident. This will be addressed further under standard 7, safeguarding and child protection.

One parent raised concern with inspectors that she was unaware of the status of this complaint made by her son to the centre staff. She acknowledges that the centre staff had acted appropriately to address the matter however she was unsure as to the current status of the complaint. She was also unaware if it was the responsibility of the centre manager or the social worker to address the complaint outcome with her.

Inspectors advised centre and external line managers to clarify who investigates different categories of complaints, that outcomes are reached and recorded and that stakeholders are informed of the outcomes.

### *Access to Information*

Inspectors found there was awareness amongst centre staff that young people could access their information on file. Young people were aware that they could see their daily records. One young person stated that he didn't wish to see them now but when he was eighteen he would be back to see what people wrote about him.

A system did not exist on how to manage confidential material and the format of the files did not lend itself to assisting in this process. Centre and external managers agreed that the system needed to be reviewed and practices formulated to meet this standard. Inspectors recommend this action to be undertaken.

### *Statutory Care Plans*

Statutory care plans for two young people needed to be updated. Review statutory meetings had not occurred for sixteen months for these young people. Inspectors were told by the social worker this would be addressed and acknowledged that standard 5.7 and 5.13 were not met.

The statutory care plans and reviews were in order in respect to the other sibling group. Medium and long term plans were identified for the young people. Inspectors recommend the HSE DNEA ensure standards 5.7. statutory care plans and 5.13 statutory care plan reviews are met.

### *Supervision and visiting of young people*

Records from the centre suggest the young people received six visits from their social workers in the eighteen months prior to the inspection. Two of the young people had refused to meet the social worker on a number of occasions. Social workers acknowledged the centre staff played a significant role in the young people's lives and addressed many concerns they raised. Due to work loads historically, social workers were not able to allocate the level of time they would have wished to develop relationships with young people.

Social workers told inspectors they received regular updates on the young people from the centre staff and where applicable they received written notification of significant events. Social workers for both sibling groups were satisfied young people were cared for well and safely in the centre. Inspectors advised the social workers to adhere to standard 5.26 and specifically matters relating to care plans and reviews.

### *Safeguarding and Child Protection*

The centre had a written policy on safeguarding and inspectors found evidence of assessments undertaken in managing risk. As indicated earlier in the report, young people told inspectors they all could identify a person they would speak to if they had a concern. In the questionnaire completed by all young people this position was reaffirmed.

Inspectors were told of a complaint made by one young person relating to alleged inappropriate behaviour of another young person. Inspectors also found other young people in the centre had also made complaints about this young person.

These matters were referred to the social work department and following discussions with professionals involved, safeguarding measures were put in place within the centre to safeguard all young people. Family members were informed of the allegations and the actions taken to safeguard all young people.

Inspectors were concerned about a similar matter raised in their inspection report in 2006. The inspectors have written separately to the HSE to clarify the actions taken at that time and the processes in place to the current child protection concerns.

Inspectors recommend the events relating to 2006 and the current incidents should be reviewed to consider whether there are any current risks to young people in the centre. The differences between complaints, significant events and child protection concerns need to be explored by the social work department and centre and external managers and agreed practices established in line with HSE policies. The inspectors are seeking a written report on this matter by April 2009 specifically addressing the points connected to this matter.

## ***Practices that did not meet the required standard***

### *Accommodation*

The building is a two story terraced house with a basement. Each of the first two floors had two bedrooms. Two sibling sisters were sharing one bedroom and each of the boys had their own bedroom. The situation two months prior to the inspection was different when two sibling brothers also shared a bedroom as there were six young people living in the centre.

The centre had two toilets and a separate bathroom. Inspectors found evidence the provision of washing facilities in the centre to be inadequate. On any given day there were five young people, three care staff on duty, centre manager and deputy utilising these facilities. This does not consider the number of visitors to the centre including family members. Inspectors found the standard of these facilities to be poor. The toilet on the first floor had a sliding door without any lock. They noted the difficulties children had in sliding this door closed. Inspectors recommend consideration is given to the installation of adequate lavatory and washing facilities as described in the Child Care Regulations 1995 (7) Accommodation.

Inspectors acknowledged the sharing of bedrooms by siblings however this measure was not always suitable or considered best practice. Inspectors were informed the capacity of the centre was reduced from six to five on a temporary basis to respond to identified needs within the current mix of young people. Inspectors advise the inclusion in the purpose and function of the centre, a statement indicating that non sibling children would not share bedrooms. Also assessments would be undertaken of the benefits of sibling children sharing bedrooms on a case by case basis.

Inspectors found the general condition of the centre neglected. Some maintenance issues remained outstanding. The centre is a functioning children's residential centre with a high level of activity on a daily basis. Inspectors found carpets to be shabby and some rooms in the centre in need of painting. Inspectors found evidence of some windows in need of repair/replacement. Inspectors advised a schedule of works are prioritised to maintain the centre at an acceptable level.

#### *Fire Safety*

Inspectors were informed the centre did not have written confirmation from a certified engineer or qualified architect that all statutory requirements relating to fire safety and building control had been complied with. The centre had on file correspondence from the HSE fire and safety officer outlining the arrangements in place in the centre. These included a fire alarm system, emergency lighting and fire fighting equipment. There was also confirmation of service contracts on these safety features. Inspectors noted the service date on the fire extinguishers as 02/08. Inspectors recommend the HSE comply with standard 10.19 and provide written confirmation to the inspectorate as a matter of urgency.

### 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	√		

#### 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:

- 1. The HSE EA should ensure the centre policy on supervision is adhered to and external managers monitor compliance.**
- 2. The HSE EA should ensure centre staff receive training in the use of fire extinguishers as a matter of urgency.**
- 3. The HSE EA should ensure that the administrative files in the centre are reviewed, structured and organised to facilitate effective management and accountability.**

### 3. Monitoring

#### Standard

The health board, for the purposes of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the health board to monitor statutory and non-statutory children's residential centres.

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

#### Recommendation:

- The HSE EA should ensure monitoring reports in writing are completed on the centre on a regular basis as required under standard 3.3.

### 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:

- The HSE EA should ensure the policy of responding to complaints and access to information are reviewed, practices formulated to meet these standards and these practices are monitored externally to the centre.

## 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	√		
Children's case and care records		√	

### Recommendation:

- 6. The HSE EA should ensure statutory care plans, statutory care plan reviews, supervision and visiting of young people are adhered to for all young people in the centre.**

## 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 EA should review child protection practices and policies in the centre and satisfy itself that any current child protection matters outstanding are managed appropriately and monitored by external management.

## 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 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:

- The HSE EA should ensure adequate and suitable accommodation is provided having regard to the number of children residing in the centre and in particular that sufficient lavatories baths and showers are provided.

- 9. The HSE EA should ensure the building is maintained at an acceptable standard and a schedule of works should be prioritised for the centre.**
- 10. The HSE EA should ensure the centre has written confirmation on fire safety and building control as required in standard 10.19.**

## **4. Summary of recommendations**

1. The HSE EA should ensure the centre policy on supervision is adhered to and external managers monitor compliance.
2. The HSE EA should ensure centre staff receive training in the use of fire extinguishers as a matter of urgency.
3. The HSE EA should ensure that the administrative files in the centre are reviewed, structured and organised to facilitate effective management and accountability.
4. The HSE EA should ensure monitoring reports in writing are completed on the centre on a regular basis as required under standard 3.3.
5. The HSE EA should ensure the policy of responding to complaints and access to information are reviewed, practices formulated to meet these standards and these practices are monitored externally to the centre.
6. The HSE EA should ensure statutory care plans, statutory care plan reviews, supervision and visiting of young people are adhered to for all young people in the centre.
7. The HSE EA should review child protection practices and policies in the centre and satisfy itself that any current child protection matters outstanding are managed appropriately and monitored by external management.
8. The HSE EA should ensure adequate and suitable accommodation is provided having regard to the number of children residing in the centre and in particular that sufficient lavatories baths and showers are provided.
9. The HSE EA should ensure the building is maintained at an acceptable standard and a schedule of works should be prioritised for the centre.
10. The HSE EA should ensure the centre had written confirmation on fire safety and building control as required in standard 10.19.