



**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

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1. Introduction

The Health Information and Quality Authority (HIQA) Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive Dublin North East Area (HSEDNEA) under Section 69 (2) of the Child Care Act 1991, on the 24th – 25th March 2009. The lead inspector was Michael McNamara, and the co-inspector was Orla Murphy.

The centre was situated in a detached four-bedroom bungalow in a suburb of Dublin. The centre provided short to long-term residential care for four girls aged between 13 and 18 years. The overall function of the centre was to support the young people in developing life skills and, for those nearing the point of leaving the centre, in preparation for independent living.

At the time of inspection there was one girl aged 13 and two aged 17 years in the centre. For seven months during the year prior to inspection a young woman and her baby were living in the centre. The young person had lived in the centre for 14 months prior to the birth of her baby, and for nearly a year afterwards. At the time of the inspection neither the baby nor her mother were living in the centre. An HSE monitoring officer visited the centre in autumn 2008 and wrote a comprehensive report on its compliance with the *National Standards for Children's Residential Centres, 2001*. Her report and the recommendations she made, are referred to in this report.

At the time of the inspection, inspectors found that the centre was well managed, had an experienced and committed staff team, met most of the standards well, and provided the young people with a good quality of care. The standards for which inspectors have made recommendations include: purpose and function, supervision, training, care records, health, maintenance and fire safety. There were no standards that were not met, and the centre manager and staff are commended for the high quality of service provided to the young people in their care.

1.1 Methodology

Inspectors' judgements are based on evidence verified from several sources gathered through direct observation, examination of relevant records and documentation, an inspection of accommodation, and interviews with three young people, the centre manager, a parent, four centre staff, two supervising social workers, the HSE monitoring officer, and the alternative care manager. Inspectors had access to the following documents:

- the centre's statement of purpose and function,
- the centre's policies and procedures,
- a health and safety statement,
- a health and safety audit dated February 2009,
- confirmation of fire safety arrangements,
- confirmation of insurance,
- the centre's register,
- the young people's care plans,
- the young people's care files,
- a monitoring report dated October 2008,
- administrative records,
- personnel records,
- details of unauthorised absences for previous twelve months (30),
- questionnaires completed by two schools and three social workers.

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of the young people, a parent, the manager and staff of the centre, supervising social workers, and others who participated in this inspection.

1.3 Management structure

The centre manager reported to the alternative care manager who in turn reported to the general manager of the local health area. Within the centre there were two child care leader, one of whom was in the acting deputy manager position, and two acting child care leaders.

1.4 Data on children

At the time of the inspection the following young people were resident in the centre:

Listed in order of length of placement

<i>Child</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>Number of previous placements</i>
# 1 (girl)	17yrs	Voluntary Care	13 months	None
# 2 (girl)	13yrs	Care Order	7 months	Two fostering placements
#3 (girl)	17yrs	Voluntary Care	5 weeks	One residential care

2. Summary of Findings

Practices that met the required standard

Management

The standard on management was met. The centre was well managed by a suitably qualified person, and there was a good working relationship between the centre and the alternative care manager, - the external manager, who was informed of significant events, visited the centre frequently and was well known to the young people.

Inspectors found that the centre was run by a cohesive, warm and child-centred team, whose responses to the young people in their care were appropriately parental, whose relationships with families and other professionals were good, and who could provide evidence of a high standard of reflective care practice.

Vetting

Inspectors examined personnel files. All staff had Garda clearances, and vetting for a member of staff appointed since the last inspection was in accordance with national policy.

Notifications of significant events, and administrative files

The standards on notification of significant events and the maintenance of administrative files were both well met.

Monitoring

The standard on monitoring was well met. The monitoring officer was promptly notified of all significant events, as required by the standard. Inspectors had sight of a comprehensive monitoring report dated 23rd October 2008 which assessed the centre against the *National Standards for Children's Residential Centres, 2001* and made eight recommendations, all but one of which were met at the time of the inspection. The unmet recommendation concerned training. It required the centre to access first aid and fire safety training for those who had yet to receive it, and training in staff supervision for those providing supervision. There were plans in place to ensure that those who needed first aid and fire safety training received it; but while the centre manager had requested supervision training in February 2009 there was no plan for it to be provided at the time of the inspection.

Children's rights - consultation

The standard was well met, and practice was very good overall. Practice in consultation with young people was of a high standard.

Children's rights - complaints

Generally, practice in dealing with complaints was mostly good. The centre had a register of complaints. It showed that in the year prior to inspection there had been 10 complaints made by young people. Two were general complaints about the quality of the service being received, and did not directly concern the centre, but staff supported the young person making the complaints. Two were complaints against staff. The rest were complaints against other young people in the centre.

Six of the complaints were made in November 2008 at a time when the centre was 'destabilised' owing to serious challenges presented by one young person. All but one of the complaints were dealt with promptly in accordance with centre policy. However, the complaint where there was a delay in response, which was to do with aftercare funding for a young person who had left the centre, was made in February 2009 and had yet to be responded to at the time of the inspection. Since the inspection, the centre manager has given inspectors further details, and confirmed that this complaint has been dealt with.

Children's rights – access to information

Practice in children's rights was generally good. The young people had written information describing their rights, and had involvement with the Irish Association of Young People in Care (IAYPIC). The standard on access to information was well met. The young people confirmed that they had access to records about them held in the centre. The standard on consultation was mostly met, and the standard on complaints partly met. Both are referred to later in the report.

Care planning and review

Generally, practice was of a high standard. All the young people in the centre had care plans prepared within statutory timescales and regularly reviewed. They were consulted about the plans and included in the review meetings. The plans were comprehensive, covering all the young people's needs and clearly setting out a programme of action after each review. The implementation of the plans was supported by placement plans and individual crisis management plans (ICMPs) that were of a high quality.

Contact with families

The standard was well met and there was a close relationship between centre staff and young people's families. Staff ensured that links with extended family members were also promoted and facilitated. Inspectors found that there was a serious difficulty in one case where, in

contradiction to the plan for the young person, a parent provided her with the means to access illicit substances. This was being tackled by the centre staff, but remained a difficulty at the time of the inspection.

Placement supervision and visiting of young people by social workers

The standard on placement supervision and visiting of young people by social workers was met. Social workers told inspectors that there was good communication between themselves and the centre staff, and that they visited the young people in the centre frequently and read the files from time to time. There were frequent, usually six-weekly meetings about the placements, and social workers confirmed that they were kept well informed of all complaints and significant events.

Preparation for leaving care and aftercare.

The standards for preparation for leaving care, discharge and aftercare were well met. There was evidence of programmes in place to assist leavers in preparation for leaving the centre. The one aftercare plan seen by inspectors was general rather than detailed, but there was a local aftercare service, and there was a commitment on the part of the staff in the centre to provide an outreach service to leavers and maintain links with them thereafter.

Primary care

There was a high standard of primary care in the centre. The accommodation was reasonably well decorated and cared for, but there were some signs of wear and tear which are referred to later in the report. Care practices were child-centred, and the young people's needs were clearly identified and, for the most part, met. There was evidence that there had been some bullying between the young people during the year prior to the inspection. From records and interviews inspectors found that the staff dealt with it competently and were on top of the issue. The staff's baseline response was mostly parental, which was good for the young people both in terms of their own care and in terms of modelling for the future. The keyworking system was of a high quality, and good individual work was carried out by individual staff and the team. The care records showed that there was a high standard of accountability, and that managers monitored care practice regularly.

There were opportunities for young people to learn self-care and independence skills as part of their preparation for leaving care. The centre had an annex and a plan had been submitted to convert it for use as accommodation for semi-independent living. There was an adequate amount and variety of food. The wishes of parents in respect of religious upbringing were known to the centre staff. The young people were able to exercise choice about attending services. They were encouraged in their interests and hobbies, and to maintain contact with friends. They accessed leisure facilities in the community. Once a week they had a special night in together when they watched a DVD and had a take-away.

As far as possible, the young people were able to exercise age-appropriate choices about the décor and personalisation of their rooms, and about how they structured their free time. When asked about the quality of care in the centre, a parent said that her daughter would have had a much better chance in life if she had experienced the level of care offered by the centre when previously placed elsewhere.

Management of behaviour, use of restraint

The standard on the management of behaviour was met. The centre based its management of behaviour primarily on the quality of relationships between the staff and young people. It also had a sanctions system. Inspectors examined the sanctions record and found that they were rarely used. They found one entry that mentioned the loss of informal access to a relative as an

incentive to behave acceptably. This was explained to inspectors and it was the product of a strategy agreed by all parties, and was deemed to be appropriate in this case. However, in normal circumstances it would not be within the ambit of a sanctions system to restrict family access. This should be done only on the basis of known risk, the potential for harm, or consideration of the overall welfare of the child.

Inspectors found that there had been serious difficulties in managing the behaviour of the young people earlier during the year prior to the inspection. In one instance a young person was asked to leave the centre for one week to diffuse the tensions between the young people. Both the staff and young people told inspectors that at the time of the inspection the house was relatively calm and people were getting along well. However, they all acknowledged the difficulties in late autumn 2008, a period that coincided with the presence of the baby in the house and culminated in the emergency discharge of the baby from the centre.

All staff were trained in Therapeutic Crisis Intervention (TCI). In the year prior to the inspection there were no instances where physical restraint was used.

Absence without authority

The standard on dealing with unauthorised absences was met. In the year prior to inspection there had been 30 unauthorised absences involving two young people. Twenty-seven of the absences were by one young person. They varied in length from two to 32 hours, and the majority entailed being away from the centre overnight. The last unauthorised absence took place in mid-November 2008. Staff had discussed with the young people the risks they were facing when they were absent, and had developed ways of giving them bounded age-appropriate opportunities to go out into the community. All the absences had been promptly notified in accordance with the standard.

Safeguarding and child protection

The standard on child protection was well met. The principles of safeguarding were clearly understood by staff. The centre's procedures for dealing with child protection concerns were followed, and responses to notifications of concerns about risk were appropriate.

Emotional and specialist support

This standard was well met. Needs identified in the care planning process were attended to without delay. Among the young people there was a range of complex medical and psychological needs that the centre addressed well. However, two of the young people had flunked appointments made for them to see a counsellor or other specialist. There was evidence that staff and social workers persevered in seeking ways to encourage the young people to avail of the services identified for them. Keyworking in the centre entailed direct work on key topics such as sexual health and self-esteem, but was also characterised by warmth and appropriate friendliness. The young people could all identify staff that they trusted and could confide in.

Education

The standard on education was well met. All the young people attended school. Two of them had passed junior certificate exams, both in 10 subjects. Inspectors found that there was a good rapport between the centre staff and the three schools, and that staff supported the young people in achieving their full educational potential.

Practices that partly met the required standard

Purpose and Function

The standard on purpose and function was partly met. The centre had a statement of purpose and function as required by the standard. It was signed by the centre manager and dated January 2009. It said that it was a mainstream residential centre run by the HSEDNW local health area that provided short or long-term care for up to four girls aged between 13 and 18 years on admission, with the additional aim of providing life skills training in preparation for independent living. The admission of one of the young people in the centre at the time of the inspection was an emergency placement.

Inspectors are of the view that the managers of the service should review the statement of purpose, function and operation of the centre, looking in particular at the wide age range of young people catered for in the centre. The revised statement should also define the length of placements and status of emergency placements more precisely. It should set out in detail the centre's function of caring for young mothers in care and their babies.

Register

The regulations require the HSE to keep one or more registers in which are entered particulars of children placed in residential care.¹ The centre's register contained all the information on the young people required by the regulations. The baby referred to above was not registered and did not have a formal identity within the HSE system until she was transferred to a foster placement. Inspectors recommend that the details of the baby's stay in the centre are recorded in the register.

Staffing

The details of staffing provided by the centre to inspectors showed that there were 16 staff in 14¾ posts. These included the manager, and acting deputy manager, a child care leader, two acting child care leaders, seven child care workers and four trainee child care workers. Eight were full-time permanent posts, the rest were temporary. Seven of the staff had social care qualifications, and there was a programme of training, projected several years into the future, to ensure that all other staff received appropriate qualifications.

The team represented a considerable range of experience, the average age being 40 years and the average length of service in residential care nearly six and a half years. There were 12 women and four men on the team. Generally, on a shift there were three staff on duty. This number did not include the manager and acting deputy manager. Inspectors were provided with a copy of the rota over a nine-week cycle. It had fixed shifts for most staff, but everyone also took it in turn to work a floating shift to carry out specific duties as they arose.

Inspectors were provided with details of sick leave during the year prior to inspection. There had been 11 significant absences averaging nine weeks, with the longest being for four and six months. In the same period 142 shifts were covered by agency staff, mostly two agency staff from one agency that were regularly used, and one from another agency that had been used on 13 occasions. Staffing in the centre allowed for two staff to attend college for qualification training. Inspectors recommend that the centre manager reviews the staff rosters in order to ensure that they are balanced, flexible, provide optimal cover, and facilitate appropriate cover when staff are absent.

¹ Article 21 (1) of the Child Care (Placement of Children in Residential Care) Regulations 1995

Supervision and support.

Inspectors examined all the staff supervision records and found that on average staff received supervision once every quarter, rather than once every two months as in the centre's policy. Two staff had received supervision less frequently, - once every five months. Inspectors were told that informal discussions took place instead of supervision from time to time, but they could not be evidenced by records. The centre manager should ensure that the frequency of supervision for all staff is consistent with policy, and that formal records of supervision are kept.

Team meetings were taken place weekly. The majority of the team had worked together for several years. As a result, there was a strong team identity that extended to social group activities over and above staff meetings. There were regular, in one case weekly, placement plan review meetings, and staff were clear about the plans for the young people and what actions were being taken to meet their needs.

Training

Inspectors were provided with a copy of a comprehensive list of training. They commend the managers of the service for the range and extent of the training provided. The information given to inspectors showed that the staff group had received a wide variety of in-service training. All staff were trained in Therapeutic Crisis Intervention (TCI), including up-to-date refresher training. One member of staff was training as a TCI trainer. All staff had received in-service training in child protection, and training in *Children First: National Guidelines for the Protection and Welfare of Children, 1999*. The health and safety assessment carried out in February 2009 stated required all staff to have training in fire safety, food hygiene and manual handling. However, inspectors found that ten still required training in food hygiene, eight in fire safety, and one in manual handling. They recommend that the training recommended by the assessment be provided to all staff. They also recommend that the HSE ensures that the manager and acting deputy manager receive training in supervision without further delay.

Admissions

In respect of the adolescents in the centre the standard on admissions was met. However, the decision to let one of the young people and her baby stay in the unit, thereby effectively 'admitting' the baby, presented potential risks. The baby remained in the centre for seven months. Inspectors were told by managers that the baby was in care to her mother rather than the HSE, and that the placement was sustained in order to facilitate the bonding relationship between mother and child. The young woman was living in the centre when she became pregnant. The plan was that she would remain at the centre with her baby until such time as she had gained sufficient competence and confidence as a parent to transfer to a flat. While the young woman had full responsibility for her baby in this arrangement, staff offered her an opportunity to go out once a week. A condition was that the young woman should return early to the centre if the baby became sick.

In autumn 2008 the arrangement deteriorated. The manager and staff came to the conclusion that the plan was failing. Within the final 48 hours of the baby's time in the centre, there were high levels of aggression in the centre, and staff were concerned about ensuring the continued safe care of the baby. It was at this point that a risk assessment of the baby was carried out and it was determined that the placement had become unsafe. This was communicated to the young person's supervising social worker, the social work team leader and the alternative care manager. At the point of the precipitating crisis, since it was a weekend, a duty social worker from the out of hours service was contacted, Gardai were called and the baby was received into

care under Section 12 of the *Child Care Act 1991*.² The plan for mother and baby to transfer to independent living had collapsed. However, inspectors were told that the reception of the baby into care was regarded as a short term measure and hope was still maintained that independent living, and resumed care of her own child, might still be an option for the young person. The baby was placed in foster care, and subsequently a plan for shared care between the young woman and the foster carers was implemented.

This case raises concerns generally about the care of young women and babies in residential centres designed to cater for adolescents, and in the view of inspectors, the care of the baby raises serious issues of safeguarding and identity. As the baby was in the care of her mother while living in the centre she did not have an independent identity within the HSE system, and her name was not put on the centre's register. The use of Section 12, an emergency measure, in a residential care setting is also a matter of concern. Whilst there was a precipitating incident that prompted a risk assessment of the baby's safety, the deterioration of the arrangement for the young woman to care for her baby took place over several weeks, and there was no contingency plan.

Inspectors acknowledge that in principle supporting the young woman to bond with and care for her child was the appropriate course of action. However, as this situation is likely to arise in the future the HSE nationally should clarify its policy on babies being placed with their mothers in residential care, and ensure that the welfare of the baby is paramount in any decisions that are made about placements. The HSE should support social workers, staff, young mothers in care and their children by providing clear guidelines on:

- the status and care of the babies,
- the staff's duty of care for the baby,
- the role and responsibilities of residential care staff,
- ensuring that the baby's health needs are met,
- ensuring that the baby's development is fully promoted,
- individual planning for the young woman and her child,
- individual care records,
- the support options available,
- the steps to be taken when the arrangement comes under stress,
- the assessment and management of risk,
- suitable alternative care options, including shared care,
- accessing the alternative care options available,
- measures to be taken in emergencies,
- decisions about the baby's access to his/her family,
- routes of prompt notification of significant events.

Discharges

The standard on discharges was not met in the case of the mother and baby, both of whose discharges from the centre took place in a manner and at a time that was not consistent with the plan. The centre has maintained contact with both, and during the inspection mother and baby came to visit staff.

² Section 12 of the *Child Care Act 1991* provides for a member of the Garda Síochána who has reasonable grounds for believing that there is an immediate and serious risk to the health or welfare of a child, and that it would not be sufficient for the protection of the child to wait for the making of an application to the District Court for an emergency care order, to remove the child to a place of safety. A child brought to a place of safety under this section of the Act should be delivered up to the custody of the local HSE area as soon as possible.

Care files

For the most part, care files were of a good standard. They were clear and accessible, and records were typed or clearly handwritten, signed, dated and correctly filed. While the system was clear it was also voluminous, and inspectors suggest that ways should be sought to reduce the volume of recording without compromising accountability. The files contained all the statutorily required information, except medical histories for all three young people and a copy of the care order for one. Two of the young people in the centre had undergone a detailed assessment early in life which included the gathering of a detailed medical history. Managers told inspectors that these histories were not available to them. Inspectors recommend that the supervising social workers access this information and furnish the centre with it as soon as possible. They also recommend that the centre manager carry out a review to ensure that each of the files contain all other documentation required by the regulations.

Health

The standard on health was partly met. The young people, some of whom had highly complex medical and psychological needs, were able to access their GP and specialists as appropriate. However, in two cases there were significant difficulties in getting the young people to keep appointments, in one case for consultation regarding a serious health condition. There were problems also, in the case of some of the young people, with the use of street drugs. The social workers and staff were addressing these, but were having difficulty in securing full co-operation from the young people and one parent. There was evidence that the centre was able to appropriately question the medication regimes that young people were on, and had effected changes by doing so. The centre had in place all the necessary structures and resources to meet the health needs of the young people, but the needs of some of the young people were not met nonetheless. Inspectors recommend that centre managers and staff review its practice in meeting health needs, and explore other approaches that might be used to ensure the best outcomes for the young people.

Premises and safety

The centre was situated in a large detached bungalow in a city suburb close to a variety of amenities. Generally, the standard of accommodation was good and it was in reasonable condition on the exterior and the interior, but there were areas that needed maintenance and redecoration, most notably the laundry room. The general décor showed some evidence of wear and tear, and was at a point where it would decline quickly if it did not receive attention.

Inspectors were provided with a copy of the centre's health and safety statement which had been signed by all the staff in June 2008. On examination, inspectors found that it was clearly out of date and needed to be revised to make reference to the HSE and update its section on smoking in the workplace to reflect legislation.

The centre had a health and safety assessment date February 2009. It identified 40 actual and potential hazards all but one of which were rated as of low to medium risk. At the time of the inspection half of the recommendations of the assessment had been met. Inspectors found that some of the stated actions were incorrect, for example, that all staff had training in fire safety, food hygiene and manual handling. Inspectors recommend that the centre give priority to addressing all remaining recommendations within three months of receipt of this report.

The centre provided inspectors with written confirmation of valid insurance cover.

Inspectors examined the accommodation. In the back garden they found a defunct, rusty see-saw, dating from the time when the centre catered for a much younger age group, which presented a hazard to young people and should be removed. They found that the system for the administration of medication was good.

Fire Safety

The centre had a letter from an HSE fire safety officer, dated February 2009, describing the measures in place for precautions against fire, and in the course of the examination of accommodation inspectors confirmed that they were in place. Fire safety equipment had last been checked in October 2008, and the alarm system in February 2009. The service contract for annual checks on the fire fighting equipment had run out prior to the inspection and not been renewed. The managers of the service should give this their urgent attention. In the staff office a filing cabinet was causing an obstruction to the office door. The cabinet should be removed.

Inspectors examined the centre's fire safety register and found that practice in relation to fire safety was generally good, but there were some gaps in the daily, weekly and monthly checks carried out by staff. The centre manager should arrange a review of these checks and ensure that they are all carried out. The centre's policy was that there should be fire drills once every six months. The register showed that there had been four drills up to October 2008, and two in 2009.

Inspectors found that the young people had disabled the fire door closure springs on their bedroom doors because they wished to keep their doors open and not have to ask staff to unlock the doors each time they wished to access their rooms. Inspectors recommend that the centre consult with the fire safety officer about the fire door closures on bedroom doors.

The centre did not have written confirmation from a chartered engineer or qualified architect of the centre's compliance with building control and fire safety regulations, as required by standard 10.19.

Practices that did not meet the required standard

There were no practices that did not meet the required standard.

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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Purpose and function		√	

Recommendation:

- 1 The HSE should arrange for the centre's statement of purpose and function to be reviewed, and if necessary revised to reflect changes in the purpose and operation of the centre.

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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Management	√		
Register		√	
Notification of significant events	√		
Staffing		√	
Vetting of Staff	√		
Supervision and support		√	
Training and development		√	
Administrative files	√		

Recommendations:

- 2 The HSE should arrange for the details of the baby who resided in the centre to be entered in the centre's register.

- 3 The HSE should ensure that the centre manager reviews the staff roster in order to ensure that staffing levels on every shift are appropriate.
- 4 The HSE should ensure that all staff in the centre receive supervision at a frequency consistent with centre policy and that formal records of supervision are kept.
- 5 The HSE should arrange for training in food hygiene, fire safety, manual handling and up-to-date first aid are extended to all staff, and that training in Children First and TCI be provided to those staff who require it.
- 6 The HSE should provide training in supervision to the centre manager and the acting deputy manager without further delay.
- 7 The HSE should develop a system to ensure that in all future appointments to the centre the national requirement for Garda clearance and three satisfactory references prior to commencement of employment is adhered to rigorously.

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 partly met the required standard</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 partly met the required standard</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 partly met the required standard</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:

- 8 The HSE nationally should provide clear guidelines on the status and care of babies living in care, whether in statutory or non-statutory provision.
- 9 The HSE should arrange for a review of the circumstances in which the baby was brought into care after the breakdown of the arrangement in the centre to be carried out by a person independent of the line management of the centre and of the social work department.
- 10 The HSE should ensure that placing social workers provide the centre with relevant medical histories and a copy of a care order as required by regulations.
- 11 The HSE should arrange for the centre manager to review the care files to ensure that each contains all the documentation required by the regulations.

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 partly met the required standard</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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection	√		

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 partly met the required standard</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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Health		√	

Recommendation:

- 12 The HSE should arrange for centre managers and staff to review practice in respect of supporting the young people in meeting their health needs, and to explore other approaches that might be used to ensure the best outcome for the young people.

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

Recommendations:

- 13 The HSE should ensure that the centre manager:
- has the accommodation decorated and repaired to a suitable standard,
 - prepares an up-to-date health and safety statement,
 - gives priority to addressing all the recommendations of the recent health and safety assessment within three months of receiving this report, and
 - removes the unused see-saw from the back garden.
- 14 The HSE should ensure that:
- the service contract for checks on the fire fighting system be renewed as a matter of urgency,
 - the centre manager regularly monitors the daily, weekly and monthly checks recorded in the fire safety register, and ensures that all fire exits in the centre are kept clear of obstruction,
 - that the centre manager consults the HSE fire safety officer about the fire door closures on the young people's bedroom doors.

- 15 The HSE should provide the inspectorate with written confirmation from a chartered engineer or qualified architect of the centre's compliance with building control and fire safety regulations, as required by standard 10.19.

4. Summary of recommendations:

- 1 The HSE should arrange for the centre's statement of purpose and function to be reviewed, and if necessary revised to reflect changes in the purpose and operation of the centre.
- 2 The HSE should arrange for the details of the baby who resided in the centre to be entered in the centre's register.
- 3 The HSE should ensure that the centre manager reviews the staff roster in order to ensure that staffing levels on every shift are appropriate.
- 4 The HSE should ensure that all staff in the centre receive supervision at a frequency consistent with centre policy and that formal records of supervision are kept.
- 5 The HSE should arrange for training in food hygiene, fire safety, manual handling and up-to-date first aid are extended to all staff, and that training in Children First and TCI be provided to those staff who require it.
- 6 The HSE should provide training in supervision to the centre manager and the acting deputy manager without further delay.
- 7 The HSE should develop a system to ensure that in all future appointments to the centre the national requirement for Garda clearance and three satisfactory references prior to commencement of employment is adhered to rigorously.
- 8 The HSE nationally should provide clear guidelines on the status and care of babies living in care, whether in statutory or non-statutory provision.
- 9 The HSE should arrange for a review of the circumstances in which the baby was brought into care after the breakdown of the arrangement in the centre to be carried out by a person independent of the line management of the centre and of the social work department.
- 10 The HSE should ensure that placing social workers provide the centre with relevant medical histories and a copy of a care order as required by regulations.
- 11 The HSE should arrange for the centre manager to review the care files to ensure that each contains all the documentation required by the regulations.
- 12 The HSE should arrange for centre managers and staff to review practice in respect of supporting the young people in meeting their health needs, and to explore other approaches that might be used to ensure the best outcome for the young people.
- 13 The HSE should ensure that the centre manager:
 - has the accommodation decorated and repaired to a suitable standard,
 - prepares an up-to-date health and safety statement,
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