



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Social Services  
Inspectorate**

**A**

**CHILDREN'S RESIDENTIAL CENTRE**

**IN THE**

**HSE SOUTHERN AREA**

***FINAL***

***INSPECTION REPORT ID NUMBER: 301***

**Fieldwork Date: 25<sup>th</sup> – 26<sup>th</sup> March 2009**

**Publication Date: 28<sup>th</sup> May 2009**

**SSI Inspection Period: 11**

**Centre ID Number: 67**

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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 Southern Area (HSESA) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Sharron Austin (co-inspector) carried out the inspection over a two day period from the 25<sup>th</sup> - 26<sup>th</sup> of March, 2009.

The centre was a residential unit that provided short and medium-term care for five boys up to eighteen years of age. It accepted young people on an emergency basis in exceptional circumstances. Its aim was to provide an emotionally secure living environment for young people, whilst supporting them to prepare for adult life. The catchment area was Cork City & County and County Kerry. There were five boys in residence at the time of inspection. The centre was a bungalow style house, located on the outskirts of a city, with access to a host of local amenities.

Overall, inspectors found a high level of care in the centre. The staff team were committed, experienced and cohesive, and had the needs of the young people as its focus. This was an active and vibrant household, where young people and staff were busy doing household chores, activities, attending meetings and having family visits. Inspectors were disappointed about the physical state of the building. There had been little or no investment in it in the two years prior to inspection, and as a result, it required total refurbishment, redecoration and attention from the maintenance department. Inspectors were also concerned to find that a previous SSI recommendation to remove CCTV cameras located on the young people's bedroom corridor was not implemented (Inspection Report ID number 153).

## ***1.1 Acknowledgements***

Inspectors were well received in the centre and wish to thank the young people, staff members and other professionals for their co-operation during this inspection.

## ***1.2 Methodology***

The judgements of inspectors are based on an analysis of findings verified from more than one source of evidence. This was gathered through observation of practice, examination of records and documentation, an inspection of accommodation, an interview with five young people (one informally), three social workers, the acting centre manager, four child care workers, the HSE monitoring officer, the centre's consultant psychologist, the general manager, the child care manager and the residential care co-ordinator.

The following documents were available to inspectors during this inspection:

- A questionnaire completed by a parent
- Questionnaires completed by five social workers
- The centre's statement of purpose and function
- The centre's policies and procedures
- Young people's care plans and care files
- Census forms on staff
- Census forms on young people
- Personnel files
- Administrative records
- Six HSE monitoring officer reports

- Previous SSI inspection reports
- The centre's health and safety documents.

### **1.3 Management structure**

The acting centre manager reported to the child care manager, who in turn reported to the general manager. Both reported to the local health office manager (LHM).

### **1.4 Data on young people**

On the first day of fieldwork the following children were residing in the centre:

#### ***Listed in order of length of placement***

| <b>Young Person</b> | <b>Age</b> | <b>Legal Status</b> | <b>Length of Placement</b> | <b>No. of previous placements</b> |
|---------------------|------------|---------------------|----------------------------|-----------------------------------|
| # 1                 | 16.7 years | Full Care Order     | 1.8 years                  | Three Foster Care                 |
| #2                  | 17.2 years | Voluntary Care      | One year                   | Two Residential Care              |
| #3                  | 15 years   | Full Care Order     | 10 months                  | N/A                               |
| #4                  | 12.7 years | Full Care Order     | Two months                 | Three Foster Care                 |
| #5                  | 16.5 years | Voluntary Care      | Four days                  | One Residential Care              |

## **2. Summary of Findings**

The centre had previously been inspected by the SSI in 2006, and inspectors found that improvements had been made in areas such as; planning for young people, consultation with young people, access to information, sanctions, notification of significant events, staff training, the centre register and supervision. Further improvement was required in key areas such as; the use of CCTV in the centre, accommodation and fire safety.

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

#### ***Management***

This standard was met. The centre had a good management structure. It was managed by an acting centre manager and an acting deputy centre manager. Despite this, there was a sense of stability in the management of the centre. Both managers did not have the required qualifications. The acting centre manager was in the process of becoming qualified. He was line managed by the child care manager and inspectors found that this provided accountability, support and guidance. Inspectors found evidence of the acting centre manager reading centre records including supervision records.

### *Register*

This standard was met. The centre register held all information required by the regulations and standards.

### *Notification of significant events*

This standard was met. The centre had a good notification system for significant events and inspectors found that these were reported to all relevant parties in line with centre policies. Social workers and the HSE monitoring officer confirmed receipt of all significant events notifications, as did one parent.

### *Training and development*

This standard was met. Staff were trained in therapeutic crisis intervention (TCI), children first, fire safety, health and safety, supervision and freedom of information. The centre kept a clear account of training completed and requested.

### *Administrative files*

This standard was met. The centre had good administrative systems in place. Inspectors found that this facilitated good record keeping and accessibility. Records were stored securely.

### *Monitoring*

This standard was met. Inspectors found that the HSE monitoring officer visited the centre frequently, and provided regular reports on the centre in accordance with the standards. The HSE monitoring officer met with the young people in residence and centre staff when he visited. There were five monitoring reports for the year prior to inspection. Implementation of recommendations made by the HSE monitoring officer was good.

### *Children's rights (see safeguarding)*

*Consultation:* This standard was met. Inspectors found evidence of young people being consulted with on an individual and a group basis. The young people told inspectors that they felt respected by the centre staff, and that they were included in decision making processes in the centre.

*Complaints:* This standard was met. Inspectors found that complaints were recorded in individual files. Inspectors found records of two complaints in the centre for the year prior to inspection, and that they were dealt with adequately. Records indicated that the young people were satisfied with the outcomes.

*Access to information:* This standard was met. The young people told inspectors that they knew they could read their files if they wanted to, but that they did not wish to. Staff were aware of the young people's rights to access information about themselves. Inspectors found that the young people were not provided with a copy of the national standards for young people, and suggest this is given to them.

### *Suitable placements and admissions*

This standard was met. The young people resident in the centre were found to be suitably placed and that they met the centre's criteria. One young person was twelve years of age. He was placed in the centre for three months in order to have his needs assessed and a long-term option identified. It was not expected that he would remain in the centre after his assessment. Inspectors were satisfied that this young

person was appropriately placed in the centre, as the placement was short-term and focussed. The young people told inspectors that they were happy with their placements and one parent told inspectors that she was satisfied also.

#### *Contact with families*

This standard was met. Inspectors found that contact with families was good. The young people told inspectors that they could visit their families regularly and phone them when they wished. Records showed that parents were kept up to date on the care of their children and access was implemented in accordance with care plans. One parent told inspectors that the centre encouraged her to visit regularly and that she felt welcome there.

#### *Emotional and specialist support*

This standard was met. Inspectors found evidence of young people having access to specialist support such as psychology, psychiatry, education welfare officers and counselling in relation to substance misuse. The centre had a senior psychologist that attended team meetings and provided guidance to the staff team when necessary. The young people told inspectors that the staff team, and in particular their key workers, provided a sense of stability and friendship for them and that they felt supported and respected.

#### *Provision of food and cooking facilities*

This standard was met. The centre had a large kitchen that was stocked with food. The young people told inspectors that they liked the food and had access to the kitchen when they wanted. The centre had a cook who prepared meals on week days, and inspectors found these to be well balanced and nutritious.

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

This standard was met. Centre had records of the religious persuasion of the young people. The centre provided activities that were appropriate to the interests of the young people. There was a good gender balance amongst the staff team therefore the young people had both male and female role models.

#### *Managing behaviour*

This standard was met. The centre records showed that the centre used a system of natural consequences which supported and encouraged young people to be responsible for their actions. They also showed that consequences were age appropriate and proportionate to the area of behaviour being challenged. They were not used often. Inspectors found that the expectations of the young people were clear from the staff and centre practices and this was confirmed by the young people. Social workers reported that the behaviours of the young people had improved since being admitted to the centre. Inspectors also found that serious incidents were treated as such.

The centre had CCTV cameras located on the young people's bedroom corridor and on the external front wall of the house. Inspectors were told that one of the reasons the centre had kept this system, despite being recommended to remove it in the last inspection, was that it acted as a behaviour management tool and that the young people responded to this. The young people told inspectors they knew they were under surveillance. Inspectors found this to be inappropriate, and suggest that alternative ways of managing young people's behaviours are implemented (see safeguarding).

### *Restraint*

This standard was met. There were 10 physical interventions in the centre in respect of the five young people living there at the time of inspection. Six were in relation to one young person. These were found by inspectors to have been consistent with TCI, recorded and notified to all relevant parties.

### *Absence without authority*

This standard was met. There were 21 absences without authority by three of the young people living in the centre. One had been absent on 10 occasions, another on seven and one on four. These absences were on average for less than one hour. Inspectors found they were dealt with appropriately, and notified to all relevant parties in accordance with the risk posed to the individual young person.

### *Education*

This standard was met. Inspectors found that attending education was encouraged by the staff and this was supported by the centre's routines when a young person did not attend. Young people's files held records of the educational achievements of the young people. Two young people living in the centre were attending school. Two others had completed their junior certificate examinations, one was attending Youthreach and another was working. The most recent admission was not attending school. He was 16.5 years of age. A new school was being sought by the social worker for this young person.

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

### *Purpose and Function*

This standard was partly met. The centre had a written statement of purpose and function. This statement indicated that the centre provided care for five boys up to eighteen years of age. Inspectors found that this did not reflect Department of Health and Children's (DoHC), and the Health Service Executive's (HSE) national policy on the placement of under 12's in residential care (Department of Health and Children, Youth Homelessness Strategy, 2001) that states children under 12 are placed in residential care in exceptional circumstances, nor did it reflect best practice<sup>1</sup>. Inspectors recommend that the HSE (SA) ensures this statement is amended to reflect national policy on the placement of children under 12 in residential care.

Inspectors found that the statement of purpose and function described the centre as providing 'therapeutic residential intervention'. On further exploration, inspectors found that this described a therapeutic milieu<sup>2</sup> as opposed to a clinical intervention, and suggest that this be made clear in the statement.

### *Staffing and vetting*

This standard was partly met. The centre had 16.5 whole time equivalent posts. Three posts were vacant, but inspectors were told that this was being addressed. Despite this, inspectors found a stable environment for the young people. There was a child care leader or acting child care leader on each shift. This person had a

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<sup>1</sup> SSI, (2007) *The placement of children aged under 12 and under in residential care in Ireland*. SSI, Dublin.

<sup>2</sup> Therapeutic milieu: structured routines, building and maintaining positive relationships with the young people.

coordinators role and ensured the shift was well planned, and all documentation was completed. Inspectors found that the centre was staffed by a predominantly long-serving, cohesive and experienced team. Those interviewed told inspectors that the team worked well together, was supportive of each other, and had the capacity to challenge each others practices. This was confirmed by social workers, the senior psychologist and the child care manager.

Inspectors found that an average shift consisted of four staff. The acting centre manager and acting deputy worked nine to five and provided added staffing to the centre, Monday to Friday. This provided the resources to take young people on separate visits or activities, and allowed others to remain in the centre. Inspectors found that there was three staff on sleepover every night. The fourth member of staff on the evening shift did not sleep over. There was insufficient sleeping facilities for the three sleep over staff, and one slept in the centre's living room. There was no waking night staff in the centre. Inspectors found that this created a deficit in the roster that was compensated for by the use of CCTV cameras located on the young people's bedroom corridor (see also behaviour management/safeguarding). Inspectors recommend that the HSE (SA) ensures that the centre roster is reviewed and amended according to the needs of the young people in the centre.

There was no Garda clearance on file for the acting deputy centre manager. No staff member had been employed in the centre in the two years prior to inspection, but inspectors noted deficiencies in references and Garda clearance for those employed before that, and suggest this is addressed by the centre manager. Inspectors recommend that the HSE (SA) ensures that a reference is sought for the acting deputy manager.

#### *Supervision and support*

This standard was partly met. The acting centre manager, acting deputy manager and a child care worker provided supervision for the staff team. Inspectors were of the view that supervision should be provided by staff of an appropriate grade. Supervision notes were legible, detailed and showed that supervision provided accountability and examined care practices. Staff told inspectors that they found supervision beneficial. Inspectors noted that at several points during the year prior to inspection, supervision was not held within the timescales set out in the centre's policy. Inspectors recommend that the HSE (SA) ensures that supervision is provided by staff of an appropriate grade and is held within the timescales set out in the centre's policy.

#### *Child protection*

This standard was partly met. Inspectors found no outstanding child protection concerns in the centre (see monitoring). The young people living there told inspectors they felt safe in the centre and had no concerns of this nature. This was confirmed by social workers, a parent and centre staff (see social work role). The centre did not have a child protection notification system consistent with children first. Inspectors recommend that the HSE (SA) ensures child protection notifications are notified separately to significant event notifications.

#### *Care Planning and reviews*

This standard was partly met. All of the young people had an updated care plan on file. One young person's care plan did not reflect the placement. This young person was admitted the day before the inspection, and his case review was imminent. This



was a planned admission that was brought forward due to the difficulties the young person had experienced in another centre. Another young person's care plan did not provide any aftercare arrangements, although inspectors were given verbal reports from the social worker of these. Care plans for all of the young people indicated they were consulted and two of the young people had signed them. Three of the young people told inspectors that they were aware of the plans for them and said that they were consulted on decisions about their care. One parent told inspectors that she was included in the development of the care plan for her son. Care plan reviews were found by inspectors to have been held within the statutory timescales. Inspectors recommend that the HSE (SA) ensures that the care plan for one young person records aftercare arrangements and for another, the current placement.

#### *Supervision and visiting of young people*

This standard was mostly met. Inspectors found that supervision and visiting of the young people by social workers was of a good standard. Centre records and interviews indicated that most social workers visited the young people regularly and that they had regular contact with the centre. One social worker had not had regular contact with a young person, and a new social worker had been appointed. Inspectors found that social workers did not read care files from time to time. Inspectors recommend that the HSE (SA) ensures that social workers read care files in the centre from time to time.

#### *Social work role*

This standard was partly met (see care planning and reviews). Social workers reported receiving notifications of significant events. HSE monitoring officer reports indicated a delay from social workers in the acknowledgment of two separate child protection concerns in the year prior to inspection. This had been successfully addressed by the HSE monitoring officer prior to inspection, and had been dealt with appropriately by the social workers. One young person had been allocated a social worker in November 2008, despite being admitted to the centre in March 2008. Inspectors recommend that the HSE (SA) ensures that social workers acknowledge and respond to child protection concerns immediately and that young people are allocated social workers in a timely fashion.

#### *Preparation for leaving care and aftercare*

This standard was partly met. Inspectors found from interviews with staff and young people that the needs and future plans for young people were discussed, and that preparatory work for leaving the centre was done with them. Inspectors could not find written evidence of this in centre records. Young people's logs had dedicated sections in which key work sessions should have been recorded, and they were empty.

The centre routines and activities supported the young people in some respects to leave the centre, but inspectors found that expectations of their involvement in the daily upkeep of themselves and the house were low. Young people told inspectors that staff cleaned their rooms and washed their clothes regularly. The centre had a cook who prepared most of the young people's meals, except for weekends. Although inspectors acknowledge that some young people who find themselves in residential care benefit from the nurture provided to them, this is best balanced with realistic expectations of the young people in daily routines. Inspectors recommend that key work sessions with young people are recorded and that young people are supported and encouraged to learn self-care skills that will assist them in later life.

### *Children's care records*

This standard was partly met. Each young person had a series of boxes which were colour coded and held their care records. Each young person also had a daily log for the recording of day to day information. These records were accessible to young people and inspectors. Inspectors suggest that the various log books and boxes are reviewed with a view to reducing volume. Care records did not have a confidential section. Inspectors found records pertaining to young people who had been discharged from the centre.

Inspectors found that there was a birth certificate on file for all of the young people. There was no care order on file for one young person. Inspectors recommend that the HSE (SA) ensures that:

- care records for young people discharged are archived safely
- each young person's file has a confidential section
- one young person's care order is provided to the centre by the social worker.

### *Safeguarding*

This standard was partly met. The centre had a comprehensive safeguarding policy and staff were aware of the concept of safeguarding. The young people interviewed told inspectors they had someone to talk to if they had any concerns.

The centre had a CCTV system in use, and cameras were placed on the external front wall of the house, and on the young people's bedroom corridor. The policy document for the centre stated that these were in existence to provide safety for those residing in the centre. The cameras on the bedroom corridor were turned on at 11pm and off at 7.15am. The footage was looked at by staff every morning, and any incidents recorded and reported to management. The centre was asked to remove this system in 2006 by the SSI and had not. Reasons provided to inspectors by staff and senior managers for keeping the system were that; the young people felt safe having them there, there was no waking night staff in the centre, and the cameras acted as a deterrent in relation to unacceptable behaviour at night by the young people. Inspectors found this to be inappropriate. This system infringed on children's right to privacy and did not assist the centre in providing a family type home. It did not safeguard the interests of the young people living there as it did not provide an opportunity for immediate staff intervention should an incident occur. It provided the staff with a retrospective view of incidents that occurred at night. Inspectors recommend that the HSE (SA) remove the CCTV cameras on the young people's bedroom corridor and do not place any CCTV cameras inside the centre in the future.

### *Health*

This standard was partly met. The young people had access to a GP and could choose their own if they wished. The young people interviewed told inspectors they experienced good health. One young person had ongoing health issues and these were dealt with appropriately and recorded. This and another young person had medical histories on file, and one of them had an excellent record of immunisations. There was no medical history on file for the other three young people. The administration of medication was recorded by the centre. There were no written doctor's reports following medicals on admission to the centre. Inspectors recommend that the HSE (SA) ensures that:

- a medical history is provided to the centre by social workers for three young people

- written doctor's reports following medicals on admission are kept on young people's files.

#### *Accommodation*

This standard was partly met. The centre was adequately insured. It was located in a good area, with adequate local amenities. On the second day of the inspection, staff had arranged to come in to spring-clean the house and gardens. This was acknowledged by inspectors, but the house required a lot more attention. Inspectors were told that there had been little investment in the centre in the two years prior to inspection and this was evident on a tour of the premises.

There was an electric wire hanging over the sink in one bathroom. There was damage to the surrounds of several doors throughout the property. Doors to the young person's corridor were missing a large glass panel. The whole house required redecoration, including painting. Furniture in the main sitting room was shabby. Inspectors recommend that the HSE (SA) ensures that the accommodation is brought to an acceptable standard as a matter of importance.

#### *Safety*

This standard was partly met. The centre had a health and safety policy. It had a health and safety statement dated July 2006 that was due for review in June 2009. It had a health and safety audit conducted in June 2008. Some of the hazards identified in this were not dealt with adequately. Inspectors found that door locks throughout the house were not adequate, and that locked areas could be accessed by the young people. Inspectors recommend that the HSE (SA) ensures that a full hazard identification and risk assessment is carried out in the centre.

#### *Fire safety*

This standard was partly met. The centre had written confirmation from a qualified engineer stating the centre complied with building regulations and standard 10.19. Inspectors found that there was damage to some of the fire doors throughout the premises. Inspectors also found that a fire exit was blocked due to debris in the garden and this debris should be removed. Inspectors recommend that a fire safety audit be conducted in the centre to ensure the safety of those living and working there.

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

#### *Maintenance and repairs*

This was not met. The centre had a record of all maintenance issues, but it did not record whether they were attended to. On a check of the accommodation, inspectors found that there were outstanding maintenance requirements. There were no sink stoppers in three of the bathrooms and tiles were not replaced in two bathrooms. Light bulbs were missing from several lights in the house, including one young person's bedroom. The gutters were full of weeds; the front door bell was broken and decking in the back garden needed attention. The garden needed to be cleared of debris and the clothes line was broken. This along with the areas highlighted under accommodation made it evident to inspectors that this property was not well maintained. Inspectors recommend that the HSE (SA) ensures that maintenance issues are dealt with promptly in the centre.

### 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. Inspectors recommend that the HSE (SA) ensures this statement is amended to reflect national policy on the placement of children under 12 in residential care.

#### 2. Management and staffing

##### Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

|                                    | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|------------------------------------|---|---|--|
| Management                         | √   |   |  |
| Register                           | √   |   |  |
| Notification of significant events | √   |   |  |
| Staffing (including vetting)       |   | √   |  |
| Supervision and support            |   | √   |  |
| Training and development           | √   |   |  |
| Administrative files               | √   |   |  |

##### Recommendations:

2. Inspectors recommend that the HSE (SA) ensures that the centre roster is reviewed and amended according to the needs of the young people in the centre.

3. Inspectors recommend that the HSE (SA) ensures that a reference is sought for the acting deputy manager.
4. Inspectors recommend that the HSE (SA) ensures that supervision is provided by staff of an appropriate grade and that it is held within the timescales set out in the centre's policy.

### 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 | √   |   |  |

### 4. Children's rights

**Standard**  
 The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

|                       | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|-----------------------|---|---|--|
| Consultation          | √   |   |  |
| Complaints            | √   |   |  |
| Access to information | √   |   |  |

## 5. Planning for children and young people

### Standard

**There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.**

|  | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|--|---|---|--|
| Suitable placements and admissions       | √   |   |  |
| Statutory care planning and review       |   | √   |  |
| Contact with families                    | √   |   |  |
| Supervision and visiting of young people |   | √   |  |
| Social work role                         |   | √   |  |
| Emotional and specialist support         | √   |   |  |
| Preparation for leaving care             |   | √   |  |
| Discharges                               | √   |   |  |
| Aftercare                                | √   |   |  |
| Children's case and care files           |   | √   |  |

### Recommendations:

5. **Inspectors recommend that the HSE (SA) ensures that the care plan for one young person records aftercare arrangements and for another, the current placement.**
6. **Inspectors recommend that the HSE (SA) ensures that social workers read care files in the centre from time to time.**

7. **Inspectors recommend that the HSE (SA) ensures that social workers acknowledge and respond to child protection concerns immediately and that young people are allocated social workers in a timely fashion.**
8. **Inspectors recommend that key work sessions with young people are recorded and that young people are supported and encouraged to learn self-care skills that will assist them in later life.**
9. **Inspectors recommend that the HSE (SA) ensures that:**
  - **care records for young people discharged are archived safely**
  - **each young person's file has a confidential section**
  - **one young person's care order is provided to the centre by the social worker.**

## 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 |   | √   |  |

### Recommendations:

10. Inspectors recommend that the HSE (SA) remove the CCTV cameras on the young people's bedroom corridor and do not place any CCTV cameras inside the centre in the future.
11. Inspectors recommend that the HSE (SA) ensures child protection notifications are notified separately to significant event notifications.

## 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:

12. Inspectors recommend that the HSE (SA) ensures that:
  - a medical history is provided to the centre by social workers for three young people
  - written doctor's reports following medicals on admission are kept on young people's files.



## 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:

13. Inspectors recommend that the HSE (SA) ensures that the accommodation is brought to an acceptable standard as a matter of importance.
14. Inspectors recommend that the HSE (SA) ensures that maintenance issues are dealt with promptly in the centre.
15. Inspectors recommend that a fire safety audit be conducted in the centre to ensure the safety of those living and working there.
16. Inspectors recommend that the HSE (SA) ensures that a full hazard identification and risk assessment is carried out in the centre.

## 4. Summary of recommendations

1. Inspectors recommend that the HSE (SA) ensures this statement is amended to reflect national policy on the placement of children under 12 in residential care.
2. Inspectors recommend that the HSE (SA) ensures that the centre roster is reviewed and amended according to the needs of the young people in the centre.
3. Inspectors recommend that the HSE (SA) ensures that a reference is sought for the acting deputy manager.
4. Inspectors recommend that the HSE (SA) ensures that supervision is provided by staff of an appropriate grade and that it is held within the timescales set out in the centre's policy line with centre policy.
5. Inspectors recommend that the HSE (SA) ensures that the care plan for one young person records aftercare arrangements and for another, the current placement.
6. Inspectors recommend that the HSE (SA) ensures that social workers read care files in the centre from time to time.
7. Inspectors recommend that the HSE (SA) ensures that social workers acknowledge and respond to child protection concerns immediately and that young people are allocated social workers in a timely fashion.
8. Inspectors recommend that key work sessions with young people are recorded and that young people are supported and encouraged to learn self-care skills that will assist them in later life.
9. Inspectors recommend that the HSE (SA) ensures that:
  - care records for young people discharged are archived safely
  - each young person's file has a confidential section
  - one young person has a care order is provided to the centre by the social worker.
10. Inspectors recommend that the HSE (SA) remove the CCTV cameras on the young people's bedroom corridor and do not place any CCTV cameras inside the centre in the future.
11. Inspectors recommend that the HSE (SA) ensures child protection notifications are notified separate to significant event notifications.
12. Inspectors recommend that the HSE (SA) ensures that:
  - a medical history is provided to the centre by social workers for three young people
  - written doctor's reports following medicals on admission are kept on young people's files.

13. Inspectors recommend that the HSE (SA) ensures that the accommodation is brought to an acceptable standard as a matter of importance.
14. Inspectors recommend that the HSE (SA) ensures that maintenance issues are dealt with promptly in the centre.
15. Inspectors recommend that a fire safety audit be conducted in the centre to ensure the safety of those living and working there.
16. Inspectors recommend that the HSE (SA) ensures that a full hazard identification and risk assessment is carried out in the centre.