



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE Dublin Mid-Leinster Area

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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 (HSE), Dublin Mid-Leinster Area (DML) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Patrick Bergin (co-inspector) carried out the inspection over a two day period from the 24th to the 25th of February, 2009.

This was one of 12 centres managed by the regional co-ordinator for residential care, nine of which had been inspected within the previous 12 months. As part of the inspection of all the regions services, the regional co-ordinator for residential care arranged for a self-audit of the centre in December 2008 prior to inspection at the request of the inspectorate. This was carried out by the manager of another centre. The purpose of the self-audit was to afford the regional co-ordinator and centre manager an opportunity to identify areas in need of improvement in advance of the inspection. The self-audit, along with this inspection report will contribute to an overview report on the provision and management of children's residential care in the region.

The centre provided short to medium term residential care, for up to five children (boys and girls) aged between four and eleven years on admission. The age group catered for in the centre was found by inspectors to be inconsistent with the 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. The overall aim of the centre was to reunite children with their families or to prepare them for moving on to a foster care placement. At the time of inspection there was one boy aged five and one girl aged six in residence. There had been two discharges in the year prior to inspection.

Inspectors found that the children in this centre received a good standard of care from a staff team that inspectors found to be dedicated and cohesive. Despite this, inspectors were concerned to find that the centre's purpose and function was to cater for children less than twelve years of age. Moreover, inspectors found that the average length of placement based on the four children who had been resident in the centre for the year prior to inspection was 1.7 years, suggesting placement drift and a lack of appropriate family placements for the children. Inspectors formed the view that extraordinary measures should be taken by the HSE (DML) to ensure that this does not continue to be the case for these children, and that the purpose and function of the centre is amended to reflect the national drive to keep children of this age out of residential care.

The standard of the premises was good and it blended in well with the surrounding houses. The centre was welcoming and homely and had access to local facilities and public transport. The children had access to specialist and professional supports. Areas of good practice were: accommodation, register, education, primary care, contact with families, consultation, supervision and visiting of young people by social workers, unauthorised absences and restraints. Some key areas that required improvement were: purpose and function, appropriate placements and discharges, planning for children, safeguarding and child protection, notification of significant events and monitoring. Other areas requiring improvement are highlighted throughout this report.

1.1 Acknowledgements

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

1.2 Methodology

The judgements of inspectors in this inspection are based on an analysis of findings verified from more than one source of evidence gathered through observation of practice, examination of records and documentation, an inspection of accommodation, and interviews with two young people (one informally), the social care worker deputising for the acting centre manager, two social workers (one by phone), three social care workers, the HSE monitoring officer, the regional co-ordinator for residential care, and the acting local health office manager (LHM).

The following documents were available to inspectors during this inspection:

- One questionnaire completed by a teacher
- One letter from a GP
- A self-audit carried out by the manager of another centre
- 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
- Social work questionnaires
- Previous SSI inspection reports
- The centre's health and safety documents
- SSI Inspection report (Inspection Report ID number 133)
- SSI Cluster Report 2006 (South Western Area Health Board).

1.3 Management structure

The acting centre manager reported to the regional co-ordinator for residential care, who reported to the acting 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

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
# 1 (boy)	5.9yrs	Interim care order	1.9yrs	Four foster care
# 2 (girl)	6.9yrs	Voluntary care order	1yr	Three foster care

2. Summary of Findings

The centre had previously been inspected by the SSI in 2006, and inspectors found that good efforts had been made to improve practices such as administrative systems, external management structures and the development of a comprehensive set of policies for the centre. Inspectors, during this inspection also noted some improvements in other areas, but that they required additional attention, and these were; purpose and function, placements and discharges, planning for children, the proper use of the notification of significant events, child protection notifications and the reporting and visiting of the HSE monitoring officer.

Practices that met the required standard

Accommodation

This standard was met. Inspectors were provided with the centre's insurance details. Inspectors found the centre to be comfortable, clean and suitably furnished and equipped for the young children living there. The children had their own bedrooms which were decorated in an age appropriate way. There was plenty of room for the children to play and there were lots of toys, books and photographs of the children throughout the centre. The centre had a well kept front and back garden. The back garden provided a safe outdoor play area for the children, and indoors the children had a large sized play room.

Register

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

Primary care

The standard of primary care in the centre was met. Inspectors found that the children were looked after well and that there was an emphasis placed on meeting the individual needs of the children. This was supported by the centre's routines and systems, particularly the dual key working system, which identified one person who dealt with the administration part of the key working function, and one who filled the main care giver role, forming appropriate attachments with the child and attending school meetings in place of parents (when appropriate).

The children appeared to be well nourished and centre records showed that they received emotional support by the staff team in a manner appropriate to their age and vulnerability. Food was plentiful and inspectors observed the children receiving well- balanced meals. One child told inspectors that they regularly got their favourite food cooked for them. They also told inspectors that they enjoyed making cakes with the staff. The children were well dressed and were observed by inspectors to be content and relaxed in the centre.

Contact with families

This standard was met. Inspectors found from centre records and interviews, that family contact was good in the centre. Access with siblings and other family members was planned and recorded. Some staff expressed their concerns to inspectors that access visits were not always supervised by access workers/social workers as per the child's plan, and that this duty was one they undertook in the absence of alternative arrangements. Inspectors suggest that access arrangements are implemented in a way that has at the forefront the best interests of the child,

and reflects the important role staff play in maintaining positive links with families in a manner that is safe and supportive to children.

Consultation

The standard on consultation was met. Inspectors found that the staff consulted with the children on an individual, and in an age appropriate manner on issues such as preferred daily meals. There was evidence of issues raised by children being discussed at staff meetings. One child told inspectors that they were included in decisions about the decoration of their bedroom and activities provided by the centre. This child also gave inspectors a clear account of the reason for being in care and plans made for the immediate future. The centre had a booklet for children, but inspectors did not find copies of the SSI booklet on the national standards in the centre, and suggest that these be made available to the children.

Individual living in group care

This standard was met. Inspectors found that the centre catered well for the different needs of the children, a boy and a girl. They both had friends in school and attended birthday parties, and one went horse riding regularly. One child presented with behaviours that warranted close supervision. Inspectors found that this did not have an adverse effect on the other child. The centre had gender appropriate toys and staff interacted with the children in a way that was appropriate to their age and capabilities.

Race, culture, religion, gender and disability

This standard was met. Inspectors found that information about the religion of each child was available on file and that staff encouraged children to practice their religion as per the wishes of their parents.

Education

This standard was met. Both of the children attended education and one teacher reported on how well a child was doing in school. Inspectors found evidence in centre records that staff communicated regularly with the schools and that they attended school meetings. One child had been assessed and referred for a special needs assistant.

Unauthorised Absences

This standard was met. There were no absences without authority from the centre in the year prior to inspection. Staff were familiar with the protocol of the centre for unauthorised absences, as would be expected in a centre catering for children under twelve, and considering the seriousness of the absence of a child of this age. Each young person had an individual absence management plan in accordance with regional policy.

Restraint

This standard was met. There were no restraints in the year prior to inspection in the centre that again would be expected in a centre catering for this young age group. Inspectors found that the numbers of staff trained to restraint level in Therapeutic Crisis Intervention (TCI) was not clear. Inspectors suggest that this is clarified (see management).

Supervision and visiting of young people

This standard was met. Inspectors were provided with records of visits to the centre by social workers and found that they visited regularly. Social workers took children out of the centre on occasion and one child said he/she liked his/her social worker, although he/she did not fully understand why he/she needed one. Inspectors found from interviews and through observation that social work visits were positive experiences for one child. Centre records showed that social workers read children's daily logs occasionally.

Maintenance

The centre was maintained to a good standard and inspectors found no outstanding maintenance requirements.

Practices that met the required standard in some respect only

Purpose and Function

The centre had a statement of purpose and function that had been reviewed just prior to inspection. The statement was found to be reviewed twice a year and approved by the LHM, the regional coordinator for residential care and the acting centre manager. It stated that the centre provided short to medium term residential care for five children, boys and girls, aged between four and eleven years on admission. Inspectors found that the duration of the placements for the children resident in the centre in the year prior to inspection ranged between one and two years, which was not consistent with the statement of purpose and function. At this young age, these were considered long-term placements by inspectors (see also suitable placements/discharges). The practice of placing children under 12 was not consistent with DoHC's and the HSE's national policy (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 practice¹. Inspectors were told by the regional co-ordinator that the region had determined the requirement for this centre based on needs identified by social workers. All of the professionals interviewed during the course of this inspection told inspectors that this was a service that was required for young children whose challenging behaviours made it difficult to place and/or maintain them in family type placements.

There was an information booklet for young people in the centre that was out of date and unsuitable for young children.

Inspectors recommend that the HSE (DML) ensures that:

- a formal evaluation of the need for this service is conducted as a matter of priority
- the centre's statement of purpose and function and accompanying policy document are amended to reflect HSE policy and best practice.

Suitable placements and admissions

These standards were partly met. Inspectors found that both children resident in the centre were admitted to the centre due to foster placement breakdown, and met the

¹ SSI, (2007) *he placement of children aged under 12 and under in residential care in Ireland*. SSI, Dublin.

criteria for the centre as it stood however, that children of this age are placed in residential care is of serious concern to inspectors.

Inspectors found that one child had been resident in the centre for one year and another for 1.9 years, and despite efforts to secure foster care placements for these children, they remained in residential care. Inspectors were very concerned that children of this age remained in the centre on a long-term basis and formed the view that placements of this duration were not suitable for children under twelve.

To meet these standards, inspectors recommend that the HSE (DML) ensures that:

- all admissions are subject to a rigorous risk assessment and that gate-keeping mechanisms ensure every alternative has been exhausted before accepting a referral
- the current residents are found family type placements as a matter of priority.

Preparation for moving on to other placements and discharges

These standards were partly met. Inspectors found from centre records that the staff talked with the children about what the plans were for them and explained in an age appropriate way where their follow-on placement might be. Extensive work was found to be carried out by the centre staff and social workers to prepare a child to move on to a foster care placement which included preparatory work with the potential foster parents.

There had been two planned discharges in the year prior to inspection. These discharges were to foster care placements however, inspectors found that the children were not discharged in a timely fashion. They had been two years in residence in the centre, which was not consistent with the national policy or the purpose and function of the centre. These children were siblings aged 12 and 10.5 years respectively when discharged. Efforts had been made to reunify these young people with their mother however, this was not successful, and foster care was identified as the preferred placement option. This amendment to the aim of the care plan, and a lack of suitable foster carer placements was provided as an explanation for the delay. The two children in residence had been placed in the centre for a period in excess of one year. Inspectors recommend that the HSE (DML) ensures that robust systems are put in place to ensure all placements in the centre are of a short duration (see also purpose and function).

Management

This standard was partly met. The centre was managed by an acting centre manager who reported to the regional co-ordinator for residential care. The acting centre manager was on leave during the inspection, and a staff member was deputising for her. The staff member had deputised for the acting centre manager on other occasions and inspectors found that he was supported in this position by the regional coordinator.

Inspectors found that there was no formal arrangement made to for centre managers in the region to meet periodically and suggest that such an arrangement is made to facilitate skills sharing, communication, inclusion in strategic planning for the region and meeting the national standards.

Inspectors found that the regional co-ordinator offered guidance to the acting centre manager and support to the staff member deputising for her. The acting centre

manager provided a monthly report on the centre for the regional co-ordinator. Centre records showed that there had been four meetings during 2008. Inspectors found that the acting centre manager had not notified the regional coordinator of some significant events of a child protection nature.

The regional co-ordinator acknowledged that he had not visited the centre frequently in the year prior to inspection, and although many elements of the management systems were of a good standard, inspectors were of the view that the centre would benefit from more frequent visits to ensure all standards are being met.

Inspectors recommend that managerial systems are put in place which ensures centre policies are implemented fully and the standards are being met.

Staffing and vetting

This standard was partly met. The centre had an allocation of ten whole time equivalent posts, which included one centre manager and nine social care workers. At the time of inspection there was one acting centre manager, nine full time permanent social care workers and three relief workers. Relief workers provided cover for the acting centre manager, whose substantive post was social care worker, and covered other deficiencies in staffing. The same two agency workers were consistently used to provide cover when the relief staff were unavailable. Inspectors found that a recommendation from a previous SSI inspection for a social care leader to be appointed in the centre was not met, and inspectors were of the view that the centre would benefit from this post being filled. The team collectively was experienced in residential child care and presented as a cohesive unit.

Four of the permanent social care staff were not qualified. The qualifications of four other staff were not evident on the centre's records. Inspectors recommend that although the needs of the children were being met, a strategy to address the deficiencies in staff qualifications should be developed by the HSE (DML) and made available to inspectors when conducting the follow-up inspection (see management).

All permanent staff's files had evidence of Garda clearances. There was no evidence of Garda clearance for one agency staff worker. No social care workers had been employed in the centre in the two years prior to inspection. Inspectors recommend that Garda clearance is confirmed for one agency staff.

Training and development

This standard was partly met. Inspectors were provided with staff training details that showed staff had been trained in TCI, fire safety, risk assessments, Marte Meo², working with children who have experienced abuse, first aid and individual crisis management planning. Records indicated that some staff required refreshers in some of these areas and inspectors suggest that the centre manager satisfies herself that staff are appropriately trained and refreshed in core training areas. Inspectors found that staff were not specifically trained in dealing with disclosures of abuse and recommend that this training is provided.

Key working

The standard on key working was partly met. Each young person had two key workers who shared various aspects of the key working task, with an emphasis

² This is a methodology based on attachment theory.

placed on forming appropriate attachments with the children. Inspectors found that one child was too young to understand the concept of key working, but knew they had a special member of staff that helped them when they needed it. Centre records showed that key workers kept detailed records of their interactions with the children and maintained care files. Key workers sent a report to social workers regularly, and reported on each child's progress at team meetings.

Inspectors found key workers and staff were unclear as to why they were gathering certain information in relation to one child, where/how it should have been filed, and that it did not feed appropriately into the notification systems in the centre. Inspectors found key worker records (dated from May 2008 to the time of inspection), which held accounts of one incident which was of a child protection nature, and accounts of several incidents of a child's problematic behaviours which were significant events. Key worker's monthly reports for that child did not refer to these incidents or how they were dealt with. This was acknowledged by the centre managers. Inspectors found these records to be inappropriately filed. Inspectors found that these records were passed on to the social worker, but not notified as per centre policy (see significant events), and that the acting centre manager was awaiting a suitable response from the social worker (see child protection). Inspectors recommend that clear guidance is given to key workers on how to use the care filing and notification systems in the centre (see child protection, significant events and management).

Behaviour management

This standard was partly met. The centre placed an emphasis on natural consequences (referred to as sanctions in the standards) which records showed to be age-appropriate and proportionate. In the case of one child, inspectors found that the staff were unclear as to whether they were attempting to modify or manage certain behaviours, or whether they were dealing with aspects of trauma. Inspectors recommend that the staff team receive external professional advice on managing the behaviour of this child, who has complex needs and behaviours.

The children had individual crisis management plans. Inspectors found from documentary evidence and interviews that the individual crisis management plan for one child did not acknowledge problematic behaviours he/she displayed, and therefore did not provide clear guidance to the staff team on how to deal with or report on them appropriately. Inspectors suggest that individual crisis management plans reflect the problematic behaviours of the child in question. These plans were also found not to have been developed in consultation with external professionals involved with the child. Inspectors suggest that individual crisis management plans are developed in consultation with other relevant professionals as proposed by the TCI methodology.

Emotional and specialist support

This standard was partly met. Centre records showed that the children had access to emotional and specialist supports such as psychology, special needs assistants in education, speech and language and play therapy. Records and observation provided evidence that the children were emotionally supported by the staff team as would be expected from a good parent.

Inspectors found that in one case, there was minimal guidance provided to the staff from a therapist working with a child. Inspectors recognise the boundaries between

a therapist for a child and another who may provide a consultative service for the centre however, the national standards require professionals to co-ordinate their work in the best interests of the child, and require the provision of external support for staff in dealing with complex behaviours. Inspectors recommend that the therapist provides guidance to the staff with regard to dealing with this child's behaviours (see also behaviour management).

Complaints

The standard on complaints was partly met. The centre had a central complaints register in which two complaints were recorded. This register indicated that these complaints had been notified and resolved. Inspectors found no outstanding complaints in the centre. Inspectors found that staff interviewed were unclear as to what constituted a complaint from a young child. For example, staff told inspectors that there was a differentiation between formal (written) complaints and informal (verbal) complaints. This was unacceptable for children of such a young age. Inspectors found no evidence of guidance for staff in this area. Inspectors recommend that the HSE (DML) ensures that:

- there is no classification of complaints by children
- the complaints register is amended to include outcomes of complaints being fed back to children and that they are satisfied with this.

Access to information

This standard was partly met. Staff were aware of the rights of children to see their care files. The centre had a booklet for children that was unsuitable for young children however, one child knew where the booklet was filed, showed it to inspectors and told inspectors what was written in it, even though they could not read it (see purpose and function). Inspectors saw documentary evidence of children reading and signing their daily logs, but also found that reports were not written with young children in mind. Inspectors suggest that methods of report writing be explored to facilitate access by young children.

Supervision and support

This standard was partly met. Inspectors found that the centre had a supervision policy that did not state how frequent supervision should be. Formal supervision was provided by the centre manager and it included accountability for work with children. Inspectors found from centre records that supervision took place approximately every six weeks for most of 2008, but several staff had gaps of two and/or three months between sessions. Inspectors found from centre records that the acting centre manager was supervised by the regional co-ordinator. These records showed that the acting centre manager had four supervision sessions during 2008, with a gap of six months between June and December 2008. Inspectors recommend that the supervision of centre staff be brought in line with HSE policy and the national standards.

Inspectors found that the staff roster facilitated good communication across the team. Staff meetings were held every two weeks and were changed to weekly if the needs of the children warranted this. The meetings discussed the children's needs and centre issues. Inspectors found that attendance at team meetings was generally good, but that at certain points in 2008, attendance dropped to four social care workers. Inspectors suggest that attendance at staff meetings is monitored by the regional co-ordinator.

Staff had additional support available to them through occupational health and an employee assistance programme provided by the HSE.

Administrative files

This standard was partly met. Inspectors found that centre records and personnel files were adequate, accessible and facilitated inspection. They also found that elements of the centre's filing were computer based. There was one computer in the centre, which was used by both the centre manager and the staff team. There was no policy related to the use of a computer. Inspectors recommend that the HSE (DML) develop a policy on the use of computers for information purposes, which is compliant with legislation.

Health

This standard was partly met. Inspectors found records of visits by the children to their own G.P. and dentist and records of the administration of prescription and non-prescription medication. On inspection of the premises, inspectors found that antibiotic prescribed to one child was stored in the fridge in the kitchen. Inspectors recommend that all medication is stored in a safe place and is inaccessible to children. There was no medical history or immunisation records on file for both of the children in residence and inspectors recommend that these be provided by social workers in accordance with the regulations.

Care plans and reviews

This standard was partly met. Both children had an up-to-date care plan on file. One child's care plan was incomplete. For this child, the care plan did not accurately reflect the needs of the child, the behaviours they presented nor did they adequately inform the placement plan. Inspectors found that the care plans for both children did not attend to their next placement as a matter of priority.

Inspectors found that for one child, care plan reviews, although held within the minimum statutory time scales, were not frequent enough considering their young age. Inspectors recommend that the HSE (DML) ensures that:

- one child has a comprehensive and completed care plan
- care plan reviews are held on a frequent basis for young children and have the next placement (family type placement) as a matter of priority.

Social work role

This standard was partly met. Inspectors found from centre records that social workers communicated by phone with the centre regularly. One child told inspectors that they would tell their social worker of any concerns they had. Social workers were found to have visited the children regularly, to have taken them out of the centre occasionally, and to have read the children's daily logs from time to time.

Inspectors found that there were child protection concerns relating to one young person in a centre file entitle *disclosures*. The social worker acknowledged that they were made aware of the contents of this file by the centre, but inspectors found no evidence of these concerns being classified as child protection concerns, or being assessed and/or investigated. Inspectors found no indication in care plans or care plan reviews of these concerns being dealt with or discussed within the statutory review process (see also child protection).

To meet this standard, the HSE (DML) needs to ensure that:

1. all children have a care plan that accurately reflects their needs and behaviours
2. the file entitled *disclosures* in one young person's key work file is reviewed by social workers and any child protection concerns are assessed and dealt with appropriately

Young people's care records

This standard was partly met. Inspectors found that this system facilitated access for inspection and accountability, but the volume of information compromised accessibility for young children. One child's file did not contain a care order. The centre had developed a new filing system for the young people's records. This consisted of separate drop files in a drawer (one drawer for each young person) into which loose documents were stored. The filing system was found not to have an education section. Inspectors recommend that the HSE (DML) ensures that:

1. one child's care order is made available to the centre by the social worker,
2. the filing system is reviewed with a view to ensure it is more accessible to children; reduced in volume; contains copies of all computer generated records; all documents are signed and dated; placement plans name all those involved in decision making and has clear cross referencing so that documents are not duplicated.

Safety

This standard was partly met. The centre had a health and safety statement written in early 2008 and a health and safety audit conducted in early 2009 which was in draft form. This had been submitted to the risk manager for the region just prior to inspection. Inspectors observed that the stairs had been made safe for young children with an attractive surround.

Inspectors found that the interior doors of the house closed quickly and were too heavy for a young child to control. This was brought to the attention of the LHM, the regional co-ordinator and the staff member deputising for the acting centre manager during the inspection, for addressing as a matter of importance.

Fire safety

This standard was partly met. Daily fire checks were evidenced in centre records. Fire equipment was noted by inspectors to have been checked in the year prior to inspection. There was no lighted fire exit display sign over the hall door. The centre did not have written evidence from a certified engineer /architect stating that it complied with fire safety and building control regulations as required by standard 10.19. Inspectors recommend that the HSE (DML) ensures that each fire exit is adequately signposted and that the centre has written evidence from a certified engineer /architect stating that it complies with fire safety and building control regulations as required by standard 10.19.

Practices that did not meet the required standard

Safeguarding

This standard was not met. Staff interviewed had an acceptable knowledge of the concept of safeguarding as outlined in the standards however, inspectors found that in practice, staff had not dealt with child protection issues adequately (see child

protection and management). The centre had no safeguarding policy. Inspectors recommend that the HSE (DML) develop a policy for the centre on safeguarding, in accordance with the standards.

Child protection

The standard on child protection was not met. The centre had a member of staff who was designated as the child protection officer. Inspectors found that the centre staff had recorded (in a key worker file and entitled it *disclosures*) particular incidents and behaviours related to one child, and although they had passed them on to the social worker, staff interviewed gave inspectors different accounts as to why they had done this. Inspectors found that these records contained child protection concerns. Inspectors found that the staff were unclear as to what was expected of social workers once this information had been forwarded. Through interviews and centre records, inspectors found no evidence of these concerns being notified in accordance with the centre's policy or Children First, assessed, reviewed and/or investigated (see also *social work role and training and development*). This was brought to the attention of the regional co-ordinator, centre manager and LHM during the course of the inspection, and the file was sent to the social workers involved for review.

Inspectors found no classification of significant events in the centre to include the notification of child protection concerns. Inspectors recommend that the HSE (DML) ensures that the centre's child protection notification system is consistent with Children First and that all staff are made aware of what constitutes a child protection concern. Inspectors recommend that any outstanding child protection concerns are dealt with appropriately (see social work role).

Notification of significant events

This standard was not met. Inspectors found documentary evidence that not all significant events were notified to all relevant parties consistent with regional policy. This was acknowledged by centre managers. The term 'significant event' was found by inspectors to be a catch-all phrase that included child protection concerns. Inspectors recommend that the management systems are put in place to ensure all significant events are notified and done so separately to child protection concerns (see also management).

Monitoring

The standard on monitoring was not met. The HSE monitoring officer had visited the centre once in early 2009 as part of a beginning of year catch up with the acting centre manager. However, the visits were not for the purposes outlined in the standards. The centre had no monitoring report for 2008. The HSE monitoring officer was responsible for 11 HSE, three voluntary and six private residential centres. In the absence of routine visits, administrative processes, complaints processes, care planning and child protection systems were not regularly monitored or reviewed, and the young people had not been seen, as required by the standard. The role of the HSE monitoring officer was all the more important because the children were of such a young age. To meet this standard, the HSE (DML) needs to ensure that the centre is monitored in accordance with the regulations and the standards. Considering the age and vulnerability of the children in the centre, inspectors recommend that the HSE monitoring officer visits the centre on a monthly basis as a minimum.

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		√	

Recommendations:

1. The HSE (DML) should ensure that a formal evaluation of the need for this service is conducted as a matter of priority.
2. The HSE (DML) ensures that the centre's statement of purpose and function and policy document are reviewed and amended to reflect national policy and best practice and is made accessible to very young children.
3. The HSE (DML) ensures that every alternative is exhausted for a child before being placed in 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 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:

4. The HSE (DML) should ensure that management and/or administrative systems are put in place which ensure standards are met and centre policies are implemented.
5. The HSE (DML) should develop a policy on the use of computers in the centre.
6. The HSE (DML) should ensure that all staff in the centre are trained in disclosures by children.

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:

7. The HSE (DML) should ensure that the centre is monitored in accordance with the standards and that the monitoring officer visits the centre monthly.

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:

8. The HSE (DML) should ensure that centre practices promote the rights of children particularly access to information and complaints.

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:

9. **The HSE (DML) should ensure that gate-keeping mechanisms are put in place which ensure every alternative has been exhausted for a child before admission and that current residents are placed in family type placements as a matter of priority.**
10. **The HSE (DML) should ensure that one child has a comprehensive care plan that reflects their current needs and behaviours.**

11. The HSE (DML) should ensure that statutory care plan reviews are held frequently for young children and have the placement of children in family type placements as priority.
12. The HSE (DML) should ensure that one child's key work file is reviewed and any child protection concerns are dealt with appropriately.
13. The HSE (DML) should ensure that one young person has a care order on file
14. The HSE (DML) should ensure that the therapist working with one young person provides guidance to the staff team
15. The HSE (DML) should ensure that children are found a suitable family placement as soon as possible.

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	√		

Recommendation:

16. The HSE (DML) should ensure that staff receive external professional advice on the management of one child's problematic behaviour.

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:

17. The HSE (DML) should develop a safeguarding policy for the centre as a matter of priority.
18. The HSE (DML) should ensure that the centre has a child protection notification system that is consistent with Children First.

(See also: management and social work role).

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:

19. The HSE (DML) should ensure that a medical history for each child is on file and that medication is stored in a safe area in the centre.

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		√	

Recommendation:

20. The HSE (DML) should ensure that each fire exit is adequately signposted and that the centre has written evidence from a certified engineer / architect stating that it complies with fire safety and building control regulations as required by standard 10.19.

Summary of recommendations

- 1.** The HSE (DML) should ensure that a formal evaluation of the need for this service is conducted as a matter of priority.
- 2.** The HSE (DML) ensures that the centre's statement of purpose and function and policy document are reviewed and amended to reflect national policy and best practice and is made accessible to very young children.
- 3.** The HSE (DML) ensures that every alternative is exhausted for a child before being placed in the centre.
- 4.** The HSE (DML) should ensure that management and/or administrative systems are put in place which ensure standards are met and centre policies are implemented.
- 5.** The HSE (DML) should develop a policy on the use of computers in the centre.
- 6.** The HSE (DML) should ensure that all staff in the centre are trained in disclosures by children.
- 7.** The HSE (DML) should ensure that the centre is monitored in accordance with the standards and that the monitoring officer visits the centre monthly.
- 8.** The HSE (DML) should ensure that centre practices promote the rights of children particularly access to information and complaints.
- 9.** The HSE (DML) should ensure that gate-keeping mechanisms are put in place which ensure every alternative has been exhausted for a child before admission and that current residents are placed in family type placements as a matter of priority.
- 10.** The HSE (DML) should ensure that one child has a comprehensive care plan that reflects their current needs and behaviours.
- 11.** The HSE (DML) should ensure that statutory care plan reviews are held frequently for young children and have the placement of children in family type placements as priority.
- 12.** The HSE (DML) should ensure that one child's key work file is reviewed and any child protection concerns are dealt with appropriately.
- 13.** The HSE (DML) should ensure that one young person has a care order on file.
- 14.** The HSE (DML) should ensure that the therapist working with one young person provides guidance to the staff team

- 15.** The HSE (DML) should ensure that children are found a suitable family placement as soon as possible.
- 16.** The HSE (DML) should ensure that staff receive external professional advice on the management of one child's problematic behaviour.
- 17.** The HSE (DML) should develop a safeguarding policy for the centre as a matter of priority.
- 18.** The HSE (DML) should ensure that the centre has a child protection notification system that is consistent with Children First. (See also: management and social work role).
- 19.** The HSE (DML) should ensure that a medical history for each child is on file and that medication is stored in a safe area in the centre.
- 20.** The HSE (DML) should ensure that each fire exit is adequately signposted and that the centre has written evidence from a certified engineer / architect stating that it complies with fire safety and building control regulations as required by standard 10.19.