



**SOCIAL SERVICES  
INSPECTORATE**

**A CHILDREN'S RESIDENTIAL CENTRE  
IN THE  
NORTH EASTERN HEALTH BOARD  
LOUTH COMMUNITY CARE AREA**

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## **1. Executive summary**

Inspectors found evidence of good primary care, in which children are well looked after and present as being generally happy. At times Westcourt experiences difficulties in attending to all of the children's individual needs or accessing specialist services that some of them require.

There is a good, committed and well-informed staff group that thinks about the work it does with children. Facilitation sessions have been provided to support the care staff team in its work. These provide an effective means of enabling care workers to address practice issues.

The building is in good condition, but space could be utilised more effectively.

Improvements can be made in the areas of record-keeping, time management and communication.

There is a need to address the large number of different adults involved in children's daily lives and care.

The continued use of the order book publicly exposes children's care status, contributes towards them being embarrassed and undermines efforts to provide them with as normal an upbringing as possible.

Children at Westcourt have positive experiences of education and there are some impressive examples of their individual successes. Inspectors are impressed with the commitment and input from the teacher support.

Care planning and social work support are areas that can be improved.

It is good to observe children's rights receiving attention, but more work is required if these are to be capable of providing effective voices and safeguards for young people.

## **2. Introduction**

The inspection of Westcourt Children's Residential Centre was carried out by the Social Services Inspectorate under the provisions of Section 69(2) of the Child Care Act 1991.

The inspection team comprised of Dr. Mike Lindsay [Lead Inspector] and Ann Ryan [Support Inspector]. It was part of a series of inspections, by the Inspectorate, of children's residential centres run by the health boards. This inspection took place on the 16<sup>th</sup>, 17<sup>th</sup>, and 18<sup>th</sup> January 2001. A pre-inspection meeting took place with the staff team on 10<sup>th</sup> January 2001 to explain the approach being taken, and included a preliminary meeting with the young people living at the centre.

### **2.1 Methodology**

Inspectors analysed information received prior to the commencement of the inspection. Two questionnaires had been completed and returned by social workers, and we received four completed questionnaires from schools. Census forms relating to the care staff and young people had been completed and returned.

Inspectors further examined the following documentation:

- The centre's statement of purpose and function
- Regional policy and practice guidance
- Young people's booklet
- Young people's care files
- Young people's daily log books
- A completed unauthorised absences questionnaire
- A completed use of physical restraints questionnaire
- The house diary (for all appointments, including family/social worker visits, therapy sessions etc.).
- A communications book
- A fire incident log
- A fire drill book
- A fire and safety maintenance book
- A clothing purchase log
- A transport book
- A health and safety repairs book

Inspectors observed the daily practices and living routines at Westcourt. Inspectors sat in on a team meeting, a staff handover meeting, and a facilitation session. Also, we were also present at a special staff meeting convened to hand out draft policy and procedure document.

Inspectors conducted formal interviews with five young people, two parents, eight care workers, three social workers, two deputy regional managers (residential child care services), a child's former foster mother, an ex-resident and the support teacher.

Westcourt formed part of a cluster inspection, involving all of the children's residential centres managed by the North Eastern Health Board. In consequence, interviews were further conducted with the regional director of child care and family services, the regional manager (residential child care services), two child care managers [for Louth and Cavan/Monaghan], three principal social workers and a general manager (Louth).

## **2.2 Acknowledgements**

The Irish Social Services Inspectorate wishes to express its gratitude for the co-operation received from everyone concerned. Inspectors were grateful to parents for taking the time to talk with us. Inspectors reserve special thanks for the young people for the generous way in which they put up with our intrusion into their lives.

## **3. Setting the scene: background, the centre and its population**

Westcourt was taken over from the Daughters of Charity in 1995. It has a history of being a settled unit, providing long-term, planned placements. All of its children attend schools, clubs and maintain regular links with the local community. Westcourt is situated on a local housing estate in Drogheda. It caters for up to six children of mixed gender.

### **3.1 Data on children / young people**

There are three boys and three girls living at Westcourt. The three boys consist of one 12 year old, one 13 year old

and one boy aged 16 years old. Respectively, each boy has been at Westcourt for three years, seven months; two years, five months and one year, five months. Two of the girls are each aged 10 and the third

is 12 years old. One girl has been at Westcourt for over twenty-two months;  
another since July 2000 and the third girl was admitted in October 2000.

Three children were admitted under care orders, whereas the other three children are in care by voluntary agreement.

### **3.2**      *Details of placement*

The centre provides long-term care for children, within a group-living environment. The length of current placements supports this. There is also evidence indicating that children currently resident are likely to remain in the care of Westcourt for some time to come.

### **3.3**      *Management structure and support*

A unit leader manages Westcourt and supervises the work of all of the staff in the centre. She directly reports to the regional manager, who is, in turn, accountable to the general manager [Louth]. Two deputy regional managers, one full-time and the other part-time, support the tasks carried out by the regional manager. These posts have recently been made permanent. At present, the unit leader receives formal supervision from the regional manager at five to six-weekly intervals. The regional manager informed inspectors about plans for the deputy regional managers to progressively take on more line management responsibility. This is likely to involve them in supervising the work of unit leaders.

The role of the unit leader is to oversee the care of children and be responsible for the day to day running of the centre. She works off shift to facilitate her management role and to support the on-call rota. The unit leader does not control any set budgets, but can sign for individual purchases of up to £300. Purchases in excess of this amount are required to be cleared with the regional manager. As a management support, weekly meetings are held involving unit leaders, the regional manager and the two deputy regional managers.

The management structure is undergoing a period of transition in which future roles, including that of unit leader, are being re-clarified.

The unit leaders have played a formative role in putting together a set of policies and procedures for children's residential centres. The document was issued to care workers in Westcourt on 10<sup>th</sup> January 2001. Each care worker was required to sign to say that they had received

personal copies. Unit leaders from Ti na nOg and 104 Chord Road scheduled a return visit in two weeks time. At that time, care workers will be required to sign a declaration saying that they have read the document, understand its contents and intend to implement it in practice.

Unit leaders have been actively consulted about the development of a three-year strategic plan for residential child care services.

#### 4. Standards: the findings

##### 4.1 *Statement of purpose and function*

**The centre has a clear written statement of purpose and function which accurately describes what the centre sets out to do with children and the manner in which that is provided.**

The standard is met. There is a written statement of the centre's purpose and function. The statement provides an adequate description of what the centre sets out to do and the children it cares for. The statement reveals that Westcourt provides care for children, "... *who have specific needs that cannot be adequately met or addressed within their own family or community*".

Westcourt's role is defined as working to get children back home where possible, and care workers actively promote children's contact with family and friendships within the local community. The statement recognises that it is not always possible for children to return quickly to their families. Care staff at Westcourt work to create a home for children which offers them stability and consistency in their lives. Westcourt's stated mission is to provide each child with a positive experience of care. The central ethos

guiding the approach at Westcourt is the pursuit of as normal a living environment as is possible.

The statement is written in fairly broad, general terms. It could be improved upon by being a little more specific about the children Westcourt is intended for. It should be able to indicate the age range, catchment area and planned length of placement of future admissions. The statement does not say what role Westcourt should take in relation to emergency admissions.

A key aspect of Westcourt's statement of purpose and function does not wholly accord with the service that is currently being provided. In practice, the centre is providing long-term substitute care. This is at

variance with its stated primary role of ensuring that children return home. In order for its purpose and function to be more consistently realised, there needs to be improvements in integrating the care provided by Westcourt with family support services.

#### 4.2 *Working in partnership*

**Partnership is essential to the provision of good quality residential childcare. The experience of young people in care is enhanced by positive working relationships between professionals.**

This standard is met. However, more could be done by the social work department to support Westcourt's purpose of trying to return children to the care of their families.

Written policy emphasises the importance of partnership and care staff confirm that they aim to achieve this in their work.

Social workers consider that there is good communication with care staff, although there are a few examples where this has not been reciprocated. Care staff feel that social workers are not consistent in passing on messages or ensure that they are in receipt of important facts and information regarding the children that they are caring for. Whilst care workers acknowledge how busy social workers are they do need to be kept properly informed.

Not all social workers interviewed are familiar with the draft policy and procedure manual. Their knowledge of Westcourt tends to be intuitive and anecdotal.

Westcourt maintains excellent relationships with colleagues from education. They have formed particularly beneficial links with a support teacher.

Relationships with specialist therapeutic and counselling services have been spasmodic. There are examples which are very positive and have contributed in securing the help that children at Westcourt sometimes need. However, Westcourt's experience indicates that gaining and retaining access to these services cannot be relied upon.

#### 4.3 *Admissions criteria and policy*

**The centre has an established policy, setting out how young people are referred and admitted.**

There is a written admissions criteria and policy which meets the standard. This stipulates that children referred should have good school attendance and home links. Westcourt is prioritised for younger children and is regarded as the board's best option for children who are awaiting foster placements or who will be returning home.

The current group of children were all placed before any structured system of referrals was in place. Three children were admitted on a planned basis and visited the centre with their families prior to being admitted. The other three children were each admitted as emergency placements. There are some examples of children being admitted to Westcourt and care staff not being supported with significant information about them.

Under a new regional system, the admissions process is more structured, involving referrals to an admissions committee. This was established in November 2000 and has not been operating long enough to provide an informed opinion about its effectiveness in reducing the incidence of unplanned admissions.

#### Recommendation

**Social workers should ensure that placements of children are supported with relevant, up to date information.**

### ***4.4 Care planning and review***

#### ***4.4.1 Care plans***

**Each young person's care is subject to a formal, systematic and written plan to promote the welfare of the child in compliance with Article 23 of the Child Care Regulations 1995.**

The standard is not met.

Keyworkers, who are appointed from the care staff group to focus on meeting the specific needs of children, produce 'care plans'. However, these plans do not adequately meet the requirements of Article 23 of the Child Care Regulations 1995. In practice, they are written plans that focus on matters concerning each child's care within Westcourt. For greater clarity, it might be better if these were uniformly referred to as "placement plans". Generally, these plans are of reasonable standard, setting out in detail how care staff at Westcourt propose to

meet each child's individual needs and which shape the daily care provided. There is evidence that these are updated on a weekly and monthly basis.

In respect of meeting statutory obligations to children in its care, there are two completed care plans in place. One of these care plans was completed back in 1999 on a form designed for children in foster care and does not appear to relate to the current placement. Of the others, inspectors were advised that these are in the process of being completed.

Historically, practice has been for care plans to be formed using the mechanism of admissions meetings, in conjunction with reviews. Social workers recognise that there is some confusion about care plans, but are aware that this is being addressed. A draft form to aid care planning is being circulated and piloted with a view to

standardising the process. Not all social workers have seen this.

#### Recommendations

**The health board should ensure that children's placements at Westcourt are supported by written care plans, which are developed in accordance with the requirements of Article 23 of The Child Care Regulations 1995.**

**Westcourt should refer to the plans that keyworkers develop for each child as "placement plans", to avoid any confusion with care plans that should be produced by social workers.**

**Care plans should always be updated to reflect changes in placements.**

**Social workers preparing care plans need to be supported in this task through guidance and training.**

#### *4.4.2 Review of care plans*

**Each young person's plan is reviewed by an authorised person as often as may be necessary in particular circumstances, but in any event at intervals not exceeding those specified by Article 25 of the Child Care Regulations 1995.**

The standard is met.

Reviews are the recognised responsibility of social workers and take place at intervals that comply with the requirements of regulations. However, records do not help distinguish between statutory reviews and those which are conducted internally at Westcourt.

Different systems currently operate for convening reviews, dependent upon which community care area the child is from. Most operate on the basis of the last review meeting being a forum for setting the date for the next. Although social workers generally invite family members, there are examples of parents not being invited and variations in the practice of providing them with minutes. Children are generally invited. Practice does however vary with

different children being allowed to attend all, part or only at the end of their review. There is evidence of some children having completed a “review preparation form”, a task that they are supported in by care workers.

Some reviews are supported by having a minute-taker from administrative section present. There are also variations in the practice of social workers providing a written report for the review. Practice amongst care workers is far more consistent in this regard.

In addition to care reviews, core group meetings are held. These are designed to allow professionals to check between reviews whether assigned tasks are being completed.

Inspectors found evidence of good practice taking place, but that it is not being consistently applied.

#### **4.4.3 *Family involvement***

**The centre shows respect for the young person’s family in all aspects of how it cares for young people. Parents are involved in planning for young people’s everyday life and future.**

The standard is met.

Parents who were interviewed confirm that they feel welcome when visiting Westcourt. They are mostly satisfied with the care they see their children receiving. Access visits are well organised and there is at least one example of the board arranging transport to support this. However, in some cases, arrangements for access have not significantly changed since the child came into care. This is in spite of examples of changes in family circumstances which could justify children having more access. Parents are generally invited to review meetings and some receive minutes from these. They generally feel

that they can have their say and that their views are taken into account. Parents find care workers very approachable and easy going. They are able to talk to them about concerns, although emphasised that they have not had any.

#### Recommendation

**Arrangements for access should be reviewed on a regular basis, in line with statutory requirements for reviewing care plans. Social workers, care workers and managers should work to facilitate all reasonable access between children in care and their families.**

### *4.5 Staff recruitment & support*

#### *4.5.1 Staff Recruitment*

**Staff are the most vital resource in providing quality care. They will be among the most important people in the child's life while in residential care. Recruitment, training and support policies should recognise this and should ensure that staff are equipped to fulfil their duties to children. The personal and professional skills which staff bring to the task of caring for children should create a living environment which is child-orientated.**

The standard is met, but some improvement is indicated.

The care staff team at Westcourt consists of one permanent, full-time unit leader, two full-time, permanent houseparents and four full-time, permanent assistant houseparents. There are currently another two assistant houseparents appointed on temporary contracts and seven relief assistant houseparents, some of who cover some shifts for three permanent staff who are undertaking part-time courses of training. Westcourt also employs a relief night care worker. Westcourt are two permanent houseparents short against what should be the official staffing complement. At present Westcourt has a fairly settled staff group, whereas between September 2000 and November 2000 it experienced a bout of high staff turnover. Recruitment and retention of staff is an issue for Westcourt.

All staff recruited are subject to Gardai vetting and employment reference checks. The procedure for recruiting against permanent posts requires a formal application, sometimes supported by curriculum vitae. The regional residential child care manager conducts interviews for these vacancies, supported by personnel

section. Unit leaders are involved in interviewing for temporary and relief care staff.

#### **4.5.2**            *Staffing and staff rota*

The standard rota consists of two care staff working 10am to 10:30am, next day (including sleepovers), with another care worker covering either a 10am to 10pm or 2pm to 10pm shift. The rota provides for three staff to be on duty throughout most parts of the day. The unit leader generally works off shift, on a 9am to 5pm, weekday shift pattern. However, she is also rostered seven days per month as part of the regional residential child care management on-call system.

On face value the rota provides adequate cover, but care workers, particularly relief staff, can be transferred around the service when there are shortages in other centres. Technically, this can also happen to permanent and temporary staff. However, the last time this occurred at Westcourt was over eighteen months ago. Even so, moving any staff does have an impact upon what the centre has planned and there have been disruptions. Numerically, Westcourt is well staffed. However, at times fourteen different staff can be involved in caring for children at Westcourt in any given week. This might not be conducive to creating stability and consistency in their lives. There is a need, in what in practice is a long-term care unit, for a significant proportion of staff to be appointed on permanent and long-term contracts.

#### Recommendation

**The board should try to reduce the practice of moving care staff around the centres.**

#### **4.5.3**            *Length of service, status and qualifications of staff*

Westcourt has a relatively large staff group, which is well-balanced in respect of qualifications, employment status, age and experience. However, with only two male care workers, there could be a better gender balance.

Given that Westcourt operates as a long stay unit for children a stable workforce is vital. For care workers who do not qualify for permanent status, longer-term

temporary contracts should be considered. Further, Westcourt need to address the number of different people that are working with the children, which can be anything up to seventeen care staff in any given week.

<i>Staff</i>	<i>Length of service in Westcourt</i>	<i>Employment Status</i>	<i>Qualifications</i>
Unit Leader (F)	6 years, 3 months	Permanent	Registered Mental Health Nurse
Houseparent (F)	2 months	Permanent	Registered General Nurse
Houseparent (F)	2 years, 8 months	Permanent	National Diploma in Applied Social Studies in Social Care (NCEA)
Assistant Houseparent (F)	2 years	Permanent	Diploma in Social Studies
Assistant Houseparent (F)	2 years, 4 months	Permanent	National Diploma in Applied Social Studies in Social Care (NCEA)
Assistant Houseparent (F)	3 years, 3 months	Permanent	National Diploma in Applied Social Studies in Social Care (NCEA)
Assistant Houseparent (M)	4 years, 6 months	Permanent	Currently studying for Diploma in Social Care
Assistant Houseparent (F)	2 years	Temporary	National Diploma in Applied Social Studies in Social Care (NCEA)
Assistant Houseparent (F)	1 year, 1 month	Temporary	Diploma in Youth & Community Work
Assistant Houseparent (F)	1 month	Relief	National Diploma in Applied Social Studies in Social Care (NCEA)
Assistant Houseparent (F)		Relief	BA in Applied Social Studies
Assistant Houseparent (M)	5 months	Relief	No qualification
Assistant Houseparent (F)	2 years, 8 months	Relief	No qualification
Assistant Houseparent (F)	1 year	Relief	HND in Social Care
Assistant Houseparent (F)	2 years, 3 months	Relief	Certificate in Applied Social Studies
Assistant Houseparent (F)	1 year	Relief	BA in Applied Social Studies
Night staff (F)	9 years, 6 months	Relief	No qualification

#### 4.5.4 *Staff support and supervision*

**Young people are looked after by staff who are trained in the skills necessary to meet their needs and, who receive appropriate professional support from management for the tasks that they are required to carry out.**

There is no formal system of induction in place. Instead, common practice at Westcourt is for experienced care workers to be assigned to supervise new staff. All staff have written contracts stating that they are entitled to receive formal supervision every six weeks. Most are receiving two or three sessions per year. Care staff should also be getting annual appraisals, but this is also not being provided at the

moment. Care workers confirm that they are able to get access to the unit leader on a regular, but informal basis.

Handover meetings support the work of staff and provide a useful forum for communication between them. These are well recorded. They reflect an informal process of shift co-ordination and, although the task is not a delegated one, each day is usually well planned out.

Care staff at Westcourt are engaged in a six-session facilitation exercise. From the session inspectors observed these are well facilitated and encourage care workers to thoughtfully examine practice and identify future development needs. Another set of sessions has been planned and care staff interviewed felt it had been a beneficial exercise. They generally found the sessions encouraged them to raise issues and develop their thinking.

### Recommendations

**Westcourt should introduce an induction system for new staff.**

**Formal supervision should be assured to all care workers on a regular basis.**

**All care workers should be subject to a formal system of annual appraisal.**

## **4.6 Children's Rights**

### **4.6.1 Consultation**

**Young people's views are sought over key decisions which are likely to affect their daily life and future.**

The standard is met, but inspectors found scope for improvement.

Conscious efforts are being made to give children's rights a higher profile. Many care workers demonstrated an awareness of the growing importance of listening to what children have to say. Posters are prominently displayed highlighting the universal rights that are given to children. Inspectors consider that this is a very good beginning, but children's rights work needs to be more grounded within the real issues affecting children in care. One of the statements on the poster relates to a child's right to a family. There will be occasions when some children may have cause to regard this particular statement as being insensitive. Care workers interviewed consider that children at

Westcourt are consulted on important decisions concerning their lives and relate well to staff. The system provides them with two keyworkers, who amongst other tasks act as advocates for the children.

There is some evidence of children's involvement through reviews, although their experiences tend to show that this is not consistent, nor is it equal with any of the adults. There are children's meetings held, but these do not show that their participation is able to influence what is decided. One of the young people remarked; "*Staff are not going to change their minds because one of us said so*". Not all children are confident that their views will be taken into account. The onus is on care workers to convince them otherwise.

#### 4.6.2 *Complaints procedure*

**Children in residential care need to be able to express their unhappiness or complain about their care.**

The standard is not met.

There is a statement relating to complaints, however this does not set out any procedures. Complainants are unlikely to know in advance how their complaint will be dealt with. There is no literature explaining what is a complaint, steps to be followed when one is made, who completes certain tasks and within what timescales. In practice, responses to complaints are intuitive and are insufficiently guided by written policy and procedure. The present system of nominating the unit leader as the "designated complaints officer" inspires little confidence in the independence of complaints handling.

Children and parents do not know if the board has a complaints procedure. Most do, however, know that they can complain, know who they could complain to, and confirm that they would do so if dissatisfied.

#### Recommendation

**The board's approach to complaints needs to be reconsidered.**

**There are specific recommendations made in the section under “Policies and Procedures”.**

#### **4.6.3 Access to information**

**Young people are permitted access to significant sources of information about themselves and services available.**

The standard is not consistently met.

Practice was largely intuitive, with both social workers and care workers saying that requests for access to information would require reflection about third party information and the potential for some details to cause distress to children if they are made aware of these. Any

requests require careful preparation, so that children are able to better understand anything that they are about to discover for the first time.

In practice, one child, who had been at Westcourt for quite a while, still does not officially know why he had to move from a previous placement or the reasons he first came into care.

Care staff are aware that children have a right to see information about themselves and said that if asked they would check with the unit leader to confirm what could be made available.

Westcourt is actively looking at how practice can be improved and care staff showed themselves open to new approaches. As an example, having given the matter consideration, Westcourt introduced a new practice of care workers writing up the daily logs alongside the individual child that they were making the record about. The change was prompted by a couple of the older children showing interest in seeing their log books. This is a positive response, which will help remove much of the mystique that is often associated with record keeping.

Westcourt has prepared and distributed information guides for both children and parents. These are standard across children’s residential centres and advise on the service that can be expected.

#### Recommendation

**Westcourt and community care teams should continue to promote access to information as a matter of good practice.**

#### **4.7 Child protection and safeguarding issues**

**There are systems in place in the centre that aim to ensure that young people are protected from abuse. In particular, staff members are aware of, and implement, practices which are designed to safeguard young people in their care.**

The standard is not adequately met.

There are systems in place, supported by written procedure and policy. However, the procedures set out for dealing with allegations in residential child care require further work if they are to provide the intended safeguards.

All social workers and care staff interviewed believe that the children at Westcourt are safe. Amongst reasons given to support this view are, the numbers of staff on duty, the openness and transparency which typifies the work at Westcourt, the lack of restrictions placed on phone calls to family, children have a range of contacts and interests within the local community, children can approach care workers or the unit leader directly with any concerns, each child has two allocated keyworkers and care staff know who they can take concerns to.

These features are found in work at Westcourt and do contribute towards safe care for children placed there. Further, evidence shows that care workers are subject to pre-employment checks before they are permitted to commence working at Westcourt.

Whilst the inspection revealed no particular causes for concern about the care and protection that children are receiving, inspectors found that safeguards are not as adequate as they need to be. Procedures have to be improved. Also, social workers and management each have significant monitoring roles, which are not being carried out. This requires urgent attention.

#### Recommendation

**See separate recommendations made under sections headed, “Policies and Procedures”, “Monitoring of Standards” and “Supervision and Visiting of Young People”.**

#### 4.8

#### *Sanctions policy*

**Each children's residential centre sets reasonable limits which everyone understands on what is regarded as acceptable behaviour and what is not. Sanctions generally work best in an environment where children are commended and rewarded for the achievement of good behaviour.**

The standard is met.

Sanctions are applied fairly and individually to the child whose behaviour care staff are seeking to correct. Early bedtimes and loss of a trip out or a treat are quite commonplace. Children do not generally lose regular, organised activities unless care staff assess that their behaviour constitutes a risk to themselves or others.

The children have a good understanding of what is expected of them and the likely consequences should they fall short of this. They regard sanctions as generally reasonable and believe that they are not unfairly or harshly treated.

Westcourt previously used a star chart system to modify children's behaviour, which care workers said worked well for a while. That the system is no longer relied upon is an indication that relationships between children and care workers are good. Westcourt could do more to recognise and reward children's good behaviour.

#### 4.9

#### *Unauthorised absences of young people*

**The centre takes steps to ensure that young people who absent themselves from the centre without consent are protected in line with written policy and guidance.**

The standard is met.

Care workers show that they understand the procedures to be followed if children are absent without authority. They know who they are required to contact, including parents and social workers, and what records need to be made of the incident.

There were 107 reported incidents of unauthorised absences in the year 2000. A high number of these involved a child who is no longer at Westcourt and whose acts of going missing significantly distorted the overall picture. Recorded evidence also shows that children were missing for relatively short periods of time and tended to return to the centre of their own volition. Children returning late from visits to friends and family accounted for some incidents.

#### Recommendation

**The board should closely monitor the incidence of unauthorised absences, as this can often be one indicator of how well the service is performing.**

### **4.10 Ethos and quality of care**

#### **4.10.1 Living skills**

**The acquisition of living skills is an integral part of the care process and should be individually tailored to meet the needs of each child in a structured and planned way. The care experience provides children with the skills, competencies and knowledge necessary for adulthood and citizenship.**

The standard is met.

Children at Westcourt are supported in developing living skills. This is planned for by each child's keyworkers and designed to meet each child's individual needs.

The regime at Westcourt is geared to providing children with as normal life experiences as possible and care workers are conscious of the risks of them becoming institutionalised. A recent team meeting focussed on this particular concern. Many care staff expressed views that use of the order book and reliance upon private hire taxis does not help children in the long term.

There is evidence of children being involved in a range of regular outside activities, including horse riding, theatre, athletics, gym, swimming, scouts and civil defence. For the past two years Westcourt has arranged the annual summer holiday at a local resort. Children and care workers alike are hoping that Westcourt might look further afield for future holiday locations.

Children sometimes help care staff do the centre's shopping on a Monday or a Wednesday. However, choice of shops for this and clothing purchases is limited, due to use of the order book. Children

cannot make significant purchases by themselves because a member of staff is required to sign the order form. The use of this system severely restricts opportunities for children to learn about budgeting and they will have little appreciation about the real value and costs of things they buy.

Choice of food is quite limited and chicken and sausages proved to be popular meals. Care staff have tried introducing other foods by eating out, having take-a-way meals or simply cooking something different. However, the first two of these options are dependent upon behaviour and some care workers see eating out as a potential problem. Consequently, the objective to encourage children to eat a more varied diet sometimes loses out.

Children receive weekly pocket money, the amounts of which depend on age. Each child is required to save part of this. Some children do not know what savings they have accumulated and have little idea on what they might spend it on. Experience shows that they use it to buy other people birthday and Christmas presents and to take away on holiday. Birthdays and Christmas are celebrated in the usual way, with parties. Parents and friends are invited to these and children receive cards, cakes and presents. Children also receive a standard monthly clothing allowance.

#### Recommendation

**The abolition of the order book system is overdue.**

#### *4.10.2 Psychological and emotional development*

**The emotional life of young people in care is given special attention. Young people know that there is a responsible adult available who is capable of understanding them, and as such, is a real source of confidence and support for them.**

The standard is not met.

Whilst children's individual care needs are generally well attended to within the centre, this is not consistently the case in regard to specialist support services. There are children at Westcourt who have been waiting years for therapeutic services. When specialist services are provided, examples being speech therapy and psychological services, sessions lasted only a matter of weeks. None of these services have been available to children on a continuous basis or for long enough for any meaningful piece of work to be completed with any child referred.

Care staff too are beginning to look for specialist advice and support. A number of children are becoming ever aware of their past and some are ready to explore this further. Care staff are not confident that this is a task that they should be taking on and are looking for guidance in this area. Sensory integration work has been explored, by the care staff team, as a priority for addressing some of the feelings that the children concerned are going through.

#### Recommendations

**The board should ensure a more equitable availability of specialist services.**

**Care workers require support in being able to deal with sexual health advice.**

**The skills levels of care workers should be built up, enabling Westcourt a measure of self-sufficiency in the provision of specialist counselling and therapy services.**

‘Under *4.10.2 Psychological and emotional development* new information has been brought to the attention of SSI which alters the comments made in the first paragraph under this section in the report. SSI is satisfied that it is the policy of the Psychology Department in Louth Community Care to prioritise children in the care of the board for assessment and counselling services. Children in residential centres have received a service for as long as was deemed necessary and have been prioritised for a service when staffing levels were depleted.’

#### *4.10.3 Preparation for leaving care*

**Young people are adequately prepared for when they leave care, equipped with the skills knowledge and resources which they will require.**

The standard is met, but a more systematic approach is indicated.

There is detailed guidance about aftercare services, which has recently been issued as part of the regional draft policy and procedure document.

Two young women who had left care were interviewed and confirmed that Westcourt prepared them well for independent living. Both are receiving outreach support, which is organised to take place each

Wednesday. The same two care workers are involved and are each allocated eight hours per week for outreach work. The visits do not take place if Westcourt is short of staff. However, the outreach workers have been facilitated to visit on other days, where necessary, and get the time back in lieu. Both outreach workers have a long established relationship with each young woman, which commenced from the time they used to live at Westcourt.

The two young women have found the outreach service supportive and beneficial. Inspectors see this as an important and commendable aspect of Westcourt's work.

The board has provided good practical and financial support, but the young women have both experienced a number of times when their cheques have not arrived. There are examples of Westcourt using the order form to purchase items of food and clothing for them after they had left care.

Of the current residents, one young person is on an independent living skills programme. He is encouraged to learn how to budget, but his experience of purchasing is limited by the use of the order forms. He is being prepared with some of the skills, knowledge and resources he will need when he leaves care. Westcourt facilitate his development towards independence by providing him with a key to his own room. There is more that Westcourt could do. Facilitating his greater use of public transport, supporting him in opening a bank account and widening his opportunities to make cash purchases are some examples.

#### Recommendation

**The health board should ensure that attention is given to planning for young people leaving care and ensuring that they are provided with the aftercare support they will need.**

#### *4.10.4 Physical aspects of the residential centre*

**Young people experience their living environment as similar in terms of furnishings and facilities to the homes of their peers.**

The standard is met.

The premises afford an excellent family-style dwelling for the children that live there. The house benefits from having been fully renovated and redecorated in August 2000. It consists of two semi-detached houses, which provide a combined living area.

The location is a little away from local amenities and Westcourt relies heavily on taxis to get children to and from school, and support their access visits with family.

Children's personal effects are evident. They each have their own bedrooms and they are able to personalise these with posters, photographs and other personal memorabilia.

#### ***4.10.5 Respect of child's privacy, dignity and individuality***

**The unique worth and individuality of each child should be valued and reflected in the ethos, management and care practices of each centre. Children's quality of life will be influenced by the value placed on their dignity and individuality in all aspects of daily life**

The standard is met.

Care staff at the centre place emphasis upon developing a child-centred approach. This is supported by written guidance on care practices and underpinned by the key-working system. This system is at the core of Westcourt's approach for ensuring that the individual needs of each child receives attention. The quality of children's lives at Westcourt is enhanced by the efforts that keyworkers make on their behalf.

Children feel that their privacy is respected and that information about them is treated in confidence. However, they are unable to make or receive phone calls in private, because the only telephone available for their use is situated in the staff office. Practice requires that

care workers dial out any number that a child wishes to call.

Each child's religious upbringing is given due regard and those that are at Westcourt on Sundays regularly attend mass.

Respect for children is evident in practices such as knocking on bedroom doors before entering, allowing children to open their own letters. Some children have requested having a key to their bedroom, so as to afford them a greater degree of privacy.

#### **Recommendation**

**Westcourt should provide facilities for young people to make and receive telephone calls in private.**

#### ***4.10.6 Education***

**Each child has a right to education, which should be seen as a significant issue affecting the welfare of the child. The residential setting should be one in which education is valued, children's educational needs are actively addressed and each child is encouraged to attain his/her full potential. This will involve liaison with the health board social worker, schools and other appropriate training and educational bodies.**

The standard is met.

Education is an aspect of the children's life where there is evidence of good achievement. Education is very well supported by care staff and close links are maintained with schools. All of the children are in education, and this is due in no small measure to the support that care workers give. An example concerns a care worker spending two full schooldays in class with one of the children. The efforts of care staff have clearly assisted considerably in keeping children in educational placements.

However, Westcourt's successes are not confined to keeping children in schools. With the considerable help of a support teacher, who visits Westcourt four days per week, the children are able to show dramatic improvements in educational achievement. The support teacher has been involved with the centre for about

eighteen months and helps the children with their homework. One child who could not read, write or do arithmetic is now the best in his class at both reading and writing, and he has progressed from 1<sup>st</sup> class level to 3<sup>rd</sup> and 4<sup>th</sup> class levels across the subject range. This example is not an isolated success, care staff confirm the remarkable progress that all of the children are making. One of the children summed up what her contribution means to them; *"Thanks to (support teacher) I passed my Junior Certs. She's Brilliant"*.

#### **4.10.7 Health Care**

**The provision of appropriate health care and advice is acknowledged as an essential element in the arrangements for the care of young people in the centre.**

The standard is met.

All children have had a medical examination, carried out by their own doctor's. However, this is not recorded on file and there are no reports from the general practitioners indicated the results of these examinations. The girls do have access to female doctors.

There is no formal sex education provided. Care workers respond informally to issues that come up, although some staff are not confident about giving advice on these matters. There is some reticence, within the staff group, about what children might disclose.

Westcourt have recently introduced new forms in children's files, so that all medicine prescribed and administered can be fully recorded.

## **4.11 Administration**

### **4.11.1 Fire precautions**

**The centre takes positive steps to keep children safe from the inherent risk of fire and other hazards to an extent that is consistent with Regulation 12 of the Child Care Regulations, 1995.**

The standard is met.

There is evidence that a recent fire certificate has been issued in respect of Westcourt.

There is a fire safety and maintenance book, which was started in April 2000. This lists the location of all fire equipment, including extinguishers. Records indicate that equipment is being regularly tested and maintained.

The record is dated, signed and the book includes a contact card for fire protection services, including emergency numbers.

There is also a fire drill book (started in July 2000) which shows that fire drills have been held monthly. The record comments on who left the building, the time of the drill and staff signature. There is a 12-point guide to the fire drill in the front cover of the book. There have been two planned fire drills, whereas each of the others occurred when the alarm was set off accidentally.

Westcourt also maintains a fire incident log, which contains one entry. This gives details of an evacuation following a cooker fire. The record shows the children and staff in the house. It describes how one member of staff successfully extinguished the fire whilst the others had evacuated the house and assembled in the front garden in less than one minute.

### **4.11.2 Insurance**

**Each children's residential centre should be adequately insured against accidents or injury to children placed in the centre.**

The standard is met.

The health board is adequately covered under the provisions of its insurance policy, which indemnifies all children's residential centres within the North Eastern Health Board.

#### **4.11.3** *Young people's records*

**Each young person has a permanent, private and secure record of their history and progress which may, where in compliance with legal requirements for safeguards, be seen by the young person and by the young person's parents as appropriate.**

The standard is not met.

Some files are reasonably well organised, generally containing up to date details of family, previous placements, medical and social reports, copies of court orders, school progress reports, notes of social work visits, details of reviews and significant events.

However, practice is not consistent and three files were missing birth certificates (or copies) and on another there was no parent agreement to the child's care found.

#### Recommendation

**Westcourt should ensure greater consistency in the practice of maintaining children's files. This needs to take account of freedom of information requirements and a general presumption that children have a right to see what has been written about them.**

#### **4.11.4** *Administrative records*

**Administrative records contain all significant information, decisions and actions relevant to the effective running of the centre.**

The centre met the standard.

Administrative records are generally well maintained and contribute towards the effective running of the centre. Care staff are clear about the purpose of making the record and know when and how they should do so. Entries are up to date, legible, generally signed and dated. All records are stored securely and confidential information is protected.

Some of the centre's record keeping could, however, be improved upon.

For instance, the centre could keep a more accessible record of sanctions, unauthorised absences and use of physical restraints. Recording of the latter two is done by way of incident forms, which are kept in a separate folder. Use of sanctions is recorded on a log sheet, which is contained within the sanctions policy. It may assist management in monitoring the use of sanctions, the incidence of unauthorised absence and use of physical restraint for Westcourt to record each of these in their own clear and distinct book.

Care staff make proper records and show diligence in respect of routine administrative recording. There is less evidence that they are able to consult it easily. Westcourt might benefit from simplifying and consolidating some of its present recording systems. For example, use of a general communications book might help ensure that all members of the care staff group know at least brief details of all significant information. A simple coding system could further guide them to the more detailed record.

#### 4.11.5

#### *Safety*

**Each children's residential centre has adequate arrangements in existence to guard against the risk of injury occurring on the premises, in accordance with Article 13 of the Child Care Regulations, 1995.**

The standard is met.

Westcourt provides a safe place for children to live. The premises are currently maintained in good order and there were no discernable hazards.

Medicines and cleaning materials are stored away safely.

Urgent repair work is carried out and there are systems in place for care staff to keep a watching brief on potential hazards. The centre has reasonable access to the board's maintenance section.

There is a safety statement, which guides care staff in providing a safe working and living environment. This was issued to centres in December 2000. It is a general statement of safety policy and guidance applicable to all residential child care services within the board. It usefully provides a statement of intent, and guidance in relation to Section 6 (1) of the Safety, Health & Welfare at Work Act 1989, which sets out specific responsibilities.

It contains sections dealing with the identification of hazards, prevention strategies, the maintenance function, use of transport, external contractors, violence and aggression in the workplace, fire evacuation procedures and first aid. There are sets of proforma for care workers to complete in relation to these.

The board also operate a strict no smoking code.

The board's safety statement is being adhered to at Westcourt.

#### **4.11.6** *Maintenance of Register*

**Information on individual children who are admitted to a residential care centre is recorded in a Register, maintained by a health board, under Section 21, Part iv of the Child Care (Placement of children in Residential Care) Regulations 1995. Such information is updated as changes occur and includes information on the circumstances and the date on which a child is discharged.**

The standard is met.

A register of admissions to and discharges from Westcourt is maintained. A copy is kept at the offices of the regional residential child care service.

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

**A young person who has been placed in a centre by a health board is visited by an authorised person as often as the board considers necessary, having regard to the care plan prepared for the young person and any review of this plan, but in any event at intervals not exceeding those specified by Article 24 of the Child Care Regulations 1995.**

The standard is met, but improvement in the quality of visiting by some social workers is necessary.

All social workers visit fairly regularly, typically on a monthly basis, but are not carrying out the supervisory aspects of their duties.

Social workers are able to see children in private and often take them out of the centre. They think highly of the keyworker system, which ensures some consistency when talking to care workers.

Social workers do not make a regular habit of reading children's files, daily logs or other recorded information kept in the centre. In consequence, they cannot effectively monitor how well the placement is meeting the child's needs. Neither can they be certain whether children are being subjected to practices which are not in the child's interests.

Recommendation

**As a safeguard imperative, social workers should periodically examine the records that are kept on the children for whom they have a responsibility.**

**4.11.8**

***Monitoring of standards***

**The centre has adequate arrangements in place to enable an authorised person, on behalf of the health board, to enter and inspect the centre in compliance with Article 17 of the Child Care Regulations, 1995.**

The standard is not met.

There is no formal monitoring of the service at present. However, inspectors were informed that an appointment of a monitoring officer is being processed. Their role will be to regularly monitor standards for all of the children's residential centres, including Westcourt. Inspectors welcome this development.

Recommendation

**The health board should ensure that the centre is being monitored in accordance with the requirements of Article 17 of the Child Care Regulations 1995.**

#### 4.12

#### *Physical Restraint*

**Physical restraint is never used as a punishment, but only to protect from immediate risk of injury or serious damage to property. The Health Board has a policy on the use of physical restraint that is clearly understood by all staff and young people in the centre.**

The standard is partly met.

The health board has a written policy on the use of physical restraint. All care staff have been trained in therapeutic crisis intervention, between March 2000 and August 2000, and care staff have been issued with further guidance.

Some social workers are unable to state how often children they are responsible for are being physically restrained. Care workers perceive that use of physical restraints take place two or three times per week. Records show that in practice they are now much fewer than this, on average about once per month. There has been a detectable fall in the use of physical restraint since care workers completed training in therapeutic crisis intervention.

Use of physical restraints needs to be carefully monitored by managers, social workers and care workers alike as they often provide a useful barometer to how well a child is doing and how well their needs are being met.

Over a recent nine-month period there were twenty recorded uses of physical restraint. Two-thirds were attributable to one child, who has not been involved in any use of physical restraint for over four months.

#### Recommendation

**It is imperative to the safety of children that social workers and managers monitor the uses of physical restraint.**

### 5.

#### *Summary of Recommendations*

##### Admissions Criteria and Policy

**Social workers should ensure that placements of children are supported with relevant, up to date information.**

#### Care Planning

**The health board should ensure that children's placements at Westcourt are supported by written care plans, which are developed in accordance with the requirements of Article 23 of The Child Care Regulations 1995.**

**Westcourt should refer to the plans that keyworkers develop for each child as "placement plans", to avoid any confusion with care plans that should be produced by social workers.**

**Care plans should always be updated to reflect changes in placements.**

**Social workers preparing care plans need to be supported in this task through guidance and training.**

#### Family involvement

**Arrangements for access should be reviewed on a regular basis, in line with statutory requirements for reviewing care plans. Social workers, care workers and managers should work to facilitate all reasonable access between children in care and their families.**

#### Staffing and staff rota

**The board should try to reduce the practice of moving care staff around the centres.**

#### Staff support and supervision

**Westcourt should introduce an induction system for new staff.**

**Formal supervision should be assured to all care workers on a regular basis.**

**All care workers should be subject to a formal system of annual appraisal.**

#### Complaints procedure

**The board's approach to complaints needs to be reconsidered.**

**There are specific recommendations made in the section under "Policies and Procedures".**

#### Access to information

**Westcourt and community care teams should continue to promote access to information as a matter of good practice.**

Child protection

**See separate recommendations made under sections headed, “Policies and Procedures”, “Monitoring of Standards” and “Supervision and Visiting of Young People”.**

Unauthorised absences

**The board should closely monitor the incidence of unauthorised absences, as this can often be one indicator of how well the service is performing.**

Living skills

**The abolition of the order book system is overdue.**

Psychological and emotional development

**The board should ensure a more equitable availability of specialist services.**

**Care workers require support in being able to deal with sexual health advice.**

**The skills levels of care workers should be built up, enabling Westcourt a measure of self-sufficiency in the provision of specialist counselling and therapy services.**

Preparing for leaving care

**The health board should ensure that attention is given to planning for young people leaving care and ensuring that they are provided with the aftercare support they will need.**

Respect for children’s privacy, dignity and individuality

**Westcourt should provide facilities for young people to make and receive telephone calls in private.**

Young people’s records

**Westcourt should ensure greater consistency in the practice of maintaining children’s files. This needs to take account of freedom of information requirements and a general presumption that children have a right to see what has been written about them.**

Supervision and visiting of young people

**As a safeguard imperative, social workers should periodically examine the records that are kept on the children for whom they have a responsibility.**

Monitoring of standards

**The health board should ensure that the centre is being monitored in accordance with the requirements of Article 17 of the Child Care Regulations 1995.**

Physical restraint

**It is imperative to the safety of children that social workers and managers monitor the uses of physical restraint.**