



**SOCIAL SERVICES
INSPECTORATE**

**A CHILDREN'S RESIDENTIAL CENTRE IN
SOUTH WESTERN AREA HEALTH BOARD
COMMUNITY CARE AREA 9**

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1. Executive Summary

This section contains a brief summary of the main findings and conclusions of the inspection of Alberg Children's Residential Centre which took place on 25th, 26th and 27th September, 2001. Readers wishing a more detailed account should refer to the main sections of the report.

Alberg House was established in 1999 and is managed by Community Services Dublin South West. It had previously been based in Community Care Area 10, but was recently relocated to Community Care Area 9 due to the unsuitability of the premises. At the time of inspection there were five children living in the centre ranging in age from 2 ½ years to 9 years.

The stated purpose and function of the centre is to provide short term residential care for five children, up to the age of twelve years, with the intention of these children moving on to foster care. However the extent to which the purpose and function of the centre can be reflected in practice has been restricted by the lack of foster care placements available to the board.

The centre is staffed by a centre manager, deputy manager, and twenty-three assistant houseparents, eleven of whom are relief staff. None of the staff hold a recognised qualification in child care, although the board is presently seconding four full time staff members to study for this qualification. Inspectors were concerned that a formal system for the supervision of all staff was not in operation and there was evidence that vetting requirements for new staff members were not rigorously adhered to.

The staff team present as warm and caring in their interaction with the children. The children have constant access to staff and are responded to with sensitivity and patience. All efforts are made to support the children's educational needs and health needs are responded to appropriately. Contact with families, where possible, is encouraged and facilitated by social work and care staff. The parents interviewed were unreserved in their praise of the care provided by the centre for their child. While there were examples of parental involvement in the centre, this could be further improved by parents being invited to school meetings or functions and receiving school reports.

While the staff are committed to the care of the children not all staff members feel confident to respond to the emotional needs of the children and to provide planned and direct work with the children, primarily as they are not qualified in child care. Inspectors are of the opinion that staff would benefit greatly from the services of an external consultant to the centre to guide and inform the staff's interaction with the children so that they can engage in a more purposeful manner with them. Inspectors were pleased to see that an audit of staff training needs has recently been completed. Given the lack of qualified staff it was recommended that a formal in-service training programme is developed to systematically address staff training needs.

All of the children have an assigned social worker and social worker visits to the children exceed the statutory requirements. While there have been some difficulties in

communication between the centre and social work staff the inspectors are satisfied that efforts are being made to address this.

Article 23 of the Child Care Regulations, 1995 requires that a health board should, before placing a child in residential care, or as soon as possible afterwards, prepare a written care plan for each child. While all of the children had care plans, the regulatory requirements in relation to the time these plans were devised, and the frequency of statutory care reviews were not sufficiently met in all cases.

A new system for maintaining the children's care files and administrative records has recently been introduced. In general this was of a high standard and the centre manager is commended for her work in this area.

The new premises is in very good decorative order. Furnishings and facilities are of a high standard. The majority of children have their own bedrooms with en-suite facilities and these rooms are personalised by use of posters and photographs. The centre has excellent age-appropriate play and recreational facilities, including a large play room which is well stocked with toys, books, games, art materials and a computer. In order to ensure the safety of all, a system of regular fire drills needs to be put in place and specific training provided for the designated health and safety officer.

Management and staff in Alberg are committed to providing a high quality of care for the children. However, there are a number of areas that need to be addressed before the unit can be said to meet the standards for children's residential centres, some of which include:

- Revision of the policy and procedures document to include the recommendations made throughout the report;
- Provision of staff supervision, a formal programme of in-service training, rigorous staff vetting procedures and on-going recruitment of qualified staff to permanent posts;
- Provision of an external consultant to guide and inform staff's work with the children;
- Provision of care planning and review in accordance with the requirements of the Child Care Regulations, 1995;
- Review of foster care provision in terms of adequacy of placements available;
- Provision of an authorised person to carry out regular monitoring of the centre as required by Article 17 of the Child Care Regulations, 1995;
- Provision of regular fire drills and staff training in health and safety, including training for the designated health and safety officer.

At the stage of finalising this report the inspectors were informed that a number of recommendations outlined in the report had been put in place and that others were being addressed. However the report refers to findings at the date of inspection.

2. Introduction

The inspection of Alberg 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. It took place over a period of three days (25th, 26th and 27th September 2001) and was preceded by a pre-inspection meeting with the children and staff. The inspectors involved were Ann Ryan (lead inspector) and Mike McNamara (support inspector).

2.1 Methodology

The inspectors had access to the following documentation during the inspection:

- The children's care files;
- The daily log books;
- The centre's statement of purpose and function;
- The centre's policy and procedures document;
- All administrative records;
- Census forms on the children;
- Census forms on staff;
- Questionnaires completed by social workers, parents and teachers;

During the course of the inspection inspectors met with the centre manager and deputy manager, staff and residents of the centre.

Interviews were also held with the Principal Social Worker, the Child Care Manager, social workers, the parents of one child and a foster parent.

2.2 Acknowledgements

The inspectors would like to express their appreciation for the co-operation received from all concerned.

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

3.1 Background

Alberg children's centre is managed by Community Services Dublin South West. It was initially established in 1999 to provide care for a sibling group of three children. The centre was regarded as providing an opportunity to care for and assess these children within the same care setting, with the aim of finding a suitable foster care placement for them. At the time of inspection one member of this sibling group had been discharged to an alternative residential

care placement and there were three other children placed in the centre, two of whom were siblings.

On the date the inspection was announced the centre was based in Community Care Area 10. However the inspectors were informed that the board was urgently seeking alternative accommodation for the centre. This was as a result of a safety audit commissioned by the board, prior to the announcement of the inspection, which outlined concerns in relation to water and sewage facilities. As a result of these findings, and the fact that considerable expense would be incurred in upgrading the house, the board decided to vacate the premises. The inspection fieldwork was therefore deferred to facilitate the board and staff in locating and transferring the centre to alternative premises. In September 2001 the centre was relocated to Community Care Area 9. It was in these new premises that the service was inspected.

3.2 *Data on Children*

The five children ranged in age between 2 ½ years and 9 years. One of the children was placed in the centre under a care order, and the remaining children were placed under voluntary agreement.

Two of the children had lived in the centre for 1½ years; one for 1 year; one for 11 months and one for 3 months. All of the children had previous foster care placements.

4. Standards: the findings

4.1 *Purpose and function*

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.

The centre has a mission statement that defines the purpose and function of the centre. At the time of writing this report this statement requires revision to include the new location of the centre.

The stated purpose and function is to provide short-term residential care for five children, up to the age of 12 years, with the intention of these children moving on to foster care. The centre also provides an opportunity to work with sibling groups in preparation for foster care, some of whom had previously been in separate care placements.

The statement of purpose and function does not accurately describe the service being offered. The extent to which the purpose and function of the centre can be reflected in practice has been restricted by the lack of foster placements available to the board, despite holding fostering campaigns for individual children. In addition the foster care team has been short of posts over the past two years, thereby limiting the number of foster care assessments that have been carried out. As there are approximately fifty-five foster carers in Community Services Dublin South West, much of the available resources

have been focused on maintaining and supporting existing foster care placements.

The inspectors were informed of a new family placement initiative, which has become part of the community care area's service plan. Following a consultative and planning process within SWAHB (inclusive of the four community care teams and with Irish Foster Care Association) it was proposed to set up a family placement project on a regional basis. The project will be provided by a dedicated multi-disciplinary team, including social work, child care, psychology, speech and language, occupational therapy, child psychotherapy and family support services.

This initiative will involve an assessment of the young people prior to placement in an effort to clearly identify the most appropriate form of family placement required. It also involves looking at the current areas of foster care available and the type of care they can offer in respect of day care; respite care; emergency; short and long term care. There is to be close liaison with approved foster parents / IFCA in relation to developments, training and advisory tasks. At the time of inspection it was agreed that the posts of project manager (Principal Social Worker) and administrator could be advertised.

Caring for such young children in residential care does not reflect acceptable child care policy or practice. The care plans for the children in Alberg involve securing foster care placements, the nature of which depends on the individual needs of the young people. In the absence of the board accessing these placements, the current purpose and function of Alberg, and the reason it was set up in the first place will require review.

The statement of purpose and function is contained in a recently devised policy document, which describes the key policies that inform practice in the centre. This is available to parents, social workers, and others with a legitimate interest in the centre. A child friendly version of this policy document is not available to the young people and should be produced.

Reference will be made to the policy document in the appropriate sections through out the report.

Recommendations:

- The statement of purpose and function should be revised to more accurately reflect the service provided and to include the new location of the centre.
- The board should review the adequacy of foster care provision.
- A child friendly introductory booklet should be produced.

4.2 Management and staffing

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

4.2.1 Management

The post of centre manager is filled on a temporary basis. This person holds responsibility for the day-to-day management of the centre and works office hours. She also provides an on-call service to the centre although there is no remuneration for this. The centre manager does not currently hold a recognised qualification in residential care in child care, although she has recently commenced studying for the diploma in applied social studies, for which she is seconded by the board. In addition, in-service training options in management skills are being pursued to assist her in relation to the functions of management.

The centre manager is supported in her work by a deputy manager who generally works office hours and also provides cover on shift duties when required. On occasions he shares on-call duty with the manager, particularly in relation to week-end cover, for which he is remunerated.

Line management responsibility for the centre is provided by the Principal Social Worker. She meets with the centre manager every six weeks to provide support and direction in relation to on-going operational issues.

The centre manager also meets with all managers of residential centres managed by Community Services Dublin South West on a monthly basis, which provides a valuable forum to discuss practice issues and receive peer support. These meetings are attended by the Principal Social Worker every three months.

4.2.2 Register

Admissions and discharge forms are maintained on each child's care file, which include a photograph of the child. The inspectors were informed that a new arrangement is being put in place for all the residential children's centres to make monthly returns in respect of admissions and discharges details to the Principal Social Worker. A format has been devised to store this information on a database and it will be in place from October 2001.

4.2.3 Notification of significant events

All significant events are recorded on Incident Report Forms. It is board policy that such details are promptly communicated to supervising social workers. The inspectors were informed of occasions in the past where there was a delay in reporting significant events to social workers. Some of this

relates to the remoteness of the previous centre location, difficulty with the phone line on occasion, and a lack of clarity amongst care staff as to the information that is required to be forwarded to social workers. Efforts have recently been made, initiated by social work staff, to improve interdisciplinary communication systems. This is further discussed in section 4.5.6.

Recommendation:

- The manager should ensure that details of all significant incidents are forwarded to supervising social workers without delay.

4.2.4 Staffing

Staff member/ employment status	Length of service in centre	Qualification
# 1 Full Time Permanent	1 Year	No Qualification
# 2 Full Time Temporary	8 Months	No Qualification
# 3 Full Time Temporary	1.6 Years	Foundation Studies in Child Care
# 4 Full Time Temporary	5 Months	No Qualifications
# 5 Full Time Temporary	10 Months	No Qualification
# 6 Full Time Temporary	4 Months	Diploma in Counselling
# 7 Full Time Temporary	3 Months	No Qualification
# 8 Full Time Temporary	1 Year	Diploma in Community Youth Work
# 9 Full Time Temporary	1.3 Years	Certificate in Sessional Creche Management
#10 Full Time Temporary	4 Months	No Qualification
#11 Full Time Temporary	8 Months	Foundation Course in Child Care
#12 Part Time Temporary	1 Year	Child Care Studies/ Extra Mural Child Psychology/ Foundation Studies in Caring For Children with Learning Difficulties
#13 Job Share Temporary	6 Months	Cert. in Training and Continuing Education
#14 Job Share Temporary	1.1 Years	NCVA Level 2 Child Care Studies
#15 Temporary Relief	10 Months	No Qualification
#16 Temporary Relief	2 Months	No Qualification
#17 Temporary Relief	5 Months	No Qualification
#18 Temporary Relief	2 Months	Diploma in Psychology
#19 Temporary Relief	9 Months	NCVA Child Care Studies
#20 Temporary Relief	3 Months	No Qualification
# 21 Temporary Relief	11 Months	FAS Child Care Course
#22 Temporary Relief	2 Months	No Qualification

#23 Temporary Relief	6 months	No Qualification
#24 Temporary Relief	3 months	No Qualification

At the date of inspection there was a manager, deputy manager and twenty-two assistant houseparents employed at different levels in the centre. These include: one permanent member of staff; ten full time temporary members of staff; one part-time temporary staff member; two temporary job-share posts and ten relief staff. As can be seen in the above table, the current staff's limited experience working in the centre indicates a high staff turnover.

Continuity and stability of care for the children in the centre requires the creation of a stable work environment. It is unsatisfactory that young children come in contact with so many carers. The employment of eleven different relief staff needs to be rationalised. It also makes the task of managing, supervising and monitoring practice all the more burdensome for the centre manager.

Recruitment of permanent staff is on-going. The last recruitment competition by the SWAHB, took place during the summer of 2001. However this did not result in any permanent posts being filled, due to the requirement that applicants should have at least one year's experience. The next competition is due to take place in early 2002.

At present none of the staff hold a recognised qualification in child care and few hold related qualifications. Four of the full time members of staff, including the centre manager, are being seconded by the board to attend college to attain a qualification in child care. In the meantime it is not possible to have at least one qualified member of staff on each shift at all times.

Over recent months the duty roster requires staff to work 13 hour shifts . This includes two staff members providing live night cover. This rota was implemented to accommodate the needs of one young person, who presented with particularly challenging behaviour. The inspectors were informed that the centre will be reverting to 24 hour rota, as had previously operated, as the young person has since been discharged to a centre better suited to meet her needs. The inspectors support this decision particularly as it will reduce the number of staff the young people come in contact with, thereby enhancing consistency and stability of care. While it is important that the board can be flexible in responding to particular situations, as was the case in this instance, it is difficult to justify the need for two staff members to provide live night cover in the present circumstances. Finally, as a result of the change in the staff roster, a previous arrangement whereby the same two staff members were assigned the care of the youngest child was discontinued. Given the age of this child (2 ½ years), the inspectors were particularly eager to hear that this arrangement would be recommenced.

Apart from the manager, the files of the other staff members are kept in the centre. Fourteen staff members had references from previous employers on file. Three had testimonials, rather than previous employer references. Six files did not contain any references and the inspectors were informed that the

references for one member of staff would probably be contained in the previous centre where he was employed by the board. The file of one staff member could not be located.

Garda clearance had been received one month after the commencement date in respect of seven members of staff, and two months after the commencement date of one member of staff. The inspectors were informed that clearance was obtained verbally because of concern that the care and attention required by the children would suffer due to staff shortage.

Notwithstanding staffing difficulties all staff are required to be appropriately vetted before taking up duties, through the taking up of past employer references, including the most recent employer reference and Garda clearance. Appropriate vetting procedures are an important component of child protection. All staff must receive Garda clearance prior to commencement of duty in the centre. Testimonials do not provide a substitute for employer references. The centre must be able to provide all staff files, or, if not held in the centre, be able to state their location.

There is no formal induction programme. New staff members are required to read the policy and procedures document and, through observing the practice of others become familiar with the routines and practices of the centre. While in principle there is a policy to allow new staff members to initially work on an extra numary basis, in practice, it is not always possible to offer this, and where it has applied, it has only been available for one to three shifts. A formal induction programme for new staff is required that includes the structures and functions of the board, multi-disciplinary working relationships, reporting structures and board policies. It should also include the practices and policies that inform the interaction with the children, their families and other agencies, including social work; appropriate response to significant incidents, the requirements of 'Children First', and report writing and administrative tasks. Given the fact that none of the staff currently hold a recognised qualification in child care, it is essential that a comprehensive induction programme is provided.

4.2.5 Supervision and support

Not all staff members receive regular and formal supervision. Only two out of five staff interviewed have received supervision, and the inspectors were informed that only approximately half of the staff group have been offered supervision on one occasion.

The manager acknowledges the value of providing supervision but, since taking on the role of manager 15 months ago, has not been able to systematically provide a programme of supervision. However she now feels able to be less 'hands on' in the centre and more able to prioritise this for the future. The manager's confidence in providing same will be enhanced by completing an in-service course in 'supervisory management', that she has recently applied to attend.

Supervision in relation to day to day practice and professional development is the main means by which staff can integrate learning and experience. Without supervision practice and professional development are not systematically appraised and an important instrument for monitoring staff performance is denied. The line manager for the centre must assist the manager in identifying and addressing the obstacles to providing supervision.

While staff meetings take place on a weekly basis they are not attended by all staff. These meetings should provide an important forum for communication and consistency between staff in implementing placement plans, and providing consistency of care. If staff do not find them as useful as they might, it may be timely for the staff group to review and restate their function so that they might be more purposeful for all.

4.2.6 Training and development

There is no formal in service training programme. A small number of staff have attended training in The Child Care Act, Children First, Report Writing and In Touch with Children. The manager recently completed an audit of staff training needs. The main areas identified by staff for further training included In Touch with Children, Child Protection, Report Writing, and the Child Care Act, 1991.

The SWAHB has only recently appointed a Training Officer and to date this person has focussed on providing introductory sessions on 'Children First' Child Protection Guidelines. The inspectors were informed that the development of an in-service training course on residential child care is currently being pursued and issues relating to accreditation explored.

An audit of staff training needs is a first step in undertaking a systematic approach to in-service training. Although individual staff members can avail of places on specific courses, attention should also be given as to how the staff group benefit from joint training and examining practice as a team.

Given the limited number of staff who hold a recognised qualification in child care, and the eagerness of staff to avail of training opportunities, this area should be rigorously pursued by the board.

Recommendations:

- The line manager for the centre should ensure that all staff are appropriately vetted before taking up duty.
- The high number of relief staff employed should be reviewed to limit the number of carers the children come in contact with.
- A formal induction programme should be introduced for all new staff.
- All staff should receive regular and formal supervision.
- A systematic approach to in-service training should be implemented which includes opportunities for the staff group to train and examine practice together as a group.

4.2.7 Administrative files

Recording is generally organised to facilitate effective management and accountability. Administrative records include a daily record sheet for each child; discrete records of the use of sanctions and rewards; details of complaints; medication records; critical incident sheets; record of all contact with family members and outside agencies and other relevant information.

Staff do not sign the daily record books and the sanctions records. They should do so with all records.

Recommendation:

- The manager should ensure that staff always sign the daily record books and the sanctions book.

4.3 Monitoring

The Health Board, for the purpose 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.

There is no authorised person external to line management charged with monitoring the centre on a regular basis. As part of the Principal Social Worker’s line management responsibility for the centre she visits the centre every 8-12 weeks and reads some of the administrative records including a randomised review of some of the TCI records.

Recommendation:

- The board should ensure that arrangements are in place to enable an authorised person, external to the line management structure, to monitor the centre on a regular basis.

4.4 Children’s rights

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.

4.4.1 Consultation

Alberg’s policy and procedures document acknowledges the children’s right to be involved in decisions concerning them, where age appropriate. In practice children’s views are considered in relation to matters concerning their daily lives in the centre, such as activities, purchases, the pursuit of individual hobbies and interests and the décor and furnishings of their bedrooms.

While children are helped prepare for their care plan review meetings by their key workers, they do not, however, attend these statutory review meetings. There were varying views as to why this was the case, some staff being of the opinion that this was due to their young age and others that it was because review meetings were generally held during school hours. Inspectors appreciate the fact that Alberg's residents are all young children and that it may not be in their interest to attend all of their review meetings. However, given that four of the children are capable of forming a view or opinion in relation to their care, attention should be given, on an individual basis, as to the most appropriate means of giving each child an effective voice at forums such as review meetings.

4.4.2 Complaints

Alberg's policy and procedure document states that all complaints will be investigated and recorded in a sensitive manner. A complaint's form (in the form of a 'children's sad form') is available to be completed by the child. It states that staff will notify the manager of any complaint received from a child. The child will then be interviewed, the details of the complaint recorded, and investigation will be prompt. Following interview, 'where necessary', social workers, staff and parents will be notified. The manager will provide a written response of the findings of the complaint and a copy of the complaint and the response will be sent to the child's social worker.

While good practice encourages staff to work on finding speedy and constructive solutions to children's expressions of dissatisfaction at local level, the complaints procedure as documented is not detailed enough to explain or inform practice and requires revision. More precise information is required in relation to the procedure for investigating a complaint (in particular in respect of the role of the social worker), the timescales involved, and the person charged with providing feedback to the young person. It should also include what action can be taken if a complaint cannot be resolved at local level.

Inspectors reviewed details of four complaints made by children over the year prior to the inspection. The documentation available states that the complaints were reported to the manager, staff members were interviewed, and the child's social worker informed. While the inspectors were informed that the children's social worker discussed the complaint with the children, this is not recorded on the complaint form. Equally there is no statement in three of the incidents as to the finding of the complaints and the satisfaction or otherwise of the complainant. Based on discussion with the centre manager, the inspectors are of the view that the present recording system does not do justice to the actual practice in this area.

As stated in section 4.5.4, below, parents interviewed stated that they would have no hesitation in bringing any concerns they might have to the attention of the centre manager and believed that they would be listened to.

4.4.3 Access to information

The centre's policy document states that in accordance with the Freedom of Information Act, 1997, 'once the child reaches the age of eighteen years he/she can make a formal application to the health board to access select files and records'. It also states that access to information is a fundamental right of children residing in Alberg and that staff will facilitate and support children in exercising this right.

While a young person may indeed apply for information under the Act, after they have reached the age of eighteen years, the policy document fails to state that children of sufficient understanding are entitled to access their care files consistent with their well-being, maturity and in their best interests. Access to care files should occur within the context of ongoing work with the child and issues arising from information on file can form part of the key-workers direct work with the child, in consultation with the centre manager and the child's social worker.

Occasionally children have requested to see what is written in the daily log books about them and staff have read or shown these records to individual children. However, the staff are unsure how they would respond if a child requested access to their care files, except that they would seek direction from management. Clarity is therefore required in relation to centre practice concerning access to information held on the children's care files.

Currently there is no children's booklet available that provide information in a child-friendly manner about what life in the centre involves, and what children in the care of Alberg are entitled to expect. To date, attention has been focussed on completing the policy and procedures document, which is provided to parents, social workers and those with a legitimate interest in the work of the centre. Inspectors were informed that a children's booklet will be produced. Best practice involves children in their production and should include statement on children's rights.

Recommendations:

- The manager should ensure that the complaints procedure is revised.
- Staff should be provided with training on recording of information, rights of access to this information, and how the children's right to information informs practice.

4.5 *Planning for Children and Young People*

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This 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.

4.5.1 *Suitable placement and admissions*

Placement in Alberg was the recommended care placement for two of the children as it provided an opportunity for a sibling group to live together to assess their needs whilst seeking foster care placements.

At the time of admission to Alberg foster care was the preferred placement for three other children. In the absence of foster care placements being available, placement in Alberg was the first choice of residential care placement for two of these children, and the only available placement for the third child, who was admitted on an emergency basis, following a foster care placement breakdown.

Alberg provides a facility to care for a small number of vulnerable young children, within sibling groups. It provides an opportunity to identify the needs of individual children within sibling groups and to assess the most appropriate type of foster care to best meet the needs of each individual child. However, this presupposes the existence of foster carers that can provide varying forms of care, depending on the needs of the children. In the absence of such a resource, some of the children will continue to be cared for in residential care, despite their young age.

4.5.2 *Statutory care plans*

Article 23 of the 1995 Child Care Regulations requires that a Health Board shall before placing a child in residential care, or as soon as possible afterwards, prepare a plan for the care of each child. The regulations also state the matters to be considered in the care plan. This requirement has not been sufficiently met in relation to four of the five children.

The five children had documents entitled 'care plan' on file. Two of these, devised a year after placement, were in draft form and await ratification at the children's review meeting in October 2001. A third care plan was devised seven months after placement and a fourth, six months after placement. Only one care plan, for the fifth child, was devised at the time of admission.

Individual care plans include an assessment of the children's educational, social and emotional requirements and include arrangements for access by parents, previous foster carers, siblings and relatives as appropriate.

While the aims and objectives of the placements are outlined, and key tasks identified, four of the care plans do not set a target date for their achievement. While securing foster care placements have been listed as priority for two of the young people, their care plans state that the achievement of this aim will be assessed as part of yearly reviews.

This time scale does not reflect the purpose and function of Alberg which is to provide care for young children on a short term basis. Inspectors are cognisant of the difficulties the board have been facing in securing foster care placements and it may reflect the fact that there is limited confidence in the viability of achieving this long term plan. Notwithstanding this, care plans should have specified target dates. If goals are not achieved within the time allocated for their achievement, then clearly the plan must be reviewed. To allow unspecified time frames can facilitate children drifting in care, which is the very thing care planning should prevent. In the absence of detailed and specific care plans there is a danger that some of these young children could end up in long term residential care by default.

The parent of two young people was consulted in relation to the contents of the care plan and a copy forwarded to her. The parents of the remaining three children have not yet received copies of care plans. Inspectors were informed that the parent of two children will be consulted about the draft care plans at the review meeting in October and a finalised copy given to the parent. The social worker for the fifth child informed the inspectors that she has not yet had an opportunity to discuss the contents of the care plan with the parents due to workload pressures.

4.5.3 Statutory care plan reviews

Statutory care plans should be subject to formal, systematic and regular review, the frequency of same varying according to the time the children have been in the residential centre and informed by the care plan. The Child Care (Placement of Children in Residential Care) Regulations, 1995, states that statutory reviews should take place at intervals not exceeding six months during the first two years of placement, the first review to be carried out within two months of placement.

The statutory requirements in relation to the frequency of review has not been met in respect of two siblings. Their first statutory review was held six and nine months respectively after placement in the centre. The next review meeting is due to take place eleven months later. This does not comply with the requirements of regulations.

Statutory care plan reviews assess the effectiveness of the care plan, taking into account developments and update the care plan. Standard review decision forms are used to record decisions made. These forms itemise the topics

covered at reviews in bullet point form, and a brief summary of discussion is included in telegraphic form. In relation to three of the children these forms were also accompanied by detailed minutes. However, in the case of two young people the standard review forms, as outlined, were all that were available. The social worker informed the inspectors that these were all that were on file when she took over both cases. The inspectors are of the opinion that detailed minutes should accompany the decision review forms, as was the case in relation to three of the young people. Such minutes provide greater detail on the quality of discussion held, record the views of parents and young people, and the basis on which decisions are reached.

The supervising social workers take responsibility for convening and recording the review process, issuing invitations, and the distribution of minutes. Standard review preparation forms are completed by the children, parents and care staff. Parents are invited to attend review meetings although they may not always attend.

The practice of issuing minutes of the review meetings varies amongst social workers. The parents of one child confirmed that they received copies of minutes. Another parent was not forwarded the minutes, although inspectors were informed that this will take place following the next review meeting in October. In the case of a third parent the social worker was unable to confirm whether the parent received a copy of the minutes. The date of the next review meeting is not recorded in the minutes.

Recommendations:

- The board should ensure that care plans are devised in accordance with the requirements of the Child Care (Placement of Children in Care) Regulations 1995.
- Care plans should set target dates for achievement of tasks and objectives.
- Parents should be consulted on and receive copies of care plans.
- Statutory review meetings should take place at intervals in accordance with the regulations.
- Comprehensive minutes of review meetings should be available and parents should be copied with same.

4.5.4 *Contact with families*

Contact with family members, where possible, is encouraged and facilitated by social work and care staff. Practical support is provided in relation to transport arrangements and social work staff actively seek to establish and maintain contact with family members that the children may have previously had contact with.

Where necessary, arrangements are made for the supervision of family visits, which are carried out with sensitivity. The requirements for supervision of visits and access arrangements in general are discussed and decided as part of

the care plan review process. There is openness in the centre to consider and facilitate any arrangements that will sustain family contact.

There were examples of parental involvement in relation to celebrations, clothes shopping, and joining the children and staff on holidays. Parental consent is sought in relation to any medical needs. The inspectors are, however, of the opinion that even greater efforts could be made to provide opportunities for parents to make a positive input into their children's lives. One example of this, highlighted by a parent, and confirmed by the centre, was the fact that a parent was not invited to attend school meetings nor did she receive a copy of school reports. The centre manager acknowledged that this was an oversight and that there would be no difficult improving parental involvement in these areas.

Not all of the parents were available for interview with the inspectors. The two parents interviewed were unreserved in their praise of the care their child received in the centre. They stated that they were always made to feel welcome when they visited the centre and felt respected and listened to by staff. They stated that they received a copy of the centre's policy and procedure document following admission and felt involved in helping the child settle into the centre particularly in terms of preparing the child's bedroom. They were clear that they could discuss any concerns they might have in relation to their child's care in Alberg with the centre manager and staff. They are free to ring each evening and are satisfied with the level of communication they share with staff. They were particularly relieved that the board had purchased a new premises for the centre as they stated the previous premises was difficult to access in winter and had poor play facilities for the children, unlike the fully equipped play room and play areas in the current premises.

The parent of two siblings who provided her views of the centre in the form of a questionnaire, stated that she was always free to visit the centre and that transport was facilitated. As stated, she would like to receive school reports and be invited to attend school functions. She would also like to receive a weekly progress report on her children. The inspectors suggest that the staff in the centre should discuss with this parent how they might facilitate this and identify what aspects of their weekly lives she would particularly like to learn about. This request might also be confirmed and discussed at her children's forthcoming statutory review meeting.

Recommendation:

- The manager should ensure that parents receive copies of school reports and are invited to attend all school functions.

4.5.5 Supervision and visiting of young people

The frequency of social work visits to the children meets with and is in excess of the requirements of the regulations.

The centre keeps a record of every visit to a child by the supervising social worker.

4.5.6 Social work role

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to any aspects of their care.

Social work staff have a statutory obligation to prepare written care plans for children in care and to hold statutory reviews of the care plan. The regulations state the requirements in relation to matters to be considered in the care plan and in respect of frequency of reviews. While all of the children had care plans that were subject to review, section four outlines recommendations in relation to setting target dates for achievements, the frequency of review meetings, minute taking and issuing of minutes to parents.

Social work staff keep an up to date case file on each child including a record of every visit to the centre. The visiting of children meets the requirements of the regulations. It is not practice for supervising social workers to read, from time to time, the childrens' care files and daily diaries that are kept in the centre. However, in line with the national standards for residential care, social workers are advised to read the relevant documentation on children to help satisfy themselves in relation to care practices in the centre.

The inspectors were made aware of some communication difficulties that have existed between social work staff and the centre. The main areas of concern expressed by social workers involved: poor levels of information, or delays in receiving information about significant incidents; difficulty getting through to the centre by phone (in the previous premises); decisions being taken without sufficient consultation with social work staff; and failure to implement a previous agreement for weekly contact from the centre.

Difficulties in this area were not presented as a conscious decision by the centre not to communicate or collaborate with social work staff. Rather it would appear that a high turn over of staff and lack of clarity amongst care staff as to their communication and reporting requirements resulted in past agreements needing to be restated and lessons relearned.

The manager and staff acknowledged that communication systems have been poor. This issue was recently addressed at a meeting with social work staff and new procedures agreed, such as key-workers phoning social workers at a specific time each week to provide an update on the children's progress. It was also suggested that social workers should receive a copy of the key-worker's monthly summary form completed on each child, and the importance of social workers being informed of all significant incidents was emphasised. Some of

the social workers interviewed commented that they have already noticed an improvement in communication.

The inspectors also advise that the policy and procedures document for the centre is revised to include reference to the role and responsibilities of social work staff, their professional and statutory obligations for children in residential care, and clarity in relation to communication and consultation requirements between the two disciplines.

4.5.7 *Emotional and specialist support*

The staff team present as warm and caring in their interaction with the children. The children communicate in a relaxed manner with the staff and the inspectors witnessed some good interaction in relation to artwork, support with homework and gentle preparation for bedtime. The children have constant access to staff, are responded to with sensitivity and patience, and benefit from the consistency of some of the day to day routines in the centre.

Each of the young people have two key-workers that share responsibility for the children in relation to administrative tasks, purchases, attendance at review and other relevant meetings. While there is evidence of social work staff seeking specialist intervention for specific children, the inspectors were of the opinion that care staff require greater assistance in providing for the emotional needs of the children on a day to day basis. It is clear that staff are committed to the care of the children and do their best to understand and support them. However, not all staff members feel confident that they have the skills to respond to the emotional issues such as loss and separation that the children have to cope with. This sense of inadequacy was explained in terms of the lack of training amongst staff which resulted in them feeling unqualified to appropriately respond to the emotional and psychological needs of the children.

The primary task of care staff is to meet the emotional needs of the children within the context of the caring and competent relationships that they form with the children within the experience of their daily lives. Lack of staff confidence in this area limits the extent to which staff can intervene purposefully with all of the children. When a child responds positively to staff intervention, the outcomes are clearly positive in terms of personal development. However, in the absence of informed guidance for staff to direct their interaction with a child whose needs or behaviour are becoming more challenging (as witnessed by the inspectors in relation to one child) the centre is limited in the extent to which they can intervene in a planned and purposeful manner with each child.

Evidence of planned work with the children is quite limited. While inspectors were informed that some life-story work had been completed with one child, the same work had not commenced with another child, despite the fact that this was agreed at the child's statutory review meeting. Inspectors learned of individual work with two siblings that had been carried out by a community

child care worker. At the time of interview a key-worker was unsure as to the content of this work, although the inspectors were later informed that a meeting had just taken place to inform the key-workers of the nature of this work so that they could reinforce the main issues in their interaction with the child. Ideally, in the inspectors' view, this work should be handed over to the key-workers to complete in the longer term.

The youngest child in the centre (2 ½ years) had previously been assigned the same two care staff, prior to the change in the work roster. This arrangement acknowledged the child's attachment needs and the inspectors heard of how the child had positively bonded with, and responded to, one staff member in particular. This arrangement could not be facilitated when the rota changed. As stated earlier, the inspectors were informed that one to one care of this child is soon to be back in place. Inspectors urge that this is put in place without delay.

Staff have highlighted the need for on-going guidance particularly in relation to meeting the emotional needs of the children. They would clearly benefit from the services of an external consultant to assist them in reviewing their work practices in order to offer more consistent and informed care to the young people. Such a forum would help them identify, understand, and respond to the children's behaviour and needs. It can also play an important role in sustaining placements, particularly when caring for children with challenging behaviour, which the centre has done in the past.

Support in this area of their work would not only help the staff to engage in a more planned and purposeful manner with the children but will also serve to harness the confidence and existing skills of staff.

Recommendation:

- The centre manager should ensure that tasks agreed at statutory review meetings are followed through by key-workers.
- The work of the staff should be guided and informed by the services of a consultant external to the centre.

4.5.8 Preparation for leaving care

Each of the children have two staff members who share key worker duties. As part of their responsibilities they support and help prepare a child to make the transition from the centre on to alternative care placements. One child who recently left the centre to go to another residential centre has on-going contact with her siblings in Alberg and has visited the new premise.

Given the young age of the children, preparation for independent living is not relevant to this inspection report.

4.5.9 Discharges

As stated earlier, the care plans for most of the children in Alberg involves placement in foster care, the nature of which depends on the individual needs of the young people. While children do not leave the centre in an unplanned manner, the inspectors concerns in relation to the possibility of some of these young children drifting into long term residential care have already been stated.

4.5.10 Aftercare

The health board does not have a written policy on aftercare provision that outlines the support and entitlements to be provided by the board for a young person leaving the care system. In accordance with the requirement of the national standards, each board should have a written policy on its aftercare provision.

Recommendation:

- The health board should provide a written policy on aftercare provision that is available to all service providers.

4.5.11 Children's case and care records

Each child has a permanent and secure record of his or her history and progress that contains relevant documentation and is maintained by the supervising social worker.

Care files in the centre are well structured and maintained. A new system for recording information has recently been introduced by the centre manager which provides ease of access to information. Each file is divided into separate sections containing: information in relation to care planning and reviews; school reports; record of contact with social workers, family and outside agencies; social history and other reports; medical information; record of the use of sanctions and rewards; significant incidents and certificates of merit and other memorabilia. The manager is commended for her work in this area.

There are, however, some omissions from the children's care files. Two of the files do not contain parental consent forms for voluntary reception into care and there are no birth certificates on two of the files.

Recommendation:

- The manager should ensure that all care files contain documentation in relation to reception into care and birth certificates.

4.6 *Care of young people*

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities and leisure experiences to their peers and have opportunities to develop talents and pursue interests. Staff interventions show and awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

4.6.1 *Individual care in group living*

Young people are cared for in a manner that respects and takes account of their wishes and preferences. The individuality of the children can be seen in relation to bedroom décor that reflects their own choices. They have opportunities to develop and maintain talents and interests and to participate regularly in a number of recreational activities of their choice, including football, hurling, Irish dancing, and swimming.

Certificates of achievement are kept safely in their care files and other personal belongings can be kept in the staff room and available on request to the children. Festive occasions and birthdays are celebrated with gifts and activities similar to their peers.

Staff support and encourage the children in age-appropriate personal hygiene and self care.

While children are encouraged to make choices about their personal appearance and clothing, some dissatisfaction was expressed to the inspectors by a foster parent in relation to the adequacy of clothing available for two of the children. Others commented that at times in the past some of the children have appeared untidy and unkempt. The inspectors were informed that two of the children are presently in need of new clothing, although clothes were recently purchased for one of these children in preparation for school.

Inspectors were informed that adequate resources are made available by the board for the purchases of clothes and that purchases are made as children need them. Given that this is the case, it is suggested that the system of purchasing clothes is reviewed. If all the children were equipped with new clothes at set intervals during the year, and other clothes purchased as required, it may avoid unintentional lapses in this area.

In relation to developing living skills, the inspectors are of the opinion that some of the children should accompany the staff when doing the weekly shopping for food. Currently this takes place during school hours. Although the centre benefits from contract cleaners, this should not prevent the children from having age-appropriate chores to complete, which, although thought is being given to this area, is not the case at present.

Recommendation:

- The manager should ensure that the system for purchasing children's clothes is reviewed and that all efforts are made to involve the children in developing living skills.

4.6.2 Provision of food and cooking facilities

The children have easy access to food, and individual preferences are accommodated. They are provided with nutritious and appetising food and there is a balance between providing for children's choices and encouraging them to develop healthy eating habits. The atmosphere and décor of the kitchen provides a source of comfort and well-being.

4.6.3 Race, culture, religion, gender and disability

In general the children enjoy the same opportunities as their peers and are not subject to any form of discrimination.

Young people are facilitated in the practice of their religion and staff are comfortable in addressing any questions the children might have concerning religious beliefs.

There was ample evidence of photographs displayed around the house some of which involved family members celebrating special occasions. The staff recognise the family as an important source of identity for the children and all efforts are made to facilitate family access.

The inspectors were informed that due to the isolated location of the previous premises, the children did not have friends from the community, and it was hoped that this opportunity would now be available to them. However, the issue of how children can best be supported in responding to questions about their care status from their peers, has not been addressed amongst the staff group, nor has there been any direct discussion with the children to assist them in exploring appropriate ways of dealing with this in their school and social life. Inspectors urge that children are assisted in coping with their care status as they become more involved in the community.

Some members of staff believed that a potential obstacle to the children making friends in the community is that the families of any friends would have to be subject to garda clearance before a child in Alberg could enter a friend's house in the course of play. This issue needs to be clarified. The requirement for a garda check is only applicable if one of the children wanted to stay overnight in a friend's house. Such misconceptions held by staff members can inadvertently militate against the children in Alberg enjoying the same daily opportunities as their peers.

Recommendation:

- Clear guidance should be given to staff in relation to garda clearance requirements.

4.6.4 Managing behaviour

Sanctions

The centre has a written policy on the use of sanctions that is consistent with promoting the developmental needs of the children. It states what sanctions are permitted and prohibited.

Sanctions are reasonable, humane and age appropriate. The inspectors noted, in the minutes of one staff meeting, an inappropriate intervention that was used to address a child's behaviour. The centre manager was recorded as clearly directing staff that this was inappropriate and could not be used again.

Children know that positive behaviour will be rewarded and that sanctions can be applied for unacceptable behaviour.

All sanctions are recorded in a separate sanctions book and are signed by the manager.

4.6.7 Restraint

The centre's policy and procedure document states that where physical restraint is necessary, it should be carried out in accordance with TCI guidelines.

TCI is only applied by staff members trained in its use. Following a recent training course, all of the staff are now trained in the use of TCI. However refresher training has not been provided for staff members who first received training more than a year ago.

Of the five children resident in the centre at the time of inspection, three of the children have been restrained at some time. From the TCI records it appears that the centre has used physical restraint more frequently over the last year in relation to two members of a sibling group, although this decreased since one of the siblings was placed in another centre more appropriate to meeting her needs. It is important to recognise that physical restraint, if not monitored closely, can become a regular means of managing a child's behaviour particularly in the absence of guidance for staff in responding to challenging or emotionally upset behaviour. Where the use of physical restraint is escalating, an interdisciplinary review meeting should be arranged as a matter of urgency.

Where physical restraint has been used it generally involves a 'basket hold' and lasts for approximately 5 –10 minutes. TCI records also record that staff try to use other means to deescalate situations and give children choices ie. to

go to their room, have a chat, spend a few minutes on their own etc. However, despite the fact that physical restraint is deployed using the minimum amount of force necessary, inspectors are concerned that some of the children may come to depend on this intervention in the absence of developing more appropriate means of self-control or as a means of expressing anger that is not related to the particular incident that led to the restraint.

It can also be used by young children as a means of comfort, as it provides them with an opportunity to be held safely, to cry and to release emotion. Inspectors were concerned that one child was restrained on two consecutive days during the inspection. This child had been restrained on four occasions in total over the past year. The TCI records show that he was clearly comforted by staff after being held in a basket hold, had cried and was cared for affectionately by staff. This child has experienced a lot of change in his life recently. The fact that he is upset was recorded in the TCI form as was a need to find out what is upsetting him. While staff acknowledge his current emotional upset they seem to feel powerless to adequately address this with him and show him ways of more appropriately expressing his feelings. In the absence of guidance for staff, the inspectors were concerned that the use of physical restraint could escalate with this child as it provides him with emotional release and an opportunity to receive physical closeness and comfort from staff.

The use of physical restraint is recorded on TCI forms. However, they are not signed by the centre manager. They do not record when the child's social worker was informed or, where possible, when a child's parent was informed. As stated earlier, there has been some delay in the past in providing copies of TCI forms to social workers, but the new location of the premises, the availability of a fax machine, and the recently agreed structures for improving communication with social work staff should improve this situation.

Recommendations:

- All staff that have trained in the use of TCI more than a year ago should receive refresher training.
- Practice in relation to the use of physical restraint should be rigorously monitored and where it escalates in respect of a particular child an interdisciplinary review meeting should be arranged.
- Staff should be assisted in reviewing their practice in the use of TCI. A recommendation has already been made in relation to the staff's access to an external consultant to guide and inform their interaction with the children, particularly in relation to dealing with challenging behaviour.
- TCI forms should be signed by the manager as evidence of monitoring and copied to social workers as soon as possible after the incident.

4.6.8 *Absence without authority*

There is a written policy and procedure for staff to follow when a child is absent without authority. To date there have been no incidents of any of the children being absent without authority.

4.7 *Safeguarding and Child Protection*

4.7.1 *Safeguarding*

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.

Staff members are confident that children are kept safe in the centre. They attribute this to appropriate levels of supervision and the fact that staff would have no difficulty in expressing any concerns about attitudes or practice of colleagues in relation to safeguarding children.

The centre has a written policy on safeguarding children the aim of which is 'to reduce at risk situations and maximise protection of children residing in Alberg'. This policy is entitled 'Child Protection'. It includes policy on the nature of appropriate contact between staff and children, including one-to-one contact. However, despite this, inspectors noted confusion amongst some staff members in relation to the circumstances where garda clearance is required if a child wished to visit a friend's home in the community. They also noted a request from staff, recorded in the minutes of a staff meeting, for guidance and clarity in relation to children visiting staff's homes and one-to-one contact with the children outside the centre.

A safeguarding policy should also include reference to other components of safe care practices such as requirements in relation to staff vetting and supervision, the role of the monitoring person, respect for children's rights, interdisciplinary working and reporting relationships, access to the community, etc. Practices in relation to these components are discussed under the appropriate standards.

Recommendations:

- The manager should ensure that the centre's policy on safeguarding children is revised to include reference to additional components of safe care practices. All staff should be familiar with this policy and show an understanding of how it informs practice.

4.7.2 *Child protection*

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Staff members have a clear understanding of their obligation to report any child protection concerns to the centre manager, or in the event that concerns relate to the centre manager, to the relevant line manager.

However, as stated in 4.7.1 the Child Protection Policy is primarily concerned with safeguarding practices. It should also include written policy and procedures, consistent with ‘Children First’, in relation to measures to be taken in the event of an allegation of current or past abuse, both within or outside the centre.

As stated in section 4.5.6, inspectors learned of social work concerns about decisions been taken by the centre, on occasions, without sufficient consultation with the supervising social worker. Inspectors are of the view that where social workers have concerns about risk factors, they should communicate these clearly, in writing to the centre.

Only a small number of staff have received training in relation to ‘Children First’, the national child protection guidelines.

Recommendations:

- The centre’s policy on Child Protection should be revised to include the measures to be taken in the event of an allegation of current or past abuse, both within and outside the centre.
- All staff should receive training in Children First.

4.8 *Education*

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 education facilities.

Four of the children attend primary school and the youngest child attends pre-school. Education is valued in the centre and the educational needs of the children are addressed.

The staff clearly take an interest in the children’s education and support this by assisting, and encouraging the children with their homework. All opportunities are taken to praise the children for their educational progress and individual achievements. Nourishing school lunches are provided as with transport to and from school.

Both key-worker and social work staff work in consultation with the schools in relation to individual educational needs.

As stated in section 4.5.4 greater efforts should be made to invite parents to school meetings and to provide them with school reports.

4.9 Health

The health needs of the young people are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

In accordance with Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 20 a child has a medical assessment within the first couple of days after admission to Alberg, as soon as an appointment can be arranged. This usually takes the form of an introductory appointment with the general practitioner associated with the centre.

Not all care records contain a clear and complete record of all medical and health information from birth. The centre has information supplied by Social Workers for two of the children that covers their current medical needs. Otherwise, it relies on the fact that the information about a young person's medical history is held by the general practitioner. Recently introduced recording systems give a clear picture of how a child's medical needs are met, including reports of Doctor's visits, visits to dentist, and the administration of medicines to children.

Young people at Alberg receive medical, dental, ophthalmic and other specialist services when required in accordance with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 9*.

All young people at the centre have access to a general practitioner. Currently, children at Alberg are all registered with the doctor associated with the centre. All but one of the children has medical cards on their files.

Information about an individual young person is shared with the general practitioner, if necessary, after consultation with the relevant social worker. Normally, concerns are brought to the attention of the medical practitioner by the young person's keyworker.

Care records contain a clear record of all medication administered, both prescribed and across the counter. The forms describing the procedure have been introduced recently. For non-prescribed medication they show the date, medication, and reason for administering it, and there is a space for a member of staff's name, but it is not clear that staff have to give a signature. In some instances the forms have not been fully completed. The form for prescribed medication does not allow for a record of the administration of each dose. Instead, it shows the date, name, and amount of medication and length of the course against the name of the young person. On neither form is it clear that

there is a requirement for staff to sign the document. This issue needs to be addressed so that there is clear accountability for giving medication to children, and no room for error between staff members and between changes in shift. Also the practice of maintaining loose-leaf records is not sufficiently secure, and has potential for information to be lost or recorded at some time after the event.

Other than in the case of a medical emergency, the social worker, and where possible the parent of a child is informed and parental consent is sought regarding medical care. At Alberg it is not practice to seek written consent from parents in each separate instance where medical treatment is required. Instead, there is generic permission for whatever is necessary. However, inspectors were told that telephone communication with parents takes place before a child receives any treatment, and this was confirmed by parents.

Children and parents are consulted regarding their health care and treatment plans (including immunisations). Children at the centre have health care matters discussed with them in a manner appropriate to their age. Parents told inspectors that they are verbally consulted about health care and treatment. It is advised that a clear record is kept of the telephone conversations with parents and Social Workers where matters concerning a child's health are discussed, perhaps on a form similar to that which is used to record the doctor's visits.

Care plans do not name the staff member responsible for giving appropriate guidance on health education. Keyworkers, as part of their role, encourage and support the children in age-appropriate self-care such as washing, bathing, brushing teeth, and general presentation.

The centre has a no smoking policy that prohibits staff and young people smoking in the centre or when sharing transport. It is consistent with the Health Board's policy.

Recommendation:

- The centre should record the administration of medication in a more detailed and secure way, with a clear indication of the dosage given, the date and time and at least one member of staff's signature.

4.10 Premises and safety

The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The unit has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care regulations, 1995.

4.10.1 Accommodation

Alberg children's centre is in a spacious new property within walking distance from the centre of the nearby town. The property is leased for one year, and it is uncertain how long the centre may stay there. The decor of the centre is enhanced by the use of lighting and plants, and the walls have several well-framed photographs of the children, staff and parents.

The house is in good structural repair, and at the time of the inspection was in very good decorative order. Furnishings and facilities are of a very high standard and sufficient for the number of young people living at the centre.

As a safety measure owing to the young age of the children, the Health Board has enclosed the stairwell with an impressive wrought iron screen.

A cleaner comes in for three hours on three days of the week. Inspectors were concerned that tasks were left for the cleaner that might more appropriately be carried out by the staff, and might be an appropriate area of learning for the children. These tasks involve simple tidying up, which are of little significance in themselves, but are tokens of care for the general environment in which the children live and the staff work.

The centre is adequately lit, heated and ventilated. It has a large, well-equipped kitchen with dining area and good facilities for cooking. All the equipment is domestic in style. There is a utility room with domestic standard equipment for laundry sufficient for the needs of the centre.

Food in the refrigerator had been stored in accordance with the basic food hygiene rules. The centre keeps potentially unsafe substances in a wall cupboard in the utility room. Although it is on the wall it is suggested that it might be fitted with a lock. Sharp kitchen knives are locked in a drawer of the filing cabinet in the office.

The centre has a large lounge with comfortable furniture that is used when children have visits from family members or social workers without disrupting the rest of the centre. There is a large playroom on the first floor that is also used by visiting parents. The centre manager and staff report that they are planning to put aside another room on the ground floor to afford visitors more privacy.

The majority of the children have their own bedroom with en-suite facilities. One room is shared by the youngest resident, an infant, and another child who prefers to have company. There is clear evidence of young people personalising their rooms by use of photographs and posters. Generally, the bedrooms are spacious and comfortable, and cleaned to a high standard.

The centre has excellent age-appropriate play and recreational facilities for the children. Outside the building there is a garden and a hard surface. After school, weather permitting, the children play there with small bicycles, balls and other outdoor toys.

The playroom is very well stocked with appropriate toys, books, games, drawing and painting materials, and a computer. The children are involved in decorating the walls of the room with cartoon figures. It has large gym mats, and a small television. There is a larger television in the lounge. Children also have toys in their bedrooms, and in one room there is a cupboard with various items of play equipment belonging to one child.

The centre is to be congratulated on the quality and breadth of its provision for the children's stimulation and play.

The décor of the centre is as found when the children moved in. However, the centre has involved children in decision making about their bedrooms. The interest of individual children in certain soccer teams and children's TV characters is reflected in the bedding and other items in their rooms.

At Alberg there is no easily accessible place where children can keep their belongings safely and securely. Instead, they are kept in the staff room and are available at the young person's request. A record is kept of the items stored for each individual young person.

In accordance with *Article 14 of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III*, the centre is adequately insured against accidents or injuries to children. The centre supplied details of a Public Liability insurance policy, valid until 31st December 2001, to inspectors. It extends indemnity to the owners of the property.

4.10.2 Maintenance and repairs

Damage is reported to the Health Board by telephone to an individual in the board's maintenance department. Staff record repairs that need attention. Most of the record seen refers to the previously occupied property.

It is unclear who makes the request, and the faults reported are not classified as urgent or non-urgent, or of low, medium or high risk. One request, relating to the previous premises, was recorded as having been made ten times. It is also unclear who telephones the message through to the maintenance department. Response times are not recorded, but there is a tick beside certain entries indicating that the job has been completed.

If the present premises are to be kept to the standard in which they were found it is important that there is a thorough and efficient system in place for promptly reporting faults as they arise, and recording response times, the action taken and completion dates.

Given that the centre has been in its current location only a matter of weeks, there is no evidence as yet that external line managers routinely monitor the premises to ensure the maintenance of standards and safety. There was concern amongst staff, acknowledged by the centre manager, that maintenance issues at the previously occupied property remained outstanding for some time. A clear system of reporting, and regular monitoring by external managers needs to be in place to ensure that high standards are maintained.

The plan in respect of Alberg has not been finalised. The centre will be based in the present premises for the length of the lease. Inspectors have not been given evidence of a programme of maintenance; but even though the future is uncertain there is an expectation that Alberg will be maintained to its present level so that staff have an environment in which to provide the best standard of care for the children. Should Alberg become a long term residential centre the inspectors are of the view that the board should secure a long term lease or purchase a property.

Recommendations:

- A thorough and efficient system should be devised for promptly reporting faults as they arise, and recording response times, the action taken, and completion dates.
- The premises should be routinely monitored by external line managers to ensure the maintenance of standards and safety.
- Managers should introduce a programme of maintenance and capital works to ensure that the structural and decorative order of the unit is maintained in accordance with criterion 10.12 of the National Standards for Children's Residential Centres, 2001.

4.10.3 Safety

Although it is clear that steps have been taken to address health and safety issues in the building, Alberg does not have documentation indicating that a proper risk assessment of the centre as a safe and secure place for children to live in and staff to work in has taken place.

The centre uses Incident Report Forms to report threat, injury, damage or theft, and reports incidents in line with Health Board policy.

The centre does not have an up to date Health and Safety statement developed in consultation with relevant Health and Safety authorities. As with the risk assessment above, the processes necessary to ensure that the centre has an up to date statement of Health and Safety must be given the highest priority.

A member of staff has been designated Health and Safety Officer. Her role does not include Fire Safety because it is designated to another staff member. The posts held by the staff members concerned are part time. Inspectors were told that the designation was made at a staff meeting. Health Board managers need to approve the designation and provide the person with responsibility for Health and Safety with appropriate training.

At the moment Alberg does not have a discrete effective system in place for recording and reporting health and safety hazards. They are recorded with the requests for repairs and maintenance. With the identification of a Health and Safety Officer in the centre, it is recommended that a suitable reporting system is also established as a matter of priority.

Five of the staff at Alberg have First Aid training. Of that number, two are in full time posts.

The centre has a 7-seater vehicle acquired by the Health Board on 3rd August 2000. It is legally insured under the Health Board's policy with Irish Public Bodies Mutual Insurances Limited. The relevant cover expires on 31st December 2001.

Inspectors were shown a road tax certificate for the vehicle that had expired on 31st July 2001. The transport manager of Eastern Health Shares Services should rectify this situation immediately.

The vehicle is properly maintained. It was last serviced on 14th February 2001. It is important that services are regular since the vehicle is heavily used. There is no fire extinguisher or First Aid kit in the vehicle. The centre keeps copies of driving licences for the nine staff that can drive the vehicle or make use of their own vehicle.

Inspectors suggested that those staff who make use of their own vehicles should supply the centre with copies of insurance policies showing that they are appropriately covered to carry children in the course of their work. This has been taken up promptly by the centre, and copies have been shown to inspectors.

Medication was seen by Inspectors in three places in the centre: a small locked cupboard in the staff room, the bottom drawer of a filing cabinet, and one of the First Aid kits. Children did not have direct access to these, but it is not acceptable that some medication is kept outside a locked cabinet secure and large enough to ensure safety.

The administration of medication and associated recording are referred to in 4.9 above.

Recommendations:

- The Health Board should carry out a proper risk assessment as a matter of priority; provide a health and safety statement; approve the designation of the Health and Safety Officer for the centre, and provide the person approved with appropriate training.
- The manager should devise suitable system for recording and reporting health and safety hazards.
- The manager should ensure that all medication is kept in one central, secure locked cabinet to which children do not have access.

4.10.4 Fire Safety

Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 12

The centre does not have written confirmation from a certified engineer or qualified architect that all statutory requirements relating to fire safety and building control have been complied with. However, the Fire and Safety Officer of the Eastern Health Shared Services has written a letter to inspectors, dated 24th September 2001, which states:

“Alberg House is a new property that is being leased by the South Western Area Health Board. It is being used as a residential unit for children. It is hoped that this property or similar will be purchased in the future.

In light of this property being leased we do not have a Fire Certificate for it, however it has been brought up to Fire Safety Standard as far as is reasonably practicable with the installation of:

- (1) *L1 Type Addressable Fire Alarm System*
- (2) *Emergency Lighting*
- (3) *Fire Door to Kitchen*
- (4) *Removal of gas cooker with electric hob*
- (5) *Ongoing staff training*
- (6) *Installation of First Aid Fire Fighting Equipment*

Once a property has been purchased a Fire Certificate will be applied for.”

The centre has an up-to-date statement on fire safety, fire precautions and emergency procedures, which has been drawn up by the Eastern Health Shared Services Fire and Safety Officer, in consultation with the Fire Safety Authorities.

Alberg has adequate precautions against the risk of fire, including effective means of escape, and arrangements for detecting, containing and extinguishing fires and maintenance of fire-fighting equipment. The alarm system and emergency lighting is newly installed.

Inspectors found evidence of a need for the centre’s managers to raise their own and staff’s awareness of safety issues. One of the fire exits, via the utility

room, was obstructed by a freestanding vegetable rack and a basket. A smoke detector in the hall still had its hood in place even though there was a notice on it advising that it should be removed once the house had been cleaned after building. A cloth lampshade in contact with the bulb was removed at the third request. The fire blanket was found in the utility room rather than in the kitchen. There was confusion amongst staff about the fire alarm console, and whether it would cut the electricity supply in the event of an electrical fire. Electric cabling protruding from the wall behind the door to the utility room was not appropriately covered. When asked about it staff were unsure whether or not it was live.

Conflicting accounts were given to inspectors of the role of a velux window as a fire escape. It is situated upstairs close to the floor of the playroom. It opens out onto a sloping roof from which it is not possible to see the ground. The Fire Safety officer for the centre believed that it was a fire escape. The centre manager said that it was not deemed to be a fire escape. It is fitted with a lock, and cannot be accidentally opened by the children.

The Fire and Safety Officer for the Eastern Health Shared Services told inspectors that it is certainly not a fire escape. He accepted that there is a need for more training, but indicated difficulties in ensuring that all those who care for the children are aware of health and safety and fire procedures due to a rapid turnover of staff. He has advised inspectors that there are plans to have a Fire and Safety training course for managers of Health Board properties in Community Care Area 9 in November 2001. Alberg's centre managers are to be included in that training.

A routine whereby staff and children participate in regular fire drills, which are properly recorded, has yet to be put in place. It is recommended that fire drills are carried out regularly, and that the Eastern Health Shared Services Fire and Safety Officer monitor the recorded checks.

The Eastern Health Shared Services Fire and Safety Officer ran a fire safety training day for staff at the previous premises on 31st May 2001. It was attended by twelve staff. Twelve staff received training in the use of fire extinguishers at the previous property on 7th June 2001. This number includes the Manager and Assistant Manager of the centre. Inspectors are concerned that all staff take health and safety and fire safety seriously and are able to respond appropriately to an incident or emergency.

Recommendations:

- Fire drills should be carried out regularly, and the Eastern Health Shared Services Fire and Safety Officer should monitor the recorded checks.
- All current staff who have not done so should receive basic training in health and safety and fire procedures as a matter of priority.

5. Summary of Recommendations

- The statement of purpose and function should be revised to more accurately reflect the service provided and to include the new location of the centre.
- The board should review the adequacy of foster care provision.
- A child friendly introductory booklet should be produced.
- The manager should ensure that details of all significant incidents are forwarded to supervising social workers without delay.
- The line manager for the centre should ensure that all staff are appropriately vetted before taking up duty.
- The high number of relief staff employed in the centre should be reviewed.
- A formal induction programme should be introduced for all new staff.
- All staff should receive regular and formal supervision.
- A systematic approach to in-service training should be implemented which includes opportunities for the staff group to train and examine practice together as a group.
- The manager should ensure that staff always sign the daily record books and the sanctions.
- The board should ensure that arrangements are in place to enable an authorised person, external to the line management structure, to monitor the centre on a regular basis.
- The manager should ensure that the complaints procedure is revised.
- Staff should be provided with training on recording of information, rights of access to this information, and how the children's right to information informs practice.
- The board should ensure that care plans are devised in accordance with the requirements of the Child Care (Placement of Children in Care) Regulations 1995.
- Parents should be consulted on and receive copies of care plans and minutes of review meetings.
- The manager should ensure that parents receive copies of school reports and are invited to attend all school functions.
- The centre manager should ensure that tasks agreed at statutory review meetings are followed through by key-workers.
- The work of the staff should be guided and informed by the services of a consultant external to the centre.
- The health board should provide a written policy on aftercare provision that is available to all service providers.
- The manager should ensure that all care files contain documentation in relation to reception into care and birth certificates.
- The manager should ensure that the system for purchasing children's clothes is reviewed and that all efforts are made to involve the children in developing living skills.
- Clear guidance should be given to staff in relation to garda clearance requirements.

- All staff that have trained in the use of TCI more than a year ago should receive refresher training.
- The use of physical restraint should be rigorously monitored and where the use of physical restraint escalates a review meeting should be arranged as a matter of urgency.
- TCI forms should be signed by the manager as evidence of monitoring and copied to social workers as soon as possible after the incident.
- The manager should ensure that the centre's policy on safeguarding children is revised to include reference to additional components of safe care practices. All staff should be familiar with this policy and show an understanding of how it informs practice.
- The centre should record the administration of medication in a more detailed and secure way, with a clear indication of the dosage given, the date and time and at least one member's of staff's signature.
- A thorough and efficient system should be devised for promptly reporting faults as they arise, and recording response times, the action taken, and completion dates.
- The premises should be routinely monitored by external line managers to ensure the maintenance of standards and safety.
- Managers should introduce a programme of maintenance and capital works to ensure that the structural and decorative order of the unit is maintained in accordance with criterion 10.12 of the National Standards for Children's Residential Centres 2001.
- The Health Board should carry out a proper risk assessment as a matter of priority; provide a health and safety statement; approve the designation of the Health and Safety Officer for the centre; and provide the person approved with appropriate training.
- The manager should devise a suitable system for recording and reporting health and safety hazards should be established as a matter of priority.
- The manager should ensure that all medication is kept in one central, secure locked cabinet to which children do not have access.
- Fire drills should be carried out regularly, and the Eastern Health Shared Services Fire and Safety Officer should monitor the recorded checks.
- Current staff who have not done so should receive basic training in health and safety and fire procedures as a matter of priority.