



**SOCIAL SERVICES  
INSPECTORATE**

**A**

**CHILDREN'S RESIDENTIAL CENTRE**

**IN THE**

**HSE DUBLIN NORTH EAST**

**FINAL**

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## **1. Analysis of Findings**

The Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive Dublin North East under Section 69 (2) of the Child Care Act 1991. As part of the Crisis Intervention Service (CIS), the centre provided a short term regional service (Dublin City and County) for young people aged between 15-17 years who present as out-of-home. At the time of inspection there were six young people, three boys and three girls living in the centre.

The centre had previously been inspected by SSI in March 2001. The recommendations that related to practice within the centre had to a large extent been implemented. This resulted in improved practice within the centre, particularly in relation to a more flexible discharge policy reflecting the individual needs of the young people. Since the last inspection the centre adapted to a new model of care changing from emergency provision to a short term emergency service. However some of the deficits that required a response from the wider HSE organisation were still evident during this inspection. These concerned inconsistencies in relation to social work allocation and care planning, lack of timely follow on placements, and on-going health and safety issues in relation to the building. While this undermined the improvements achieved in practice within the centre, it is of note that the staff continued to provide young people in crisis with a positive care experience.

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

The standard on purpose and function of the centre was met. It provided for emergency and short term care for young people who were out-of-home. At the time of inspection a decision had been taken to reduce placements from 8 to 6 due to health and safety reasons. While there was an understanding that short term care meant up to three months, the length of stay was also determined by the individual needs of the young people. The procedure for referral and admission to the centre was also clear.

The centre was well managed by an appropriately qualified and permanent manager. Staff presented as a cohesive and stable team. They were supported by regular supervision, weekly team meetings, and access to in-service training. Regular staff facilitation encouraged reflective practice. Staff morale was very good. At the time of inspection the use of agency staff was being addressed by the establishment of a panel of temporary staff, recruited and inducted to provide relief cover when necessary, thereby curtailing the current dependency on agency staff.

The young people in the centre received a good standard of primary care. There was a relaxed atmosphere in the centre. The care staff encouraged contact between the young people and their families and they supported the young people's individual interests and activities. At the time of inspection a summer programme of activities was being planned. There was a good standard of keyworking and individual work with the young people. Their health needs were well met. They were supported and encouraged to pursue education, training or work programmes.

The staff related to the young people in a caring, respectful and purposeful manner. Their approach to behaviour management was commendably calm and reasonable. There was minimal reliance on sanctions. Those that were used were related to the behaviour being sanctioned and the young people considered the approach to managing behaviour to be generally fair. The food was nutritious and plentiful. The two meals shared by inspectors with staff and young people were enjoyable, social and particularly

inclusive of the young people. One young person was encouraged and facilitated in cooking ethnic food as she wished.

The social workers of the young people were positive about the care they received, as were the two parents and two doctors with whom inspectors were in contact. The six young people were interviewed. All were positive about the care they received. Most expressed a wish to remain in the centre. While this reflected significantly on the work of the centre, the inherent tension between providing a quality service within a short term context, where follow on placements are delayed, is discussed later in the report.

Specialist services were available to those young people who required them. A designated counsellor, who holds an office within the centre, was also available to young people within the CIS service.

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

Staff vetting did not comply with the Department of Health and Children's guidelines which require that garda clearance and three references are sought for all staff prior to employment. Evidence of vetting was unavailable to inspectors on three of the ten staff members who commenced employment since the time of the last inspection. Of the remaining seven, all had garda clearance, six had two references, and one had three references. However vetting for one of these staff was received 4-5 months post employment.

Although an underlying respect for children's rights was evident it needed to be more proactively incorporated into practice. The young people had a good understanding of their right to make a complaint and identified staff members they could speak to if they had any concerns. However there was no named independent person external to the centre to whom young people could refer a complaint if it was not resolved inside the centre. This is particularly necessary where young people do not have an allocated social worker. Both the staff team and the young people had a good understanding of the process for accessing information. However some staff were unclear about the requirement to seek the author's permission in relation to third-party reports. The young people were consulted in relation to day to day issues and given choice about activities. However there was a belief amongst the young people that established practices were not open for meaningful consultation or change. These included being able to use the centre phone in private; review of pocket money; and having keys to their own bedrooms. The issue of phone use, as a safeguarding issue, is dealt with below. The other issues required review by the centre manager and staff in consultation with the young people, in a manner that facilitates a more age-appropriate and individualistic response. These issues can be addressed relatively easily and inspectors noted a willingness on behalf of the manager to do so.

There were some institutional practices that, for administrative reasons, were outside the control of the centre. Weekly food shopping was purchased from the same shop on a HSE account. This not only limits choice but is institutional in nature and must cease. Similarly the system of purchasing clothes for the young people was unsatisfactory. The centre relied on social workers applying for clothing allowances. This has led to delays in monies being received, whereby the centre used petty cash to purchase items of clothing of immediate need. Where young people did not have an allocated social worker clothing allowances have to be sourced through the duty social worker of the relevant community care area. The centre should have access to a budget to purchase food and clothing for the young people.

There was a good understanding of the need for professional boundaries to ensure the safe care of the young people in the centre. However, other practices relevant to the safety of the young people needed to be strengthened. These included the need to ensure that young people had access to a phone in private. This was not available to the young people as staff supervised all calls including those to family members and social workers. Access to a phone in private is a basic safe guarding requirement. Inspectors were assured by senior management that this practice would cease immediately. There was a sense amongst staff that they can only adequately respond to an issue if a young person is prepared to make a complaint. While not evident at the time of inspection, the issue of bullying is one that has challenged staff in the past. Practice in this area needed to be strengthened to develop a culture of intolerance of bullying in the centre, irrespective of whether young people complain about being bullied.

For those young people who have difficulty engaging with other professionals there was evidence that the young people were willing to discuss their difficulties and personal issues with key workers and staff members. Further training in relation to child sexual abuse issues would further support staff in this aspect of their work. Staff would also benefit from training to enable them to provide a more direct programme on sexual health issues for the young people.

There was evidence that care staff worked in close cooperation with other professionals to secure the best possible outcome for the young people. However inspectors were concerned at the manner in which the centre staff responded to one young person's experience of being bullied in school. The strategy agreed with the school was both inappropriate and lacking in advocacy for the young person. This lack of advocacy was compounded by the fact that the young person did not have an allocated social worker.

The standard of statutory care planning and review was inconsistent. Two of the young people did not have an allocated social worker. Consequently there were no care plans for either. Of the remaining four care plans one was incomplete. Three of the care plans had been subject to statutory review, but there were no minutes or records of decisions on file. The fourth young person's care plan had not been reviewed. There was a need for more significant links between the care planning and review process so that care plans are updated to reflect the changing circumstances of the young people. This is particularly important for young people placed in a short term centre who presented as out-of-home. The plans for preparing young people for leaving care had not begun in the centre. Given the short term nature of the centre this was understandable. However for those young people over the age of 16 years who remain in the medium to longer term, the statutory care plans should give structure to preparing young people for leaving care.

Practice in relation to suitability of placements was undermined by the delay in securing follow-on placements for some of the young people. A review of the register showed that, of the 13 admissions since the beginning of 2005, excluding current residents, 12 were discharged in under 4 months, with 1 young person residing in the centre for 16 months. Of the current residents, 2 were placed under 2 months; 2 for five months; and the remaining 2 young people were placed for 8 and 14 months respectively. This resulted in the centre providing a range of services, emergency, short, and medium to longer term care, not all of which were compatible. The staff demonstrated flexibility and willingness to provide this range of care. However, while commended for their efforts to do this, the constant change that accompanies emergency and short term placements makes the centre unsuitable for the provision of long term care. For some of the young people, what commenced as a suitable placement on admission can, by virtue of the length of stay become unsuitable. As stated, the young people wanted to remain.

However while they formed attachments to the staff and the community they were also aware that they will, at some stage, be moving on, reflecting the inherent tension between providing young people with a positive experience of being cared for and the purpose and function of the centre.

The previous inspection recommended a more planned approach to discharges. This was in evidence during this inspection. However inspectors were concerned to learn of the pending discharge of one young person due to non-compliance with the centre directions. Clearly this was due to concerns about the potential risk in which the young person may have been engaging. However the decision to discharge her was inappropriate and could be viewed as placing her at further risk. This young person did not have an allocated social worker. Inspectors were informed by senior management that this decision would be reviewed in the interests of the young person.

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

The post of monitoring officer was vacant and the HSE was in the process of recruiting to fill this post. In the interim inspectors were informed that the post will be filled on a temporary basis. However at the time of inspection, the standard was not met.

The centre was located in two adjoining large buildings which had previously functioned as a privately run bed and breakfast establishment.

The standards on accommodation and related health and safety issues were not met. The previous inspection report found that the centre required considerable redecoration and that aspects of the building were unsafe. Inspectors were informed that since the last inspection the HSE had made a strategic decision to secure alternative premises for the centre, while at the same time trying to manage the health and safety risks associated with the building. A suitable property was located late 2004/early 2005 and sanction to purchases was received in December 2005. However the HSE was informed in April 2006 that the vendor did not wish to proceed with the sale.

In December 2005, a health and safety inspection, conducted by the Health and Safety Manager, HSE shared services outlined a number of works to be carried out in order to comply with relevant Health, Safety and Fire Regulations. Subsequently the HSE Engineering Officer was instructed to complete all works identified in the Health and Safety Inspection Report. An unannounced inspection visit by SSI in March 2006, to follow-up on outstanding recommendations of the previous inspection in relation to the building, identified additional works to be completed.

At the time of inspection a team of contractors were completing this work. Inspectors have requested another health and safety inspection to ensure that all outstanding works have been completed and that the centre is in compliance with health, safety and fire regulations.

While the immediate concern of inspectors related to the health and safety of the young people and staff, the standard of accommodation remains unsatisfactory. Considerable investment is required to bring the building up to a suitable standard.

## Summary

There were many positive aspects to the service provided to the young people in the centre, notably the high standard of primary care, the well managed, supported and stable staff team, and the consistent confirmation from the young people that they were cared for safely and well. Inspectors were of the view that the recommendations of this report directed at centre practice will serve to enhance an already good service and that the staff have the competence and commitment to implement them.

Inspectors also learned of plans to develop a more pro-active and co-ordinated approach to crisis intervention between the statutory and voluntary providers. One aspect of this development is the introduction of a day service in co-operation with Focus Ireland. This is expected to commence in July 2006, providing a multi-disciplinary team available on a seven day basis which will include education officers and a focus on the development of after-care services. While case management will still remain with the community care areas, and interventions will be consistent with care plans, this development should result in young people having more immediate access to the services they require. An agreement has been reached with the two statutory short term centres for the allocation of a social worker from CIS, moving towards greater co-operation and integration between community care areas and the CIS. It is expected that these developments will improve the overall service provided to out-of-home young people and have an impact on some of the wider HSE issues outlined in the report.

## 2. Introduction

The Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the HSE Northern Area. Ann Ryan (lead inspector) and Andrew Fagan (support inspector) conducted the inspection over a three-day period from the 16th-18th of May 2006.

### 2.1 Methodology

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

- The unit's statement of purpose and function
- The unit's policies and procedures
- The young people's care files
- Questionnaires completed by social workers
- Questionnaires completed by teachers
- Census forms on management and staff
- Children's census forms
- The most recent monitoring officer's report
- Health and safety documentation

In the course of the inspection, inspectors interviewed:

1. The centre manager
2. Four social care workers and 1 student on placement
3. The six young people
4. Interviews with four social workers
4. The Principal Social Worker (CIS)
5. The Alternative Care Manager
6. The LHO Manager

The lead inspector had telephone contact with two parents and a general practitioner.

## 2.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of the young people and staff and all the other professionals involved in this inspection.

## 2.3 Management structure

The centre manager reported to the alternative care manager for community care area 8 in relation to operational issues. She also reported to the Principal Social Worker of the Crisis Intervention Service (CIS) in relation to placements. The HSE Dublin North East was recruiting for an alternative care manager for the CIS. In the interim this role was carried out by the alternative care manager for community care area 8.

## 2.4 Data on young people

Young Person	Age	Legal Status	Length of Placement
1 (male)	16	Voluntary agreement	1 month
2 (female)	17	Voluntary agreement	2 months
3 (female)	17	Voluntary agreement	8 months
4 (male)	16	Voluntary agreement	14 months
5 (male)	16	Full care order	5 months
6 (female)	16	Voluntary agreement	5 months

### 3. Findings

#### 3.1 Purpose and function

##### Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Purpose and function	√		

#### 3.2 Management and staffing

##### Standard

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

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

##### Recommendations:

1. The HSE should ensure that evidence of vetting is available for all staff and that vetting procedures comply with the Department of Health and Children's guidelines.
2. The HSE should ensure that staff receive training in relation to child sexual abuse issues.
3. The HSE should ensure that all the young peoples' care files contain birth certificates, care orders/reception into care forms, and minutes of review meetings.

### 3.3 Monitoring

#### Standard

The health board, for the purposes of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the health board to monitor statutory and non-statutory children's residential centres.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Monitoring			√

#### Recommendation:

- The HSE should ensure that the post of monitoring officer is filled as soon as possible.

### 3.4 Children's rights

#### Standard

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

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

#### Recommendations:

- The HSE should ensure that the young people are involved in meaningful consultation about rules and routines in the centre.
- The HSE should ensure that the young people have access to an independent person external to the centre to whom they can address complaints.
- The HSE should ensure that staff are notified about third party report requirements.

### 3.5 Planning for children and young people

#### Standard

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

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

#### Recommendations:

8. The HSE should ensure that follow-on placements are found for young people so that their length of placement is not prolonged for long periods.
9. The HSE should ensure that the care planning and review process complies with statutory requirements.
10. The HSE should ensure that all young people are allocated a social worker.
11. The HSE should ensure that a preparation for leaving care programme is implemented by the centre.

### 3.6 Care of young people

#### Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Individual care in group living		√	
Provision of food and cooking facilities	√		
Race, culture, religion, gender and disability	√		
Managing behaviour	√		
Restraint	√		
Absence without authority	√		

#### Recommendation:

- The HSE should ensure that a more appropriate financial arrangement is put in place for the purchasing of food and clothing by the centre.

### 3.7 Safeguarding and Child Protection

#### Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection		√	

**Recommendations:**

13. The HSE should ensure the young people have access to a centre phone in private.
14. The HSE should ensure that an anti-bullying programme is implemented by the centre and that bullying is addressed as a child protection issue.
15. The HSE should ensure that the centre staff respond appropriately to incidents of school bullying and act as advocates for the young people.

**3.8 Education****Standard**

**All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.**

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Education	√		

**3.9 Health****Standard**

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Health		√	

**Recommendation:**

16. The HSE should ensure that staff receive training in teenage sexual health initiatives.

### 3.10 Premises and Safety

#### Standard

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

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

#### Recommendations:

17. Following completion of works in the centre, the HSE should carry out a health and safety, to ensure that all outstanding works have been completed and that the centre is in compliance with health, safety and fire regulations.
18. The HSE should ensure that its plan to secure alternative premises is pursued with urgency.

#### **4. Summary of recommendations**

1. The HSE should ensure that evidence of vetting is available for all staff and that vetting procedures comply with the Department of Health and Children's guidelines.
2. The HSE should ensure that staff receive training in relation to child sexual abuse issues.
3. The HSE should ensure that all the young peoples' care files contain birth certificates, care orders/reception into care forms, and minutes of review meetings.
4. The HSE should ensure that the post of monitoring officer is filled as soon as possible.
5. The HSE should ensure that the young people are involved in meaningful consultation about rules and routines in the centre.
6. The HSE should ensure that the young people have access to an independent person external to the centre to which they can address complaints.
7. The HSE should ensure that staff are notified about third party report requirements
8. The HSE should ensure that follow-on placements are found for young people so that their length of placement is not prolonged for long periods.
9. The HSE should ensure that the care planning and review process complies with statutory requirements.
10. The HSE should ensure that all young people are allocated a social worker.
11. The HSE should ensure that a preparation for leaving care programme is implemented by the centre.
12. The HSE should ensure that a more appropriate financial arrangement is put in place for the purchasing of food and clothing by the centre.
13. The HSE should ensure the young people have access to a centre phone in private.
14. The HSE should ensure that an anti-bullying programme is implemented by the centre and that bullying is addressed as a child protection issue.
15. The HSE should ensure that the centre staff respond appropriately to incidents of school bullying and act as advocates for the young people.
16. The HSE should ensure that staff receive training in teenage sexual health initiatives.
17. Following completion of works in the centre, the HSE should carry out a health and safety audit, to ensure that all outstanding works have been completed and that the centre is in compliance with health, safety and fire regulations.
18. The HSE should ensure that its plan to secure alternative premises is pursued with urgency.