



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE DUBLIN NORTH EAST AREA

FINAL REPORT

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Centre ID Number: 423

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1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive Dublin North East Region (HSEDNE). Sharron Austin (lead inspector) and Bronagh Gibson (co-inspector) conducted the inspection under Section 69 (2) of the Child Care Act 1991, on the 1st and 2nd September 2009.

This was a new centre opened by the HSEDNE in January 2009 and was located in on the grounds of a large psychiatric hospital. Prior to this, the service was provided by two centres located in the city centre. It provided short-term emergency placements for up to eight young people of mixed gender aged 12 to 17 years. The primary focus of the service was to provide emergency accommodation to young people for the shortest possible time within a maximum timeframe of four weeks. There were seven young people resident in the centre during the inspection field-work. The centre had 77 admissions in the eight months since it opened.

Overall, inspectors found that standards were well met in the centre, where the primary focus of care practice was the needs of the young people. It was found to have an experienced and competent staff team that had good relationships with young people, their families and other professionals involved with them. Inspectors found that the young people were well cared for and respected in the centre, and that individual needs were met. The young people spoke positively about the staff and told inspectors that they felt cared for and safe.

1.1 Methodology

Inspectors' judgements are based on evidence verified from several sources gathered through direct observation, examination of relevant records and documentation, an inspection of accommodation and interviews with the centre manager, five social care workers, four young people, two social workers, the HSE monitoring officer and the local health manager. Telephone interviews were conducted with a further three social workers. Details of other sources of evidence are given below.

In the course of inspection, the inspectors had access to the following documents:

- The centre's statement of purpose and function, policies and procedures
- The centre's register
- The young people's care plans and care files
- Summary information on staff and young people
- Administrative, training, staff supervision records and rosters
- Fire safety compliance documents
- Evidence of insurance
- Details of unauthorised absences for previous eight months (27)
- Details of physical interventions for the previous eight months (32)
- Details of complaints made by young people for the previous eight months (4)
- Questionnaires completed by social workers (4) and parents (2)
- A monitoring report
- HSE report of an investigation into significant events: July 2009.

1.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of the young people, parents, the centre manager and staff, external professionals who participated in this inspection.

1.3 Management structure

The centre manager reported to the alternative care manager who in turn reported to the local health manager.

1.4 Data on young people

On the first day of fieldwork the following young people were residing in the centre, listed in order of length of placement:

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Placing HSE Area</i>	<i>Length of Placement</i>	<i>No. of previous placements</i>
# 1 (male)	14	Voluntary care	Area 8	6 weeks	0
# 2 (male)	17	Voluntary care	Area 3	2 weeks	0
# 3 (male)	17	Full care order	Area 3	12 days	Foster care Detention
# 4 (female)	17	Voluntary care	Area 6	6 days	0
# 5 (male)	14	Voluntary care	Area 6	4 days	1 relative foster care 1 residential
# 6 (female)	14	Emergency care order	Area 8	2 days	0
# 7 (male)	14	Voluntary care	Area 8	2 days	0

2. Summary of Findings

Practices that met the required standard

Notification of significant events

The standard on notification of significant events was well met. There had been a high number of incidents since the centre opened in January 2009. Given the nature and location of the service any incident attracted attention from the local community. The management of these incidents is discussed in more detail later in the report. External professionals were satisfied that notifications were carried out in a prompt manner in accordance with the standard.

Register

The centre maintained a register on the young people which contained the required statutory information. However, some details were absent. Inspectors advise the centre to record where care files are archived on the centre register after a young person is discharged from the centre.

Primary care

The primary focus of care practice was the needs of the individual young people. The young people spoke positively about the staff and told inspectors that they felt cared for and safe. The centre had an experienced and competent staff team who established good relationships with young people, their families and the other professionals involved with them. Inspectors found that the young people were well cared for and respected in the centre, and that individual needs were respected.

Monitoring

The standard on monitoring was met. The HSE monitoring officer visited the centre on a regular basis and had written a substantial report in May 2009 which was also sent to the Inspectorate. He was satisfied with the level of response to the recommendations. He informed inspectors that despite some difficulties in the management of behaviour in the initial period the centre has functioned well and that the young people were positive about their placements. He was notified of all significant events promptly and visited the centre in response when necessary.

Consultation with young people

The standard on consultation with young people was well met. Inspectors examined minutes of meetings with the young people. Issues raised by them were discussed at staff meetings on a weekly basis and feedback was given. The young people spoke positively of their experience of care and outlined who they could talk to if they were concerned or worried. They were given a young people's information booklet on admission which was discussed with them, and they were also aware of the young people's version of the *National Standards for Children's Residential Centres 2001*.

Complaints

The standard on complaints was well met. Four minor complaints had been made by the young people currently living in the centre and were dealt with promptly. The young people had a clear understanding of how to complain and told inspectors that they were satisfied with the process and outcomes. The complaints register recorded the details of the complaint but did not record when it was completed and if the young person was satisfied or dissatisfied with the outcome. Inspectors advised the manager that the complaints register should be amended to reflect this information.

Emotional and Specialist support

Staff were aware of the primary and emotional needs of the young people and in some cases of their psychological needs. Given the nature of the service and the brevity of some of the placements, staff endeavoured to identify and meet the needs of the individual young people. Each young person had two key workers with whom they could identify and to whom they could speak. There were key worker reports on young people's care files. Those interviewed said that access to external services, such as psychiatry, psychology and drug counselling was good.

Contact with families

There was good evidence from interviews and centre records that there was regular contact with families and carers where appropriate. As part of the admissions process the centre endeavoured to ensure that there were agreed levels of access. Families and friends could visit and meet the young people in private. They were kept informed of any significant events that occurred for their children. Questionnaires completed by parents confirmed this.

Education

Three of the young people were attending school or in a training course. The staff facilitated transport where required. Each young person had a desk in their room where they could study and do homework without being disturbed. The remaining young people were not required to attend school due to their age.

Supervision and support

The standard on supervision and support was met. Staff interviewed confirmed that they received supervision on a regular basis. Inspectors viewed supervision files and confirmed this.

Safeguarding and child protection

In the eight months prior to the inspection there had been no child protection notifications. The centre carried out risk assessments shortly after admission. One young person had experienced bullying from other residents. He told inspectors that staff dealt with this and the bullying stopped. Inspectors found evidence in the minutes of the young people's meetings and in key worker reports that bullying was addressed on a consistent basis. Staff could describe the principles of safeguarding and child protection.

Preparation for leaving care

The primary focus of the service was to provide emergency accommodation to young people for the shortest possible time within a maximum timeframe of four weeks. Young people interviewed understood that their placements were transitional. Staff interviewed outlined the basic focus of their work with the young people was to ensure they were prepared for their next placement or return to home.

Fire safety, Safety, Maintenance and Repairs

The standard on fire safety was met. The centre had written confirmation from a qualified architect that all statutory requirements relating to fire safety and building control have been complied with. Fire drills were carried out regularly. The most recent drill was carried out in April 2009. However, inspectors advised that the frequency could be increased in light of the the rapid turnover of new admissions. Fire safety training had been carried out with staff, the most recent in April 2009.

The centre had an up-to-date health and safety statement which was signed by all staff. The manager and staff were satisfied with the level of response to routine maintenance and repairs.

Practices that met the required standard in some respect only

Purpose and function

The centre had a written statement of purpose and function dated February 2009. It stated that the centre operated as part of the crisis intervention services for the HSEDNE and offered an emergency service for up to eight young people of mixed gender aged between 12 and 17 years who were homeless and required short-term emergency care. While the centre fulfilled its purpose and function, inspectors noted that it had been experiencing high levels of threatening behaviour and assaults on both staff and young people in its initial phase. The centre had also become the focus of negative attention following several significant incidents in the local community (*see Management of Behaviour*). Inspectors recommend that the centre reviews its purpose and function to determine whom they can safely care for without compromising the viability of the centre.

Management and staffing

At the time of inspection, the centre had a total of 20 WTE posts filled by:

- 1 centre manager
- 1 deputy manager
- 7 social care leaders
- 11 social care workers (*5 full-time, 2 part-time and 4 trainee staff*).

The centre manager had taken up the post in the week prior to the inspection. She had 18 years experience in the child care field, three of those in a management position. The majority of staff were suitably qualified and well experienced. Four were studying to gain a qualification in social care. There was a good gender balance on the team with 12 women and eight men.

In observing practice during the inspection and in interviews, inspectors found that staff presented as confident and knowledgeable of each young person's needs. They told inspectors that they enjoyed their work. Despite some initial behaviour management issues staff told inspectors that they were positive about the future of the service and wanted to be proactive in addressing any issues within the local community. A number of staff contacted the inspectors prior to the fieldwork outlining residual HR issues. This was brought to the attention of the alternative care manager prior to the inspection fieldwork and staff were informed that any issues should be brought through their own internal systems. Inspectors discussed the issues with the manager and were satisfied that the matter was being addressed, but recommend that an external facilitator, with agreed terms of reference, be considered to assist in the process of resolving the issues.

Training and Development

Inspectors found that the majority of staff had received training in therapeutic crisis intervention (TCI), *Children First: National Guidelines for the Protection and Welfare of Children*, fire safety and first aid. Managers had recently carried out a training audit and measures had been taken to address any deficits. Given the type of service it provided, inspectors recommend that the training audit is developed further to assess other training needs in relation to the crisis intervention needs of the young people.

Administrative files

Overall, inspectors found that the centre had good administrative systems in place. However, some files were illegible and inspectors found it difficult to assess the content. Inspectors recommend that all administrative files are reviewed to ensure classification of events is clear and cross referencing of files is adequate to ensure ease of access to information.

Inspectors found that the centre did not have a policy of the use of computers and/or computer generated information. Inspectors recommend that the centre develops a policy on the use of computer for information purposes.

Access to Information

Most of the young people had a fair understanding about accessing information held on their files. There was evidence that one young person had read his daily log on a few occasions. Staff were aware of the young people's rights to access information about themselves; however, there was confusion about exactly what information was available to the young people. Inspectors recommend that managers discuss with staff the right of young people to see their files so that they understand what is contained in their care files and explain, encourage and facilitate access for them.

Suitable placement and admissions

Inspectors found that all of the young people in residence met the criteria of the centre and were appropriately placed. Inspectors have noted in the section on *Purpose and Function* that the centre should assess whom the centre can safely care for without compromising its viability. Due to the emergency nature of the service it was quite common for young people to be admitted to the centre with little background information. The staff did carry out risk assessments as soon as possible after admission and formally requested the required statutory information from the social worker. Inspectors saw evidence of this on the care files. Inspectors recommend that the management and staff review its risk assessment processes to ensure that it is robust enough for cases where there is inadequate background information.

Social work role

With the exception of one, each young person had an allocated social worker. This was a good response of the service. The young people told inspectors that they could contact their social worker if they needed to. Those interviewed were satisfied with the level of communication and notification of significant events. Given the fact that placements were so short, visits from social workers were as appropriate and frequent as they could be.

Discharges

In most cases, discharges were planned. However, 14 emergency discharges had taken place in the previous eight months. Inspectors found that there had been several significant incidents since the centre opened. Some social workers interviewed spoke of discharges that took place on a Sunday evening, and were dissatisfied that efforts were not made to wait until Monday morning when a social worker was available to discuss the decision to discharge. Inspectors were told that decisions to discharge on a Sunday evening were as a result of a cumulative series of high risk behaviours being presented by a small number of young people over a week long period, and were risk assessed by the staff team in consultation with an on-call manager. Inspectors recommend that each emergency discharge is reviewed in consultation with the supervising social worker and principal social worker for the out of hours service.

Management of behaviour

Since the centre opened there have been a number of significant incidents where the young people had displayed anti-social behaviour and alleged criminal activity in the locality. Several community representatives had met the alternative care manager and local health manager to discuss the concerns. The local health manager told inspectors that a review process of the service had been brought forward by more than a year following meetings with local representatives. Inspectors recommend that the outcome of this review is formally notified to the Social Services Inspectorate.

The incidents involving some residents and a neighbouring centre had caused considerable ill-feeling and anger amongst neighbours and local representatives. As outlined above, senior managers had begun to address this; however, inspectors recommend that the centre manager and staff find ways to improve relations for the young people in the community.

Inspectors were told that the HSE approved method of managing behaviour was therapeutic crisis intervention (TCI). Each young person had an individual crisis management plan (ICMP). The quality of information recorded on the ICMP's was poor. Inspectors recommend that individual crisis management plans are reviewed to ensure all sections contain adequate and required information.

In the eight months prior to the inspection, there were 32 physical interventions involving 12 young people in the previous eight months. Eleven of these related to a 17 year old young person who had been involved in 25 high risk significant events over a two week period in June. The interventions ranged from one to two minutes in the majority of cases and did not exceed ten minutes. The centre manager requested advice from the staff health, safety and welfare department (SHS&W Dept) within the HSE about these incidents. Two health and safety advisors carried out an investigation and inspectors were given a copy of their report. Seventeen recommendations were made. As the young person in question was still resident in the centre when the report was completed, a number of the recommendations were met immediately. The young person had subsequently been discharged. Inspectors recommend that the outstanding long term recommendations made within the SHS&W Dept report are met.

The monitoring officer had made a recommendation in his report dated May 2009 that: *"the centre should establish a significant incident review group to examine the approaches and responses made by the centre to various significant incidents."* Inspectors found that the review group had yet to be established. Given the serious nature of the significant events that have occurred since the centre opened, inspectors recommend that the significant review group is established by the end of October 2009 and that the terms of reference for this group should look at the impact of significant incidents on the community as well as the centre.

Unauthorised absences

In the eight months prior to the inspection there had been 62 unauthorised absences (27 were reported as absences at risk). These were found by inspectors to have been recorded and notified in accordance with policy. Those interviewed told inspectors that they believe that the location of the centre had reduced the number of absences. Inspectors were told that the information requested by Gardai, when absences were being reported, varied. Inspectors recommend that the protocol between the centre and the Gardai is revisited to ensure clarification on required information.

Children's case and care Records

As outlined above, due to the emergency nature of the service, young people were admitted with very little information. On examination of the files, inspectors found that the care files did not contain all the required statutory information. The management had developed a generic memo outlining the statutory required information. Obtaining this information had proven to be very difficult for the centre. Inspectors viewed notes on files and correspondence requesting information that was missing from the young people's files. Care files of those who had been discharged were currently archived in a secure room on the premises. Given the amount of admissions that the centre has had to date (77), the amount of files will amass at a great rate and may have to be archived elsewhere in the future. Inspectors advised that the centre manager records in the centre register the location of the individual young person's archived care file after discharge from the centre.

Inspectors recommend that statutory required information for all care files is furnished to the centre as soon as possible.

Health

The young people had access to a local GP. Inspectors were told that the young people received a different type of medical assessment based on whether or not they had a medical card. Not all of the young people in the centre had medical cards. Records showed that those who did not have a medical card received a basic general medical examination as opposed to those that did have a card who received a more thorough medical assessment. Given the nature of the service, medical histories and immunisation histories were generally poor. There was written evidence on care files of requests by the centre for this information. Access to external services, such as psychiatry, psychology and drug counselling was good.

Inspectors recommend that:

- there is equity in accessing a full medical examination on admission
- principal social workers ensure that supervising social workers address deficits in medical records and histories noting on file what efforts were made to obtain such information.

Accommodation, safety, maintenance and repairs

Overall, the centre was clean and well maintained. The layout of the building did not lend itself to a homely environment and was clinical in its appearance. Each young person had their own bedroom. There was ample outdoor space to the front and rear of the building.

Those interviewed described the centre as an open facility. However, inspectors found that the front door of the centre was locked at all times and the entrance gate was always closed. The young people had to ask for the front door and entrance gate to be opened whenever they wanted to go out. The door could only be opened by the staff with a key. This was the case for several reasons. Staff told inspectors they were locked to monitor the comings and goings of the young people in residence. Inspectors recommend that this practice is reviewed to ensure that practices resemble a normal domestic situation.

The centre had 24 hour CCTV coverage of the entrance gate, all entrance doors, the hallways which included the young people's bedroom corridor, the family room and in a second sitting room. There was a significant amount of visual signage advising people of the use of CCTV. A risk assessment had been carried out in July 2009 outlining the reasons why the centre had this system. It had been recommended in the previous inspection report (ID No.321) in May 2009 that the HSEDNE should cease using CCTV inside the centre. It was the view of the inspectors that the use of CCTV infringed on children's right to privacy and did not assist the centre in providing a family type home or enhance the quality of care. The centre had two waking night staff and two sleep-over staff and a good ratio of staff to young people on each shift. This recommendation, that the HSEDNE should ensure that the centre ceases using CCTV inside the building, still stands.

Practices that did not meet the required standard

Care Planning and Statutory Reviews

Of the seven young people resident in the centre, three had care plans, one had an interim care plan and the remaining three had no care plans (two of whom were admitted two days prior to the inspection). Due to the emergency nature of the service, some young people were admitted with no care plans. Inspectors were told that there was an expectation that a statutory care plan would be provided within two weeks of the young person's admission to the

centre. At the time of inspection, there was little evidence of this being adhered to. The centre had devised interim plans in the absence of a statutory care plan. The information recorded was limited and did not provide a basic plan to address primary needs within the period that the young person is in the centre. There was little evidence on file that reviews took place on a regular basis. An admission meeting was held within the first week and placement reviews as opposed to statutory care reviews took place on a weekly basis.

Inspectors recommend that:

- social workers provide an interim care plan within five days, and follow it up with a full care plan as required by the regulations at the first review.
- the management develops a placement plan to meet the primary needs of the young person while awaiting the statutory care plan.

3. Findings:

1. Purpose and function

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Purpose and function		√	

Recommendation:

- The HSEDNE should ensure that the centre reviews its purpose and function to determine whom they can safely care for without compromising its viability.

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 partly met the required standard</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:

- The HSEDNE should ensure that:

- an external facilitator, with agreed terms of reference, be considered to assist in the process of resolving residual HR issues.
- the training audit is developed further to assess other training needs in relation to the crisis intervention needs of the young people
- all administrative files are reviewed to ensure classification of events is clear and cross referencing of files is adequate to ensure ease of access to information
- the centre develops a policy on the use of computer for information purposes.

3. Monitoring

Standard

The Health Service Executive, 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 Service Executive to monitor statutory and non-statutory children's residential centres.

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Monitoring	√		

4. Children's rights

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Consultation	√		
Complaints	√		
Access to information		√	

Recommendation:

- The HSEDNE should ensure that the managers discuss with staff the right of the young people to see their files so that young people understand what is contained in care files and explain, encourage and facilitate access for them.

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 partly met the required standard</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	√		
Discharge		√	
Aftercare	Not inspected		
Children's case and care records		√	

Recommendations:

4. The HSEDNE should ensure that:
 - social workers provide an interim care plan within five days, and follow it up with a full care plan as required by the regulations at the first review,
 - the management develops a placement plan to meet the primary needs of the young person while awaiting the statutory care plan,
 - the centre reviews its risk assessment processes to assess if it is robust enough for cases where there is inadequate information provided on the young person.
5. The HSEDNE should ensure that emergency discharges are reviewed in consultation with the supervising social worker and principal social worker for the out of hours service.
6. The HSEDNE should ensure that statutory required information for all care files is sent to the manager as soon as possible.

6. Care of young people

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</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		√	

Recommendations:

7. The HSE DNE should ensure that the outcome of the service review is formally notified to the Social Services Inspectorate.
8. The HSE DNE should ensure that any outstanding recommendations made within the Staff Health, Safety & Welfare Dept (SHS&W Dept) report are met.
9. The HSE DNE should ensure that the significant incident review group is established by the end of October 2009 and that the terms of reference for this group should look at the impact of significant incidents in the community and the centre.
10. The HSE DNE should ensure that that the protocol between the centre and the Gardai is revisited to ensure clarification on required information.
11. The HSE DNE should ensure that individual crisis management plans are regularly reviewed to check that all sections contain adequate and required information.
12. The HSE DNE should ensure that the manager and staff find ways to improve relations for the young people in the community.

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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection	√		

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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Education	√		

9. Health

Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Health		√	

Recommendations:

13. The HSE DNE should ensure that:

- there is equity in accessing a full medical examination on admission,
- principal social workers ensure that social workers address deficits in medical records and histories noting on file what efforts were made to obtain such information.

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 (Placement of Children in Residential Care) Regulations, 1995.

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

Recommendations:

14. The HSE DNE should ensure that:

- the practice of locking the door and keeping the entrance gate closed is reviewed to ensure that practices resemble a normal domestic situation,
- in accordance with the recommendation of the May 2009 inspection report, the use of CCTV inside the centre ceases.

4. Summary of recommendations:

1. The HSEDNE should ensure that the centre reviews its purpose and function to determine whom they can safely care for without compromising its viability.
2. The HSEDNE should ensure that:
 - an external facilitator, with agreed terms of reference, be considered to assist in the process of resolving residual HR issues,
 - the training audit is developed further to assess other training needs in relation to the crisis intervention needs of the young people,
 - all administrative files are reviewed to ensure classification of events is clear and cross referencing of files is adequate to ensure ease of access to information,
 - the centre develops a policy on the use of computer for information purposes.
3. The HSEDNE should ensure that managers discuss with staff the right of young people to see their files so that young people understand what is contained in care files and explain, encourage and facilitate access for them.
4. The HSEDNE should ensure that:
 - social workers should provide an interim care plan within five days, and follow it up with a full care plan as required by the regulations at the first review,
 - the centre develops a placement plan to meet the primary needs of the young person while awaiting the statutory care plan,
 - the centre reviews its risk assessment processes to assess if it is robust enough for cases where there is inadequate information provided on the young person.
5. The HSEDNE should ensure that emergency discharges are reviewed in consultation with the supervising social worker and principal social worker for the out of hours service.
6. The HSEDNE should ensure that statutory required information for all care files is sent to the manager as soon as possible.
7. The HSEDNE should ensure that the outcome of the service review is formally notified to the Social Services Inspectorate.
8. The HSE DNE should ensure that any outstanding recommendations made within the Staff Health, Safety & Welfare Dept (SHS&W Dept) report are met.
9. The HSE DNE should ensure that the significant incident review group is established by the end of October 2009 and that the terms of reference for this group should look at the impact of significant incidents in the community and the centre.
10. The HSE DNE should ensure that that the protocol between the centre and the Gardai is revisited to ensure clarification on required information.
11. The HSE DNE should ensure that individual crisis management plans are regularly reviewed to check that all sections contain adequate and required information.
12. The HSE DNE should ensure that the manager and staff find ways to improve relations for the young people in the community.

13. The HSE DNE should ensure that:

- there is equity in accessing a full medical examination on admission,
- principal social workers ensure that social workers address deficits in medical records and histories noting on file what efforts were made to obtain such information.

14. The HSE DNE should ensure that:

- the practice of locking the door and keeping the entrance gate closed is reviewed to ensure that practices resemble a normal domestic situation,
- in accordance with the recommendation of the May 2009 inspection report, the use of CCTV inside the centre ceases.