



**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 AREA

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1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive Dublin North Central area (HSEDNC) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Kieran O'Connor and Nuala Ward (co-inspectors) carried out the inspection over a two day period from the 7th - 8th of July 2009. There were different co-inspectors on this inspection due to various commitments.

The centre was a five bedroomed semi-detached house located in a housing estate in a Dublin suburb. It had access to a host of local amenities that included schools, shops, churches, parks, hospitals, and public transport. The centre had successfully established itself with the local community. It placed a high value on education and family contact. Although the accommodation had a limited amount of living space, the staff had made the most of what was available to them. The centre blended in with the other houses in the local area.

The centre provided medium to long-term care for up to five young people, and its statement of purpose and function stated that it could consider taking a sixth young person if there were siblings that could share a room. The centre also responded to emergencies in the Dublin North Central area. These placements were risk assessed. At the time of inspection there were two girls and three boys living in the centre. Their ages ranged between 11 and 16 years. It was acknowledged by all professionals involved that at the time of admission, this was the most suitable placement available for two of the young people living there, but that this was no longer the case. Although the centre had had success in building positive attachments with one young person, and endeavoured to engage with the other, alternative placements were being sought for both, that could effectively cater for their high level of need. In the interim, inspectors found that the centre was making every effort, in partnership with external professionals, to manage extremely difficult behaviours.

There were four admissions and three discharges in the year prior to inspection. One admission was an emergency placement; and all discharges happened in a planned manner.

Overall, inspectors found this centre had a competent, experienced, motivated and confident staff team. It was a centre that catered for some young people (on an interim basis) with a high level of need, who required 1:1 supervision and specialist interventions that were outside of the remit of the centre. It is acknowledged by inspectors that the complex needs required complex functions, and that the staff team were enthusiastic and flexible, and made every effort to work with and care for these young people. External professionals provided guidance to the centre in these circumstances however, based on the high level of need of some of the young people, the ability of the centre to provide safe, effective care was questioned by inspectors. Inspectors were informed that one of the young people, who required a higher level of supervision than was available in this centre, was placed in a special care unit (secure unit) several days after the inspection fieldwork. Despite these difficulties, the majority of the young people said they liked living there and felt safe. It had had a change of management in the month prior to inspection. The manager's post was filled by two half-time managers. One was acting alternative care manager

for the area on a half-time basis, and the other was manager of a family preventative and outreach project on a half-time basis. Inspectors were of the view that this was an arrangement that required careful monitoring, and agree with the HSE proposal to conduct a full evaluation of it.

1.1 Acknowledgements

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

1.2 Methodology

The judgements of inspectors in this inspection are based on an analysis of findings verified from more than one source of evidence gathered through observation of practice, examination of records and documentation, a review of accommodation, and interviews with four young people, four social workers, the centre's two half-time managers, the centre's deputy manager, two child care workers, the HSE monitoring officer, the acting alternative care manager, the child care manager and the acting general manager. The following documents were available to inspectors during this inspection:

- The centre's statement of purpose and function
- The centre's policies and procedures
- Young people's care plans and care files
- Information on staff
- Information on young people
- Young people's questionnaires
- School reports
- Personnel files
- Administrative records
- The HSE monitoring officer's draft report
- The previous SSI inspection report
- The centre's health and safety documents.

1.3 Management structure

The centre manager's post was shared by two people on a part-time basis. One was also the alternative care manager for the area. He reported to the general manager of the area. The line manager for the other part-time centre manager was unclear. The general manager reported to the local health manager (LHM).

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>Length of Placement</i>	<i>No. of previous placements</i>
# 1	16	Voluntary	Two months	Two
#2	15	Full care order	Four and a half years	Three
#3	15	Voluntary	Six months	None
#4	13	Full care order	One month	Three
#5	11	Voluntary	Two years	nine

2. Summary of Findings

The centre had previously been inspected by the SSI in January 2008 (*see Inspection Report 256*), and inspectors found that most of the recommendations were met.

Inspectors acknowledge the efforts of staff to manage the difficult behaviours of some of the young people placed in the centre, and that some of the key areas of practice identified as requiring improvement were related to these two complex and challenging cases. The key areas of practice requiring improvement included management of behaviour, restraint, safeguarding and child protection, notification of significant events and absences. Other areas of practice requiring improvement are highlighted throughout the report. There were no practices that did not meet the required standard.

Practices that met the required standard

Register

This standard was met. The centre register was structured in a way that captured all of the information required by regulations.

Monitoring

This standard was met. The HSE monitoring officer had visited the centre on several occasions in the year prior to inspection and was familiar to the young people. The HSE monitoring officer had written a report on the centre, and this was in draft form. He informed inspectors of his findings, and inspectors found that many of his recommendations had been implemented by the centre. Others were in the process of being implemented. Inspectors suggest that the findings of the HSE monitoring officer are forwarded to the LHM whilst reports are in draft form.

Staffing and vetting

This standard was met. Inspectors found that the centre was staffed by a competent, motivated and experienced staff team. There were no staff vacancies at the time of the inspection fieldwork. Inspectors found that all staff employed in the two years prior to inspection were vetted appropriately.

Emotional and specialist support

This standard was met. Inspectors found evidence of specialist supports such as psychology, psychiatry and educational support being provided for those young people who required such interventions. One young person was in need of an educational assessment, and inspectors advise that this is carried out without delay. Another young person displayed behaviours that required intensive psychological input. Inspectors found that in this instance there was a good standard of partnership between those involved in providing this service to the young person. Care plan reviews included input from specialist services when appropriate. This was good practice.

Social Work Role

This standard was met. All of the young people had an allocated social worker. The young people told inspectors that they liked and trusted their social workers. Through examination of centre records and interviews inspectors found that social workers visited regularly, read care files from time to time, and had regular contact with the centre staff. Each social worker received a monthly report on the young

person, and phone updates were received on a weekly/daily basis. Social workers also received notifications of significant events made by the centre (see significant events notifications).

All of the young people had a care plan on file. Care plan reviews were held within the statutory time scales or more frequently if it was necessary to do so. There was a delay in receiving an updated care plan for one young person and inspectors advise that care plans are provided promptly to the centre. It was noted by inspectors that professionals meetings were held about some of the young people from time to time. One social worker told inspectors that decisions were made in this forum regarding the placement of one young person. Inspectors acknowledge the value of such meetings, however advise that they are used in conjunction with care plan reviews, not in place of them, as professionals meetings exclude family and the young people.

Provision of food and cooking facilities

This standard was met. The young people told inspectors that the food was good and plentiful, and that they had access to the kitchen when they wanted it. Inspectors found that the young people were consulted about the weekly menu and that they cooked their own meals from time to time.

Race, culture, religion, gender and disability

This standard was met. Care plans identified the religion of the young people. Staff encouraged young people to attend religious ceremonies.

Administrative files

This standard was met. The centre had reformed its administrative systems in accordance with the recommendations of the HSE monitoring officer. These were found by inspectors to support good communication and information gathering in the centre.

Access to information

This standard was met. Inspectors found that the young people could access their files and daily reports, and they told inspectors they chose not to read them. One young person told inspectors that he/she had received a booklet telling them about the centre when they had been admitted. The young people did not have copies of the national standards, and these were given to them by inspectors. The SSI advises that all young people are provided with a copy of the national standards on admission to the centre.

Consultation

This standard was met. Young people's meetings were held and recorded. Inspectors found evidence that young people were consulted on various issues, such as the centre menu, activities and house rules. Outcomes of issues or concerns raised by young people in this forum were fed back to them individually or in a group and, inspectors advise that the recording of feedback is properly organised.

Education

This standard was met. Inspectors found that the centre placed a high value on education. Four of the young people were in education and one was in the process of finding a course to attend in September 2009. The young people were on school holidays during the inspection fieldwork, and when interviewed, they told inspectors

of their educational achievements and plans for next term. One young person told inspectors that the best thing about living in the centre was that it supported them to stay in education and plan their future. Centre records held information on the young people's education and exam results.

Preparation for leaving care and aftercare

This standard was met. Inspectors found that practices in relation to planning for leaving care and aftercare provision were good. The centre prepared young people for leaving care by encouraging them to cook and engaged them in house routines. Each young person was aware of where their next placement would be. Young people over 16 years were referred to the HSE aftercare service unless this was being provided by the disability sector. Aftercare assessments were carried out to identify their needs. Following discharge from the centre, aftercare services provided supports such as sourcing accommodation, budgeting and life skills.

Maintenance and repairs

This standard was met. The centre managers told inspectors that responses to maintenance requests by the centre had improved prior to inspection. It was acknowledged that the centre was in need of some redecoration and repairs attention, and inspectors found that this work was ongoing. The centre contracted work using the centre budget when it was available and necessary. Several maintenance requirements were highlighted to centre staff by inspectors on a walk about the premises.

Fire safety

This standard was met. The centre had a fire register that was up to date. Fire drills were carried out during the year prior to inspection. One staff member was the designated fire safety representative. Fire-fighting equipment was checked on an annual basis. The centre had written confirmation of compliance with fire safety and building control regulation in accordance with standard 10.19.

Practices that met the required standard in some respects only

Purpose and Function

This standard was partly met. The centre had a statement of purpose and function that did not adequately reflect the high level of need of some of the young people living there. The centre stated that it catered for five young people and six if there were two siblings who could share a room. It was acknowledged by the centre and noted by social workers and inspectors that the centre had limited space to cater for five young people. One young person told inspectors that the only privacy they had was in their bedroom.

There was one 11 year old placed in the centre who presented difficult to manage behaviours. This young person required specialist residential care. This was also found to be the case for another young person. The centre was providing an interim placement whilst a secure placement was being sought. This young person placed themselves at considerable risk. Inspectors recommend that the HSE (DNC) ensures that the purpose and function of the centre is revised to reflect:

- the number of young people the house can adequately cater for
- the profile of young people the centre has the resources and skills to cater for.

Suitable placements and admissions

This standard was partly met. All of the young people in the centre were deemed by professionals involved to be appropriately placed at the time of admission. One young person was admitted to the centre on an emergency basis. This referral came through the regional admissions and discharge panel, by which it was acknowledged that this was not the most appropriate placement for this young person on a long-term basis, and an application, was made for special care parallel to the referral to the centre. This young person presented at risk behaviours by absconding for long periods of time and associating with older peers.

Another young person with a high level of need was admitted to the centre following concerns about their previous placement. Although there were positive aspects of this placement, it was acknowledged by all professionals involved in the case, that they required specialist interventions that could not be provided by the centre. This young person's challenging behaviour had had an impact on the other young people living in there. Alternative placements had been sought inside and outside of the country for this young person, and inspectors were told by managers that a decision was imminent. This case was brought to the attention of the LHM. The HSE monitoring officer agreed to assist the SSI in monitoring this case and providing regular updates on the progress of the future placement of this young person. Inspectors recommend that the HSE (DNC) ensures that:

- there is a robust risk assessment of all referrals to the centre
- appropriate placements are found for two young people as a matter of priority
- the HSE monitoring officer monitors one case and provides updates to the SSI regularly.

Contact with families

This standard was mostly met. Centre records and the young people interviewed provided inspectors with evidence that contact with families was generally good, and that access to siblings was facilitated in accordance with care plans. Two young people told inspectors that they had as much family contact as they wanted and that this was valued. Although the centre had a room in which family visits took place, some of the young people told inspectors that there was little privacy (as this was a busy centre). The centre held clear records of contact and communications with families.

Inspectors were concerned about decisions made in relation to contact and information provided on a parent for one young person. Although inspectors acknowledge that these were based on an assessment of risk and needs of the young person, they recommend that the HSE (DNC) ensures that family contact and the provision of information regarding a parent is reviewed for this young person by social workers and relevant others involved with this young person.

Management

This standard was partly met. The post of centre manager was shared by two people, one of whom was also acting as alternative care manager on a part-time basis, and the other part-time permanent manager of family preventative and outreach project. There was a deputy centre manager that supported them in their roles.

This was an unusual arrangement, and had been in place for a month prior to inspection. Inspectors were told that it was due to be evaluated in early September 2009. Young people, social workers and staff interviewed were aware of this arrangement, and told inspectors that it did not present any difficulties at that time in relation to communication, stability or planning for young people. The lines of accountability for the two centre managers were not clear. Inspectors recommend that the HSE (DNC):

- clarifies lines of accountability for both of the people sharing the centre manager post
- provides a copy of the written evaluation of this arrangement to the SSI three months from the date of inspection, paying particular attention to an evaluation of outcomes for the young people.

Inspectors acknowledge the management systems that had been introduced to the centre in the month prior to inspection to ensure effective practices, following recommendations by the HSE monitoring officer, and advise that this work continues.

Supervision and support

This standard was partly met. Records showed that supervision in the centre was not held frequently, with significant time gaps for some staff. Inspectors found that one centre manager was unaware of who their supervisor. To meet this standard, the HSE (DNC) should ensure that:

- supervision is provided in accordance with centre policy
- there is clarification about who supervises one centre manager.

Training and development

This standard was partly met. Centre records showed that training in the centre was ongoing. An audit of training needs was required and staff were in need of refreshers in therapeutic crisis intervention (TCI). Inspectors recommend that the HSE (DNC) ensures that staff receive refresher training in TCI and that the centre carries out a training audit.

Children's care records

This standard was mostly met. Each young person had a care file that was divided into relevant sections. Each young person's file held all information required in the regulations with the exception of medical and immunisation records (see health). The structure of the files made for ease of access to information contained in them. One young person's file did not hold all records (see complaints/significant event notifications). Inspectors suggest that the HSE (DNC) considers maintaining a register of all documents and reports placed on the master file for each young person.

Inspectors found that the centre had a good system of archiving. All care records for one young person who had been discharged from the centre in 2005 were re-called by inspectors from a storage company contracted by the HSE (DNC), and these were found to be accessible and intact. Archived files had an identification number that corresponded with a record held in the centre of what was archived. This was good practice. The centre stored files waiting to be archived in the attic of the house, and inspectors advise that all files are archived promptly. Inspectors suggest that the HSE (DNC) considers recording on the centre register and in HSE offices, the location of archived files, along with their ID number.

Inspectors found that one complaint made by an external professional in relation to the care of a young person in another centre, and its outcome, was not on the young person's care file. Inspectors recommend that the HSE (DNC) ensures that the file of one young person contains details of the complaint made by an external professional and its outcome.

Notification of significant events

This standard was partly met. The centre had a clear system for the notification of significant events however, inspectors found that not all significant events in the year prior to inspection had been notified to the monitoring officer, in accordance with centre policy. Inspectors found that the managers had taken measures to remedy this.

Inspectors found that in one instance, the nature of the risk being notified needed to be made clear. Records of this incident, and subsequent communications between the centre and other professionals following on from it, were not on the young person's file. They were shown to inspectors during the course of the inspection (see section on complaints). Inspectors recommend that the HSE (DNC) ensures that:

- managers regularly review the quality of recording of significant events in the centre
- a complete record of all significant events are kept on one young person's file.

One young person displayed difficult behaviours on an ongoing basis. A record of these behaviours was kept by the centre in a file. Inspectors found that the level and nature of some of the incidents associated with these behaviours were sufficiently serious to require notification in accordance with centre policy. Inspectors recommend that the HSE (DNC) ensures that a system of notification to all relevant parties is established by the centre in relation to these specific behaviours.

Absences without authority

This standard was partly met. The centre had a classification system in relation to absences that allowed the centre to identify if the young person was absent without permission or absent at risk. Only those absences that were classified as an absence at risk were notified to the Gardai, family and an agreed list of professionals. All absences from the centre were found to have been notified in accordance with the centre's policy. There were 28 absences at risk from the centre in the year prior to inspection. Periods of absences by the four young people involved ranged from one day to five nights. The frequency absences by two young people had reduced, and that the staff team were using a variety of initiatives, including the use of a flexible roster and individual supervision rotas on a day-to-day basis with the young people, to address this issue. This was good practice.

In some incidences, when absent, the whereabouts of the young people were unknown to the centre or social workers, and the level of risk was determined to be high. Inspectors found that this reflected the level of high risk behaviours of some of the young people placed in the centre (see suitable placements). Inspectors were informed that one young person who had been absent from the centre for extended periods of time, was placed in a special care unit shortly after the inspection period. Inspectors recommend that the HSE (DNC) ensures that reviewing of absences at risk is a function of the significant incident review group (see behaviour management).

Managing behaviour

This standard was partly met. Inspectors found that the centre had developed strategies to manage difficult behaviours on a case by case basis. Staff were found to be flexible in their working hours when additional supervision was required, and that more staff were placed on duty as a preventative measure. This was good practice.

The use of sanctions was limited. Examples of sanctions used were grounding and non-participation in centre activities. Some of the young people in the centre told inspectors that they understood the house rules, and why certain sanctions were applied, and found them to be effective at times.

Two young people presented with difficult behaviour, and although it was acknowledged that this was no longer a suitable placement for them, in the interim, the centre was responsible for caring for these young people in a safe manner. In both cases, despite extensive work by the staff, and external professionals providing advice and guidance to them, the actions taken were ineffective (see suitable placements), as the behaviours continued.

Inspectors found that a file detailing the behaviour of one young person was being kept to identify the level, nature and frequency of the behaviours in order to discuss them at team meetings and develop strategies to deal with them effectively. Inspectors found no recorded evidence of the information in the file being used by the staff team for this purpose.

Inspectors also found that physical restraint and the restriction of movement of some of the young people were used in certain instances to manage their behaviour, as opposed to risk (see restraint). Inspectors recommend that the HSE (DNC) ensures that:

- the centre reviews its methods of behaviour management (see also restraint)
- a significant incident review group is established for the centre.

Restraint

This standard was partly met. There had been 22 physical restraints of three young people recorded in the centre in the year prior to inspection. In some cases, these did not diminish the behaviours. These were found to have been notified appropriately.

Inspectors found that there had been several incidents where young people's movement had been restricted which had not been classified or recorded as physical interventions. Centre records and interviews with the young people provided evidence that young people were on occasion placed in various rooms in the house (accompanied by staff) following an incident or misbehaviour. Exits from these rooms were locked and/or blocked by staff, preventing the young person from leaving the area. Inspectors also found reference in centre records of young people being 'separated from the group'. It was not clear from centre records what was meant by 'separated', how long separations lasted for or the context in which they took place. These practices were acknowledged by centre managers.

Two of the young people complained to inspectors about being restrained, and one had concerns about the number of times he/she was restrained and about bruising they had received as a result. Centre records showed that one young person had

been physically restrained on 10 occasions over a nine month period, one seven times over a seven month period and one five times in one month. Inspectors passed on details of these complaints to the centre manager and social workers of the young people. To meet this standard inspectors recommend that the HSE (DNC) ensures that:

- the use of physical restraint and restriction of movement in the centre is reviewed
- the number of physical restraints in the centre is reduced
- all instances of physical restraint are recorded appropriately and notified in accordance with centre policies

Complaints

This standard was partly met. Inspectors found that the centre had a classification system in place regarding complaints that distinguished between those that could be dealt with on a day-to-day basis by the staff team and those that should be notified to professionals outside of the centre. Inspectors found that serious complaints were notified in accordance with centre policy. One young person told inspectors that he/she had made a complaint and was happy with the outcome. Another young person told inspectors that they were unhappy with issues related to physical restraint in the centre and this was communicated to the centre managers and social worker by inspectors (see restraint).

Inspectors found that one notification of a significant event had resulted in a professional external to the centre expressing their dissatisfaction on how it was reported/recorded. This matter was ongoing at the time of inspection. Inspectors recommend that the HSE (DNC) ensures that where appropriate, issues not related to the young person are separated out and dealt with promptly through the appropriate processes.

Health

This standard was partly met. Each young person had their own GP. The centre recorded all visits to the doctor, dentist and hospital. Centre records clearly recorded all medication administered, both prescription and non-prescription. Comprehensive medical histories and immunisation records were not found on care files for all of the young people, and inspectors recommend these be provided by to the centre social workers, as required by the regulations.

Safeguarding

This standard was partly met. The centre had a safeguarding policy known to the staff interviewed by inspectors. In examining records of incidents involving the difficult behaviour of one young person and their impact on the other young people living in the centre, inspectors found that the centre's safeguarding policy was not always reflected in practice. Inspectors acknowledge that this was a complex and challenging placement. However, from centre records and interviews with staff and young people, inspectors found that there was a lack of balance between the staff endeavouring to manage the behaviours of one young person and safeguard the interests of other young people. Inspectors recommend that the HSE (DNC) ensures that staff are made aware of their duty to provide safe care for all young people living in the centre.

Child protection

This standard was partly met. Inspectors found that the centre had a child protection policy, and that social workers responded appropriately to child protection concerns that were raised by the centre staff.

The centre had a file that recorded incidents related to the difficult behaviour of one young person. This file was read from time to time by the young person's social worker, and a synopsis of it was sent to him and the HSE monitoring officer on a monthly by centre staff. Inspectors were of the view that some of these incidents included child protection concerns, and found no evidence in centre records that all of the incidents that posed child protection concerns were notified to supervising social workers for the young people involved. Inspectors recommend that the HSE (DNC) ensures that the file of one young person is reviewed by the social worker, and any child protection concerns related to other young people are notified and dealt with appropriately.

One incident was reported to the centre staff by a young person and was dealt with as a complaint. The young person told inspectors that he/she was satisfied with the outcome. Inspectors found this to be a child protection concern, and recommend that centre managers develop a system to review all complaints to ensure child protection matters are dealt with in accordance with centre policy and *Children First: National Guidelines on the Protection and Welfare of Children*.

Accommodation

This standard was partly met. The centre was a five bed roomed house situated in a mature and well established housing estate. It had a small driveway and a back garden. The house blended in with the other houses in the area. It had limited living space and some of the young people interviewed told inspectors there was little privacy if friends or family visited. However, staff had found ways to utilise all of the limited space available to them, and had dedicated one room to family visits when they occurred.

Each young person had their own bed room. They young people said they liked the area, were close to their family, and had friends living close by. They said that they liked being close to all of the amenities available to them, and especially the schools. The house had been painted just prior to inspection, and other redecoration was ongoing during inspection. Inspectors recommend that the HSE (DNC) ensures that the current accommodation is sufficient to cater for the number of young people indicated in the statement of purpose and function (see purpose and function).

Safety

This standard was partly met. The centre had a member of staff designated as the health and safety representative. There was a health and safety statement dated January 2008. This was signed by the staff team. Medication was stored in a safe area. The centre windows provided access to the roof, and one young person had gained access to the roof on several occasions prior to inspection. Inspectors recommend that the HSE (DNC) ensures that a full health and safety audit is carried out by the centre as a matter of priority.

Practices that did not meet the required standard

There were no practices that did not meet the required standard.

3. Findings

1. Purpose and function

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

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

Recommendation:

- The HSE (DNC) should ensure that the purpose and function of the centre is revised to reflect:
 - the number of young people the house can adequately cater for
 - the profile of young people the centre has the resources and skills to cater for.

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:

- The HSE (DNC) should ensure that it:
 - clarifies lines of accountability for both of the people sharing the centre manager post
 - provides a copy of the written evaluation of this arrangement to the SSI three months from the date of inspection, paying particular attention to an evaluation of outcomes for the young people.

3. The HSE (DNC) should ensure that:
 - managers regularly review the quality of recording of significant events in the centre
 - a complete record of all significant events are kept on one young person's file.
4. The HSE (DNC) should ensure that a system of notification to all relevant parties is established by the centre in relation to the specific behaviours of one young person.
5. The HSE (DNC) should ensure that:
 - supervision is provided in accordance with centre policy
 - there is clarification about who supervises one centre manager.
6. The HSE (DNC) should ensure that staff receive refresher training in TCI and that the centre carries out a training audit.

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	√		

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:

7. The HSE (DNC) should ensure that where appropriate, issues not related to one young person are separated out and dealt with promptly through the appropriate processes.

5. Planning for children and young people

Standard

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

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

Recommendations:

8. The HSE (DNC) should ensure that:
 - there is a robust risk assessment of all referrals to the centre
 - appropriate placements are found for two young people as a matter of priority.
9. The HSE (DNC) should ensure that for one young person, family contact and the provision of information regarding a parent is reviewed.
10. The HSE (DNC) should ensure that the file of one young person contains details of the complaint made by an external professional and its outcome.

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		√	

Recommendations:

11. The HSE (DNC) should ensure that:
 - the centre reviews its methods of behaviour management
 - a significant incident review group is established for the centre.

12. The HSE (DNC) should ensure that reviewing of absences at risk is a function of the significant incident review group.

13. The HSE (DNC) should ensure that:
 - the use of physical restraint and restriction of movement in the centre is reviewed
 - the number of physical restraints in the centre is reduced
 - all instances of physical restraint are recorded appropriately and notified in accordance with centre policies

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:

14. The HSE (DNC) should ensure that staff are made aware of their duty to provide safe care for all young people living in the centre.
15. The HSE (DNC) should ensure that the file of one young person is reviewed by the social worker, and any child protection concerns related to other young people are notified and dealt with appropriately.
16. The HSE (DNC) should ensure that centre managers develop a system to review all complaints to ensure child protection matters are dealt with in accordance with centre policy and *Children First: National Guidelines on the Protection and Welfare of Children*.

8. Education

Standard

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

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

9. Health

Standard

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

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

Recommendation:

17. The HSE (DNC) should ensure that comprehensive medical histories and immunisation records are provided to the centre by social workers.

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:

18. HSE (DNC) should ensure that the current accommodation is sufficient to cater for the number of young people indicated in the statement of purpose and function.
19. The HSE (DNC) should ensure that a full health and safety audit is carried out by the centre as a matter of priority.

4. Summary of recommendations

1. The HSE (DNC) should ensure that the purpose and function of the centre is revised to reflect:
 - the number of young people the house can adequately cater for
 - the profile of young people the centre has the resources and skills to cater for.
2. The HSE (DNC) should ensure that it:
 - clarifies lines of accountability for both of the people sharing the centre manager post
 - provides a copy of the written evaluation of this arrangement to the SSI three months from the date of inspection, paying particular attention to an evaluation of outcomes for the young people.
3. The HSE (DNC) should ensure that:
 - managers regularly review the quality of recording of significant events in the centre
 - a complete record of all significant events is kept on one young person's file.
4. The HSE (DNC) should ensure that a system of notification to all relevant parties is established by the centre in relation to the specific behaviours of one young person.
5. The HSE (DNC) should ensure that:
 - supervision is provided in accordance with centre policy
 - there is clarification about who supervises one centre manager.
6. The HSE (DNC) should ensure that staff receive refresher training in TCI and that the centre carries out a training audit.
7. The HSE (DNC) should ensure that where appropriate, issues not related one young person are separated out and dealt with promptly through the appropriate processes.
8. The HSE (DNC) should ensure that:
 - there is a robust risk assessment of all referrals to the centre
 - appropriate placements are found for two young people as a matter of priority.
9. The HSE (DNC) should ensure that for one young person, family contact and the provision of information regarding a parent is reviewed.
10. The HSE (DNC) should ensure that the file of one young person contains details of the complaint made by an external professional and its outcome.
11. The HSE (DNC) should ensure that:
 - the centre reviews its methods of behaviour management
 - a significant incident review group is established for the centre.

12. The HSE (DNC) should ensure that reviewing of absences at risk is a function of the significant incident review group.
13. The HSE (DNC) should ensure that:
 - the use of physical restraint and restriction of movement in the centre is reviewed
 - the number of physical restraints in the centre is reduced
 - all instances of physical restraint are recorded appropriately and notified in accordance with centre policies
14. The HSE (DNC) should ensure that staff are made aware of their duty to provide safe care for all young people living in the centre.
15. The HSE (DNC) should ensure that the file of one young person is reviewed by the social worker, and any child protection concerns related to other young people are notified and dealt with appropriately.
16. The HSE (DNC) should ensure that centre managers develop a system to review all complaints to ensure child protection matters are dealt with in accordance with centre policy and *Children First: National Guidelines on the Protection and Welfare of Children*.
17. The HSE (DNC) should ensure that comprehensive medical histories and immunisation records are provided to the centre by social workers.
18. HSE (DNC) should ensure that the current accommodation is sufficient to cater for the number of young people indicated in the statement of purpose and function.
19. The HSE (DNC) should ensure that a full health and safety audit is carried out by the centre as a matter of priority.