Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Social Services Inspectorate

A

HIGH SUPPORT UNIT

IN

The HSE Dublin Mid-Leinster Area

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1. Introduction

On 24th and 30th July 2008 the Health Information and Quality Authority Social Services Inspectorate (HIQA SSI) carried out an announced inspection of a regional high support unit in the Health Services Executive (HSE) Dublin Mid-Leinster region (DML) under *Section 69(2) of the Child Care Act 1991*. The inspection team consisted of Michael McNamara (lead inspector) and Bronagh Gibson (co-inspector).

1.1 Methodology

In this inspection, inspectors' judgements are based on analysis of findings verified from several sources of evidence gathered through: interviews with the acting unit manager, the acting deputy unit manager, three children, three care staff, three supervising social workers, and the monitoring officer, examination of relevant documentation, observations, and an inspection of accommodation.

Sources of evidence included: the unit's statement of purpose and function, policies and procedures, children's care files, questionnaires completed by social workers, census forms on unit staff, children's census forms, staff personnel files, administrative records, health and safety records, the unit's register, and confirmation of insurance.

1.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of all those involved in this inspection.

1.3 Management structure

The unit manager was seconded to a special project and the unit was run by the deputy as acting unit manager and a child care leader as acting deputy unit manager. The acting unit manager reported to the local health manager leading the national special care and high support management team.

1.4 Data on children

Listed in order of length of placement

Child	*Legal status*	*Age on admission*	*Length of placement*	*Age at the time of inspection*	*Placing local health area*	*Number of previous placements*
#1 (boy)	Voluntary Agreement	9 years 3 months	1 year 2 months	10 years 5 months	Kildare / West Wicklow	2 foster care placements
# 2 (girl)	Care Order	10 years	1 year 1 month	11 years 1 month	Dublin South West	2 foster care placements 1 residential placement
# 3 boy)	Voluntary Agreement	10 years 1 month	2 months	10 years 3 months	Kildare / West Wicklow	1 foster care placement

2. Analysis of Findings

The unit is a high support unit (HSU) located in a detached house in a rural setting. It caters for up to five children aged between 9 and 11 years on referral with emotional and behavioural problems, and whose needs cannot be met in the mainstream placements. It includes a special school providing education based on individual education plans. The HSU differs from a special care unit in not requiring a court order for access and not having authority to detain children. At the time of the inspection it had a high staff to child ratio, and provided a high level of supervision and more direct work than might be found in a standard children's centre.

The centre was inspected in October 2003 (Inspection report 91) and April 2005 (Inspection report 125), when inspectors commended the good standard of care at that time. Overall, inspectors found a similarly good standard of care in this inspection. Practice was child-centred,

and links with families, friends, schools and the community were strongly promoted. Children's individual needs were sensitively met, and staff worked together to provide a secure and nurturing home. The unit had a well-managed long-serving staff team who provided the children with stability, security, stimulation and opportunities for growth and development.

Inspectors found that all standards were met or mostly met, and that there were none where practice did not meet the requirements. Practice was notably child-centred, and the standards on primary care, emotional and specialist support, family contact, health, education, and consulting with children were well met. Areas where practice needed to improve were under the standards included: the vetting, supervision, training and deployment of staff, care planning, the supervising social worker role, safeguarding and child protection, health and safety, and fire safety.

Practices that met the required standard

Care of the young people

Inspectors found that the care of the children was of a high standard. Accommodation was spacious and well furnished. It was set in ample grounds in a rural setting, and the children were encouraged to enjoy and benefit from the environment. It had two sitting rooms, one of which was used for family access. The kitchen was centrally located and was a focus point of the unit. There were two classrooms and a gymnasium, a wide variety of equipment for indoor and outdoor play and outdoor pursuits. Respect and the warmth and quality of relationships were given primary emphasis. Staff presented as caring, and there was evidence of good humour in their interactions with the children. The children were relaxed, healthy and happy. The unit had two cooks who provided a wide variety of good quality food that took into account the individual preferences of the children. Children were encouraged to personalise their bedrooms, and their privacy was respected.

The spiritual needs of the children were sensitively catered for, and parents' views regarding the religious upbringing of their children were known. Key religious events were celebrated, and the unit had an annual house mass. Birthdays and other celebrations were marked in accordance with the wishes of the children. Overall, the unit had an atmosphere that was homely and child-centred, and offered opportunities for age-appropriate play and enriching experiences. Inspectors commend the staff for the high quality of care they provided.

Notification of significant events

The standard on notification of significant events was well met. The monitoring officer and social workers said that they were promptly notified in accordance with the standard. The unit staff said that social workers made contact by telephone or visited the unit to check on situations once they received notifications.

Children's rights

The standards on children's rights were met. Children were consulted about their lives and decisions affecting them. Much of the consultation was through informal or individual conversation, and inspectors also saw detailed records of high quality weekly children's meetings. Children were invited to part of their care plan review meetings, for which keyworkers helped them express and write their views. There was a system for complaints. During the year prior to the inspection there had been no formal complaints. Inspectors were told by the children that any worry or concern they raised with any staff would be dealt with. Inspectors found no evidence that children had seen their care records, but through interviews found that the right of access to information was understood by staff and children. Inspectors advise that more work is done to promote practice and facilitate the age-appropriate exercise of this right.

Register

The register was in an electronic format, and a copy was kept at HSE administrative offices in accordance with the standard. It showed that there had been 12 admissions, of nine boys and three girls, from August 2003 to May 2008. Their average length of placement was 14½ months, and their average age when leaving the unit was 11 years 11 months. The details below show that five were discharged to residential care, two to foster care, and two back home. Two of the children were well below the age of 10 at the point of admission, and five were aged over 12 at the point of discharge from the unit. The register did not show the address of the unit, the legal status of the placement, the name of the placing HSE area, nor the address of the social worker in some instances. Inspectors advise that these details should be present and complete in the register.

Details from the register of the HSU since the last inspection in 2005.

Child	***Month & Year of admission***	***Age on admission***	***Length of placement***	***Age at the time of discharge***	***Month & Year of discharge***	***Discharged to***
#1 (girl)	August 2003	11 years 7 months	3 years	14 years 7 months	August 2006	Home
# 2 (boy)	March 2005	11 years 11 months	1 year 7 months	13 years 7 months	October 2006	Non-statutory residential care
# 3 (boy)	September 2005	8 years	10 months	8 years 10 months	July 2006	Non-statutory residential care
# 4 (boy)	June 2006	10 years 4 months	6 months	10 years 10 months	December 2006	Non-statutory foster care
#5 (girl)	July 2006	10 years 9 months	7 months	11 years 4 months	February 2007	Non-statutory residential care
# 6 (boy)	July 2006	10 years 4 months	3 months	10 years 7 months	October 2006	Home
# 7 (boy)	October 2006	11 years	1 year 3 months	12 years 3 months	January 2008	Non-statutory residential care
# 8 (boy)	October 2006	11 years 1 month	1 year 7 months	12 years 8 months	May 2008	Residential care
# 9 (boy)	January 2007	11 years 7 months	1 year 3 months	12 years 10 months	April 2008	Non-statutory foster care
#10 (boy)	April 2007	9 years 3 months	*1 year 2 months	*Still in placement at the time of the inspection.* ** = length of placement at the time of the inspection*		
# 11 (girl)	June 2007	10 years	*1 year 1 month			
# 12 (boy)	May 2008	10 years 1 month	*2 months			

The register shows that on average four of the five places were occupied for most of each year, and five between June 2007 and April 2008, as shown in the table below.

	2005	2006	2007	2008
1	>June	Sept > July	Jul > Oct	October 06 > May 08	May 08 >
2	Aug 03 > Aug 06	October 06 > January 08	May > Jul
3	Feb 04 > Feb 06	Jun > Dec 06	Jan 07 > Apr 08
4	March 05 > Oct 06	April 07 >
5	Jun 07 >

Management of behaviour

The standard on behaviour management was well met. Behaviour was managed through emphasis on the quality of relationships between staff and children. Positive behaviour was acknowledged and sanctions were rarely used. The children perceived staff to be fair in dealing with unacceptable behaviour. There had been no absences without authority in the year prior to the inspection. The use of physical restraint is referred to below.

Contact with families

Practice in relation to contact with families and the facilitation of access was of high quality. The unit had space for families to visit and meet the children in private, and facilitated family celebrations of, for example, birthdays. Parents and significant others were kept informed of

events in the children's lives, and work was done with the children to assist them in knowing their history and identity.

Emotional and special needs
All the children had access to appropriate specialist services in the community. Their specialist and emotional needs were well met through prompt and continuing access to external services as needed. The unit also had a staff team consultant appointed in fulfilment of a recommendation made in the report of the 2005 inspection. The unit had a written description of her role, and she was spoken of highly by the staff and children. There was a good, accountable system of keyworking and an approach to daily care that gave primary consideration to the individual needs of each child. Each child had two keyworkers who met with them regularly and with whom they were confident they could discuss matters of concern. Keyworkers undertook programmes of direct work that were well planned and accountable. They had access to the staff specialist consultant. There was also evidence of staff advocating for the young people with outside agencies.

Health
The standard on health was well met. The centre was registered with a GP practice nearby. There were medical assessments on care files, but not histories of immunisations; and the administration of medication was good. Specialist medical and emotional needs were met, and staff had a good rapport with specialists and therapists. Inspectors found records of direct work where keyworkers had gave age-appropriate advice on self-care, health and fitness, and sexual development.

Education
The standard on education was well met with two of the children attending the on-site school, and one at a school in the local community. Inspectors found that staff were pro-active in communication with schools, particularly in preparation for discharge from the unit, and that the children were well supported in achieving their educational potential.

Practices that met the required standard in some respects only

Statement of purpose and function
The unit's statement of purpose and had a description of the children who needed high support, and identified the unit as being for children with emotional and behavioural difficulties between the ages of nine and eleven years on referral. The admission criteria required that there should be no alternative placement available for the child. As can be seen in the table above, children were admitted after one or two care placement breakdowns. Inspectors were told by the unit managers that a national review of high support provision is currently underway and nearing completion, and that the purpose and function of the unit may well have to be reviewed in the light of its recommendations. Inspectors were of the view that this statement was put together from other disparate documents, and that the policy to place children aged 12 and under in a residential setting, (which is an exception to the national policy that only in exceptional circumstances should children aged 12 and under not be placed with families), should be more explicitly spelled out. They also were of the view that the length of placement in the unit should be reviewed. They recommend that the managers revise the statement.

Staffing
The staff team comprised 23 posts as follows: a full time manager who was seconded to a project elsewhere in the HSE, an acting unit manager, a deputy unit manager, ten social care leaders, two of whom were job sharing, four social care workers, two relief care staff, a clerical officer, a cook and a housekeeper. The average age of the staff group was 35, and the average length of service in the unit was 5.8 years. All staff had Garda clearances and references. One had commenced employment prior to the receipt of two references. Some of the references were testimonials, and one reference indicated that the person signing had not met the individual recommended. Owing to the numbers of staff attending qualification training, and other occasional absences, the unit also used five agency staff for whom they had received a

letter from the agency stating that appropriate clearances and references were in place. These had not been verified, and were not accessible to inspectors during the inspection. Inspectors recommend that in future appointments the guidelines of the Department of Health and Children on vetting of staff are rigorously followed and that the quality of references is assessed.

Training

The standard on training was met in many respects. All care staff had trained in Therapeutic Crisis Intervention (TCI) and attended refresher courses, and 11 were trained in *Children First: National Guidelines on the Welfare and Protection of Children* in 2006. Seven staff had trained in supervision. Only eight were trained in fire safety, and five in first aid. Inspectors recommend that more staff are trained in these areas, and that staff receive up-to-date training in child protection procedures, particularly in dealing with allegations of abuse.

Supervision

The standard on supervision was partly met. In the sample of staff files seen by inspectors, supervision was irregular, the records were not clear. Practice did not fully reflect the policy of the unit, nor of the HSE. The content of some sessions was not recorded, and in some instances matters were discussed that properly belonged to other procedures. Supervision should be provided at a frequency consistent with policy, and a clear record of each session should be kept.

Roster

The roster was for a three-week cycle. Four child care staff attended college on two days per week. There were significant variations in hours and in the number of care staff used to cover shifts, though inspectors were told that these balance out in flexible responses to individual children's needs as they arise. In the roster seen by inspectors the maximum number of staff available to attend the care staff meeting was 11. Inspectors recommend that external managers review the roster in order to ensure that cover is adequate for the provision of safe care by optimising the deployment of staff, and ensure that full care staff team meetings take place.

Administrative and care files

Inspectors examined the children's care files and a sample of administrative files. They were of a high standard and information was easily accessible. Inspectors found that a computer disk was missing from a sleeve in one of the files. Managers explained that this had been the property of the child, and that he took it with him when he left the unit. This should be clearly recorded so that all information placed in the file is accounted for. Inspectors advise the managers of the unit to develop a clear policy and practice guidance for staff on computer records.

Monitoring

The standard on monitoring was met. The monitoring officer told inspectors that she was promptly notified of significant events. She had visited the unit twice in the year prior to the inspection. She prioritised visits in light of the information received from each of the 25 centres she monitored, and since the standard of care was generally good, the unit was lower in priority than other centres that were in crisis. The difficulty in this approach is that some standards are not subject of scrutiny. Managers did not have copies of written reports of the monitoring officer's visits. Inspectors recommend that these are provided after future visits.

Care planning

All three children had care plans, but inspectors found copies of only two on the unit's files. The plans had been prepared and initially reviewed within statutory timescales. A draft plan for the third child, who had been admitted to the unit two months prior to the inspection, was provided to inspectors by the social worker.

Care plan reviews were annual, and did not meet the minimum requirement of the regulations, which is that care plans be reviewed within two months of the date of admission, every six months for the first two years in placement, and annually thereafter. In the case of one child, the significant changes in circumstances should have triggered more frequent review, and inspectors were concerned that although there was regular discussion about an onward placement for the same child, no firm decision had been made. The details from the register, shown above, suggest that this has been a difficulty in the plans for other children.

There were detailed child-centred placement plans for the children that were reviewed weekly by staff, and monthly with the social worker, but there was little reference to care plans in them. Inspectors found evidence on files that keyworkers discussed with children the reasons why they were in care. In most instances statements about those aspects of the placement that were beyond the remit of the unit staff, such as transition programmes, were repeated in successive plans with minor amendments.

Inspectors recommend that care plan reviews of children who experience significant changes in their lives and of those for whom an onward placement has yet to be determined are held at a frequency greater than the statutory minimum. They also recommend that the unit's placement plans put greater emphasis on implementation of the care plans.

Supervising social worker role

The standard on the social worker role was mostly well met. The cases of all three children were allocated to supervising social workers. All three supervising social workers told inspectors that they were satisfied with the standard of care received by the children, were happy that the standard of communication form the unit was good, and that they received prompt notification of significant events in accordance with the regulations. Two social workers' visits were within minimum statutory requirements; another's were sporadic. Social workers were aware of the requirement of the regulation to read relevant records from time to time but had done so infrequently, in one case only once, and there was no evidence on the care files that the records were read. Inspectors recommend that the unit produce a policy clearly outlining its expectations of contact from supervising social workers. They also recommend that social workers read the children's care files regularly, as required by the regulations.

Use of physical restraint

The unit's practice in using physical restraint was subject to independent review in September 2005 following a recommendation of the last inspection. The review identified a lack of clinical input as a factor impeding learning on the part of staff and recommended that the unit secure the services of a clinician. The review also recommended the streamlining of records of physical restraints. Both of these recommendations were met.

All care staff had received training in the HSE approved method, Therapeutic Crisis Intervention (TCI). In the year prior to the inspection there had been 12 instances of use of physical restraint. The average length of restraint was ten minutes. All were recorded and notified in accordance with HSE and unit policy. Of concern to inspectors was an instance in which physical restraint was used in a child's home on the day of his planned admission to the unit. This incident was reviewed by the monitoring officer and discussed with the unit manager. While the circumstances described suggested that the measure was used to manage a serious risk, it is highly controversial to use physical restraint outside HSE premises. Inspectors recommend that the HSE nationally determine the circumstances in which staff are authorised to use physical restraint, and issue clear guidelines about the limits of its use and about alternative strategies for managing risk outside residential care settings.

Searches

The unit had a policy on searches. These were infrequent but allowed care staff to conduct personal searches where it was believed that the child who returned from unsupervised access or absconding had items likely to cause harm. Social workers interviewed were unaware of the policy. Inspectors recommend that the policy be reviewed in consultation with senior managers,

clearly described, bedded in a process of risk assessment, and formally communicated to parents and placing social workers. They also recommend that each instance where a search is used is notified to the child's social worker and the monitoring officer.

Safeguarding and Child Protection
The standard on safeguarding was mostly well met. Eleven staff had attended training in *Children First: National Guidelines for the Welfare and Protection of Children* in 2006. Staff had a good understanding of the principles of safeguarding within the unit. They were confident in raising concerns about each other's practice.

Child protection procedures were less well understood. During the year prior to the inspection there had been two incidents which gave rise to concerns about children protection. Both concerned events outside the unit that were alleged to have occurred during access. The care staff responding to the concerns dealt with them in accordance with a programme of engagement designed by a specialist therapeutic team to which a child had been referred prior to the incidents. The supervising social worker was informed about how the unit dealt with them; but the initial interviews and assessment of the concern should have been carried out by social workers rather than unit staff or any other party.

In the view of inspectors, the staff's confusion about their role in responding to these incidents stemmed from insufficient knowledge of the social worker's role and its boundary with their own. Therapeutic programmes designed to respond to inappropriate behaviour should be subject of regular review by the social worker through the care planning process. Inspectors recommend that the unit develop a policy that clearly describes the circumstances in which concerns should be reported to the manager who in turn should notify the social worker, and that staff receive specific training on dealing with allegations or disclosures of abuse.

Maintenance and repairs
The unit was generally in reasonable order, but it showed some signs of wear and tear and needed specific maintenance, for example, for loose roof tiles and flagstones at the back of the building, and there were several areas where paintwork required renewal. The maintenance record showed that some of the requests for repairs were repeated. The unit had a rolling programme for decoration. However, inspectors found that some key maintenance matters had not been attended to. The premises are large, and a systematic maintenance response is necessary. Inspectors recommend that the reporting to of maintenance requests and responses be reviewed and that the rolling programme of decoration be developed to cover all aspects of the maintenance of the HSU.

Health and Safety
The unit had a health and safety statement as required by the standards, dated November 2007. It had references in it to the warehouse department, and a health board indicating that it was roughly put together from other documents. It should be revised, written specifically for the high support unit, clearly identify by his full name in the text who the staff health and safety representative is, and signed by all the people named as responsible for the safety management programme. Inspectors were given a copy of part of the most recent health and safety assessment, dated November 2006. It concerned one chief hazard: he exit from the unit's drive into a dangerous and busy road. Inspectors found that there had been minor accidents at the gateway. At the time of the inspection the recommendation to adjust the hedgerow to improve visibility had not been met. Inspectors recommend that managers of the unit arrange for the entrance to be risk assessed and remedial action taken as a matter of priority. They also recommend that a comprehensive up-to-date health and safety assessment of the unit be carried out in accordance with the standards.

Fire safety
The unit had written confirmation of compliance with fire safety and building control regulations as required by standard 10.19. There were insufficient staff trained in fire safety. The fire safety

record showed that there had been only four fire drills since 2005, - two of them in June and July 2008. They should be more frequent and regular. New staff and newly admitted children should know, through the fire drills, how to leave the building in the event of a fire. In order to meet the standard the unit managers should remedy both of these deficiencies.

Practices that did not meet the required standard

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

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 children and the manner in which care is provided. The statement is available, accessible and understood.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Purpose and function		√	

Recommendation:

1. The HSE should arrange for the statement of purpose and function of the unit to be revised.

3.2 Management and staffing

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

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

Recommendations:

2. The HSE should ensure that in future appointments the guidelines of the Department of Health and Children on vetting of staff are rigorously followed and that the quality of references is assessed.

3. The HSE should arrange for external managers to review the unit's roster in order to optimise the deployment of staff, and ensure that weekly meetings of the team include all full-time staff.

4. The HSE should ensure that more unit staff are trained in fire safety and first aid, and that staff receive up-to-date training in child protection procedures, particularly in dealing with allegations of abuse.

5. The HSE should ensure that supervision is provided at a frequency consistent with HSE and unit policy, and a full record of each session is kept.

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.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Monitoring		√	

6. The HSE should ensure that the HSU receives copies of the monitoring officer's reports.

3.4 Children's rights

Standard
The rights of children are reflected in all centre policies and care practices. Children and their parents are informed of their rights by supervising social workers and centre staff.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Consultation	√		
Complaints	√		
Access to information	√		

3.5 Planning for children

Standard
There is a statutory written care plan developed in consultation with parents and children 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 children and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Suitable placements and admissions	√		
Statutory care planning and review		√	
Contact with families	√		
Supervision and visiting of children		√	
Social work role	√		

Emotional and specialist support	√		
Preparation for leaving care	√		
Aftercare	√		

Recommendations:

7. The HSE should ensure that care plan reviews of children who experience significant changes in their lives and of those for whom an onward placement has yet to be determined are held at a frequency greater than the statutory minimum, and that the unit's placement plans put greater emphasis on implementation of the care plans.

8. The HSE should ensure that supervising social workers read the children's care files from time to time, as required by the regulations.

3.6 Care of children

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

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

Recommendations:

9. The HSE nationally should determine the circumstances in which staff are authorised to use physical restraint, and issue clear guidelines about the limits of its use and alternative strategies for managing risk outside residential care settings.

10. The HSE should ensure that the unit's policy on searching children is reviewed in consultation with senior managers, and that each personal search is notified to the child's social worker and the monitoring officer as a significant event.

3.7 Safeguarding and Child Protection

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

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Safeguarding and child protection		√	

Recommendation:

11. The HSE should ensure that the unit's policy on responding to child protection concerns is revised and that staff should receive specific training on dealing with allegations or disclosures of abuse.

3.8 Education

Standard
All children have a right to education. Supervising social workers and centre management ensure each child in the centre has access to appropriate educational facilities.

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Education	√		

3.9 Health

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

	Practice met the required standard	*Practice met the required standard in some respects only*	*Practice did not meet the required standard*
Health	√		

3.10 Premises and Safety

Standard
The premises are suitable for the residential care of the children 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.

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

Recommendations:

12. As a matter of priority the HSE should arrange for the entrance to the drive and gateway from the road to be risk assessed.

13. The HSE should arrange for the unit's reporting of maintenance requests to be reviewed, and develop the programme of repair and maintenance.

14. The HSE should ensure that the unit's health and safety statement is revised and signed by all the people named as responsible for the safety management programme, and that the unit has a comprehensive up-to-date health and safety assessment in accordance with the standards.

15. The HSE should ensure that fire drills in the centre are carried out in accordance with standard 10.22.

4. Summary of recommendations

1. The HSE should arrange for the statement of purpose and function of the unit to be revised.

2. The HSE should ensure that in future appointments the guidelines of the Department of Health and Children on vetting of staff are rigorously followed and that the quality of references is assessed.

3. The HSE should arrange for external managers to review the unit's roster in order to optimise the deployment of staff, and ensure that weekly meetings of the team include all full-time staff.

4. The HSE should ensure that more unit staff are trained in fire safety, first aid, and supervision, and that staff receive up-to-date training in child protection procedures, particularly in dealing with allegations of abuse.

5. The HSE should ensure that supervision is provided at a frequency consistent with HSE and unit policy, and a full record of each session is kept.

6. The HSE should ensure that the HSU receives copies of the monitoring officer's reports.

7. The HSE should ensure that care plan reviews of children who experience significant changes in their lives and of those for whom an onward placement has yet to be determined are held at a frequency greater than the statutory minimum, and that the unit's placement plans put greater emphasis on implementation of the care plans.

8. The HSE should ensure that supervising social workers read the children's care files from time to time, as required by the regulations.

9. The HSE nationally should determine the circumstances in which staff are authorised to use physical restraint, and issue clear guidelines about the limits of its use and alternative strategies for managing risk outside residential care settings.

10. The HSE should ensure that the unit's policy on searching children is reviewed in consultation with senior managers, and that each personal search is notified to the child's social worker and the monitoring officer as a significant event.

11. The HSE should ensure that the unit's policy on responding to child protection concerns is revised and that staff should receive specific training on dealing with allegations or disclosures of abuse.

12. As a matter of priority the HSE should arrange for the entrance to the drive and gateway from the road to be risk assessed.

13. The HSE should arrange for the unit's reporting of maintenance requests to be reviewed, and develop the programme of repair and maintenance.

14. The HSE should ensure that the unit's health and safety statement is revised and signed by all the people named as responsible for the safety management programme, and that the unit has a comprehensive up-to-date health and safety assessment in accordance with the standards.

15. The HSE should ensure that fire drills in the centre are carried out in accordance with standard 10.22.