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## **A children's residential centre in the HSE Dublin Mid-Leinster area: final**

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**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Social Services  
Inspectorate**

**A**

**CHILDREN'S RESIDENTIAL CENTRE**

**IN THE**

**HSE Dublin Mid-Leinster Area**

***FINAL***

***INSPECTION REPORT ID NUMBER: 292***

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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 (HSE), Dublin Mid-Leinster Area (DML) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Kieran O'Connor (co-inspector) carried out the inspection over a two day period from the 12<sup>th</sup> to the 13<sup>th</sup> of February, 2009.

This was one of 12 centres managed by the regional co-ordinator for residential care, eight of which had been inspected within the previous twelve months. As part of the process of inspection, the regional co-ordinator for residential care agreed to conduct a self-audit prior to SSI inspection at the request of the SSI. The purpose of the self-audit was to afford him and centre managers an opportunity to identify areas in need of improvement within the service in advance of the inspection. The self-audit of the centre was carried out in December 2008, and along with the SSI inspection report will contribute to an overview report on the provision and management of children's residential care in the region.

The centre was located in a south Dublin suburb and provided medium to long-term residential care for up to three young people (boys and girls), aged between 12 and 17 years on admission. The policies and procedures for the centre were generic for the DML region, and did not specify the overall aim of that specific centre. At the time of inspection there were two girls in residence. There had been one discharge in the year prior to inspection.

Inspectors found that primary care in the centre was good, and that the staff team were committed and cohesive. It had good access to local facilities and public transport, and the young people had access to specialist and professional supports. Areas of good practice included: primary care, emotional and specialist support, contact with families, individual living in group care, key working, behaviour management, preparation for leaving care and supervising and visiting of young people. Key areas identified by inspectors not meeting the standards for residential care for children were monitoring, accommodation, safety of the premises and fire safety. Other areas requiring improvement in order to meet the standards are highlighted throughout this report.

### ***1.1 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, interviews with relevant HSE staff members and managers, interviews with young people, examination of records and documentation and an inspection of accommodation.

The following unit documents were available to inspectors during this inspection:

- Two young person's questionnaires,
- One questionnaire for parents,
- One questionnaire for schools,
- Self-audit completed by a manager from another centre,
- Statement of purpose and function,
- Policies and procedures,
- Young people's care plans and care files,
- Census forms on staff,
- Census forms on young people,
- Personnel files,
- Administrative records,
- Social work questionnaires,
- A previous SSI inspection report,
- Health and Safety documents,
- SSI report on the cluster inspection of HSE South Western Area 2006.

During the course of this inspection, inspectors interviewed the following people:

- Two young people (one informally),
- One parent,
- The acting centre manager,
- Two social workers and one social work team leader,
- Two social care workers and one social care leader,
- One HSE monitoring officer
- Acting local health office manager (LHM).

### **1.2 Acknowledgements**

Inspectors were well received in the centre and wish to acknowledge the young people, staff members, parent and other professionals who assisted in the inspection.

### **1.3 Management structure**

The centre manager reported to the regional co-ordinator for residential care, who reported to the acting local health office 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**

<b>Young Person</b>	<b>Age</b>	<b>Legal Status</b>	<b>Length of Placement</b>	<b>No. of previous placements</b>
# Girl	13	Voluntary care	Ten months	Six foster care One residential care
# Girl	16	Full Care Order	Four months	Three foster care One residential care

## **2. Summary of Findings**

The centre had previously been inspected by SSI in 2006 (Inspection Report ID Number 140), and several of the recommendations of that report are similar in nature to those following this inspection (2009). Inspectors found that the young people were well looked after in the centre. Examples of areas of good practice were primary care, emotional and specialist support, contact with families, individual living in group care, key working, behaviour management, preparation for leaving care and supervising and visiting of young people. Key areas identified by inspectors not meeting the Standards for residential care for Children were monitoring, accommodation, safety and fire safety. Other areas requiring improvement in order to meet the standards are highlighted throughout this report.

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

#### *Register*

The centre register held all information required by the standards and regulations.

#### *Primary care*

The standard on primary care in the centre was met. Through observation, centre records and interviews, inspectors found that the young people were well cared for, well fed and nourished, and emotionally supported by the staff team. The young people were well dressed, and the house was as comfortable as the staff could make it, considering the refurbishment work it required.

#### *Contact with families*

This standard was met. Several sources confirmed for inspectors that family contact was good in the centre. One parent told inspectors that they were made feel very welcome in the centre, but that they would like access to their child more often. Inspectors suggest that access arrangements are reviewed by the social worker in partnership with the young person and their mother. Records showed that the centre staff and social workers were inclusive of parents and significant others in decision making in relation to the young people's placements. Inspectors noted the commitment of both the centre staff and social workers to support one young person in maintaining contact with their siblings and previous foster carers.

#### *Complaints*

The standard on complaints was met. The centre had an up-to-date complaints register. Both young people identified someone they could complain to should they need to. One parent said they knew who to complain to, but that they did not know the complaints process. There was one outstanding complaint in the centre related to the condition of the house that was notified to the managers. Inspectors acknowledge that this could not be resolved until the centre is refurbished and repaired (see accommodation section). All complaints were found to be notified as per centre policies. Inspectors suggest that staff revisit the centre complaints policy with this parent.

### *Access to information*

This standard was met. Inspectors found through interviews and centre records, that key workers provided young people with information about services, health issues and education. Inspectors also found that social workers gave the young people information about their family histories and other relevant information. Inspectors found evidence that the information young people could access on their files was determined by social workers and that the staff were clear about what was restricted in individual files. Inspectors also found evidence of young people accessing their files.

### *Individual living in group care*

This standard was met. One young person was found to have lead a positive lifestyle, appropriate for her age and independent of the residential centre. Inspectors also found that the individual needs of the girls in residence were well catered for. One young person was assessed as being vulnerable and did not have as much freedom as she would have liked, although she was aware of why this was the case. Inspectors suggest that the centre regularly review the management of risk in this case in order to afford this young person age-appropriate independence, and opportunities for socialisation within the scope of her ability.

### *Emotional and specialist support*

This standard was met. Through centre records and interviews with young people and professionals, inspectors found that the young people had access to emotional and specialist supports. One young person did not avail of some supports offered, but they remained available. Other supports were psychological, educational and dietary. There was also evidence of good emotional support from the staff team to the young people in residence.

### *Key working*

Inspectors found that key working was of a good standard in the centre. Each young person had two key workers, who shared various aspects of the key working task. The young people understood the role of the key worker. Centre records provided evidence of one-to-one working and the development of comprehensive plans for one child in relation to dietary and educational needs. Centre records showed that key workers maintained positive partnerships with parents, schools and other professionals involved with the young people, and attended school meetings with or in place of parents, when parents were unavailable. They regularly sent reports to social workers, and reported to team meetings.

### *Supervision and support*

This standard was met. Inspectors found that formal supervision was provided frequently by the acting centre manager and it included accountability and work with young people.

Inspectors found that the staff roster facilitated good communication across the team. The meetings discussed the young people in detail and staff issues. It was acknowledged by several sources that the young people in the centre were generally well behaved and did not present significant challenges to the team in areas such as unauthorised absences, restraints, unacceptable behaviours and high risk behaviour. Inspectors suggest that the staff team meetings be used to greater effect so that they continuously review best practice and centre policies in areas such as behaviour management and child protection, and that they regularly revisit protocols associated

with processing events such as absences, complaints and significant events (see management).

Occupational health was also available to staff who required additional support.

#### *Health*

This standard was met. Inspectors found records of visits by the young people to their own G.P. and dentist and records of the administration of prescription and non-prescription drugs. Inspectors found that the dietary needs of one young person was attended to by a GP and a programme consistently implemented by staff. Inspectors found that one young person had had medical treatment which resulted in the prescribing of pain killers. Inspectors suggest that this young person's use of prescription and non-prescription pain killers is monitored within the statutory review process. There was no medical history on file for one young person (see care records).

#### *Behaviour management*

This standard was met. The young people had individual crisis management and individual absence management plans. The centre placed an emphasis on natural consequences, albeit that one young person found these to be unfair at times. The young people in the centre did not present unmanageable aggressive behaviour. However, the staff managed other types of behavioural challenges well and in a way that took into account of the young people's ages and cognitive ability.

#### *Restraint*

This standard was met. There were no restraints in the centre in the year prior to inspection. Each young person had an individual crisis management plan. Staff interviewed gave different accounts of what the centre policy on the use of physical interventions was (see supervision and support).

#### *Discharges*

This standard was met. Two young people had been discharged in the year prior to inspection. One young person was discharged according to their care plan. Another was discharged from the centre following a referral to a high support unit. This referral was made due to the at risk behaviours of this young person, which were deemed unmanageable in a mainstream residential centre.

#### *Absences*

There were no absences without permission from the centre in the year prior to inspection. Staff were familiar with the protocol of the centre for unauthorised absences. Each young person had an individual absence management plan which was reviewed and signed by the key worker, social worker and centre manager, in keeping with regional policy. Inspectors suggest that each young person has an individual absence management plan developed on admission and that this is reviewed regularly.

#### *Supervision and visiting of young people*

This standard was met. Inspectors were provided with records of visits to the centre by social workers and found that social workers visited regularly. Social workers took young people out of the centre on occasion and the young people told inspectors that they had good relationships with their social workers. Inspectors found evidence that social work visits were positive experiences for the young people and that they

were also used to address specific issues with young people, such as dealing with family issues and exploring future plans. Inspectors found that social workers read young people's care files occasionally, and that in one instance, a social worker read a care file with a young person.

#### *Preparation for leaving care*

This standard was met. Despite the fact that one young person did not have an aftercare worker or an aftercare plan, that both young people had an adequate understanding of why they were in care, what the ultimate goal was for them, and what they had to contribute to achieve the end result. Inspectors found that both social workers and centre staff had prepared young people for leaving care and/or moving on to another placement.

#### *Training and development*

This standard was met. Inspectors were provided with staff training details that showed staff had been trained in Marte Meo<sup>1</sup> and supervision, along with core training requirements such as first aid, Therapeutic Crisis Intervention (TCI), health and safety and fire safety. Inspectors could not determine from centre records if any staff required refreshers in any of the above areas and suggest that centre manager satisfies herself that any outstanding training requirements are addressed.

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

#### *Purpose and Function*

The centre had a statement of purpose and function that had been updated just prior to inspection. It was not available in a child-friendly format or in a booklet for parents. The accompanying policy document was comprehensive and it was acknowledged by centre managers that it required updating to reflect current practice. One young person had been transferred into the centre from another centre and inspectors recommend that the centre policy document indicates that these admissions are subject to the centre's admissions policy.

#### *Management*

This standard was partly met. The centre was managed by an acting centre manager who reported to the regional co-ordinator for residential care. Inspectors found that the acting centre manager had brought stability to a team that had experienced a period of instability in the past. This was their first managerial position, and inspectors found that the acting centre manager be open to the challenge of the position, and enthusiastic to improve the standard of practices and systems in the centre. The acting centre manager told inspectors that they benefited from support and guidance from time to time. Inspectors found through observation, centre records and interviews that positive relationships existed between the centre manager and staff team. The manager had informal support from other centre managers in the region. Inspectors suggest that a forum where centre managers meet on a formal basis be considered, to facilitate skills sharing, communication and inclusion in strategic planning for the region. The new social care leader in the centre acknowledged requiring training to undertake deputy manager functions as the need arose and to have their role clarified.

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<sup>1</sup> This is a methodology of working based on attachment theory.

Inspectors found that the regional co-ordinator for residential care provided support and accountability to the acting centre manager. The centre manager provided a monthly report to the regional co-ordinator for residential care. Inspectors could not assess the standard of supervision by the regional coordinator for residential care of the acting centre manager as there was little documentary evidence held in the centre. Inspectors were told by both that meetings took place regularly.

The regional coordinator for residential care was responsible for 12 centres. This was above the national average. He acknowledged that he did not visit the centre as frequently as he would like and staff told inspectors the centre would benefit from regular visits from him. Inspectors recommend that management systems and employment systems are put in place that would further enhance the centre's development of safe practices and systems, and ensure stability for young people.

#### *Notification of significant events*

This standard was partly met. Inspectors found that the significant events recorded in the centre files were passed on to the relevant parties. The term 'significant event' was found by inspectors to be a catch-all phrase that included child protection concerns. Inspectors recommend that this system be reviewed (see child protection).

#### *Staffing*

This standard was partly met. The centre had an allocation of ten whole time equivalents, which included one centre manager, one social care leader and eight social care workers. One full time permanent social care worker post was shared by two social care workers. Three social care worker posts were temporary posts. Agency staff were used by the centre from time to time. The team was experienced in residential child care and presented as a cohesive unit. The qualifications of all staff were not in evidence in the personnel files kept in the centre. Inspectors recommend that HSE (DML) ensures a high level of stability for young people in residential care and that centre files contain evidence of staff qualifications (see management).

#### *Vetting*

Inspectors found that the standard on vetting was partly met. Personnel files showed that all staff had been Garda vetted. Three out of four staff employed in the two years prior to inspection did not have three references on file. Inspectors recommend that staff vetting is addressed by the HSE (DML).

#### *Child protection*

The standard on child protection was partly met. Inspectors found no concerns of a child protection nature in the centre. Inspectors found from centre systems that there was no classification of significant events that included the notification of child protection concerns. The centre had a system whereby all concerns were sent as a significant event however, inspectors found this to be unsatisfactory as the notification document did not clearly state that a concern was of a child protection nature. Inspectors recommend that the HSE (DML) ensures that the centre has a separate child protection notification system, consistent with Children First.

#### *Safeguarding*

This standard was partly met. The young people told inspectors they felt safe in the centre and this was echoed by a parent and social workers. Both young people said they could talk to their social worker if they had any concerns, and one young person said she could talk to her mother.

The centre had no safeguarding policy. Inspectors found that the staff had an acceptable knowledge of the concept of safeguarding, as outlined in the standards. The HSE monitoring officer had visited the centre and had been introduced to the young people. Inspectors found that the safeguarding aspect of the monitoring function was limited as the monitoring officer did not speak with the young people individually and had not reviewed processes (such as care planning), or identified gaps in centre policies. Inspectors recommend that the HSE (DML) develop a policy on for the centre on safeguarding, in accordance with the standards.

#### *Administrative files*

This standard was partly met. Inspectors found that the personnel files were accessible, but that they required some tidying up. Some recording mechanisms had been introduced recently into the centre by the regional co-ordinator for residential care and were found to be working well. The centre required a maintenance log. Inspectors found that the administration system was primarily computer-based. There was one computer in the centre, which was used by both the centre manager and the staff team. There was no policy related to the use of a computer. Inspectors recommend that the HSE (DML) develop a policy on the use of computers for information purposes, which is compliant with legislation.

#### *Aftercare*

This standard was partly met. Inspectors found that one young person who was seventeen years old had been referred to Focus Ireland for an after care worker, but had not been allocated one. Clarification was needed for the staff team as to the future plan for this young person, who had no after care plan. Inspectors recommend that the HSE (DML) ensures that this young person has an after care plan as a matter of priority.

#### *Consultation*

The standard on consultation was partly met. Inspectors found that the centre held young people's meetings, during which young people were consulted on various issues, which were then raised at staff meetings. Young people told inspectors that they were included in decisions about the centre menu, shopping and activities. One young person was not aware of the plan for aftercare after discharge from the centre and another said she was not consulted about her care plan. Inspectors suggest that this be addressed by the young people's social workers and key workers (see after care). Another young person said she was not consulted about how her room was decorated. Inspectors recommend that centre policies and practice are revised to ensure that they promote consultation with young people.

#### *Care plans and reviews*

This standard was partly met. One young person had a signed and comprehensive care plan on file. Another young person did not have an updated care plan since December 2007 and told inspectors that she did not know what a care plan was. Inspectors found evidence of the centre manager requesting a care plan in writing from a social worker.

Placement plans were found on file for both young people. Staff were uncertain of how often they were reviewed. The placement plans were computer-generated and did not provide information on who was involved in their development. Those on file were unsigned. This should be addressed under information systems management in the centre (see management).

Inspectors recommend that the HSE (DML) ensures that the second young person has a current, completed care plan on file.

#### *Suitable placement and admissions*

This standard was partly met. Inspectors found that both young people were appropriately placed. One young person had been transferred from another centre as a response to child protection concerns, and that their admission did not go through the centre's admissions process (see purpose and function).

#### *Social work role*

This standard was partly met. Inspectors found from centre records and interviews that relationships between the centre staff and social workers were good and that social workers communicated by phone with the centre regularly. Both young people stated they would contact their social worker if they had any concerns and could talk with them in private. Social workers were found to have visited the young people regularly and had taken the young people out of the centre when possible. Both social workers were found to have read the young people's care files. Social workers were notified of all significant events recorded by the centre.

Care plans on file were comprehensive however, inspectors found that one young person did not have an up to date care plan or aftercare plan (see care plans and after care).

#### *Young people's care records*

This standard was partly met. The centre had developed a new filing system for the young people's records. This consisted of separate drop files in a drawer (one drawer for each young person) into which loose documents were stored. Inspectors found that this system facilitated access for inspection and accountability, but the volume of information made it inaccessible to young people. The files did not contain a care plan for one young person or a medical history for both young people. The filing system was found not to have a dedicated education section. There was a lack of clarity about how the files are put together for archiving.

Inspectors recommend that the HSE (DML) ensures that: the files contain a medical history for both young people and a care plan for one young person.

the filing system is reviewed to ensure that it is accessible to young people, reduced in volume, contains copies of all computer-generated records, all documents are signed and dated and that there is clear cross- referencing so that documents are not duplicated.

#### **Education**

This standard was partly met. One young person was attending school and doing very well. Another young person had refused to go to school since their admission to the centre in 2008. She was 13 years old. Inspectors found that a tutor had been applied for. The staff had introduced a daily activity programme for the young person, which she fully engaged with. The staff and the school had also worked laboriously to engage the young person in education. The staff continued to work with the school at the time of inspection. The young person told inspectors that she would be returning to school after confirmation in early 2009. Inspectors recommend that this young person is engaged with formal education.

### *Maintenance*

This standard was partly met. The acting centre manager told inspectors that day-to-day maintenance was attended to, but inspectors found several areas where maintenance was required throughout the house on a check of the the accommodation. For example, some doors downstairs needed fixing, downstairs toilet needed total redecoration and areas of damp were visible in the hall. The centre did not have a maintenance log. Inspectors found that the house was in need of immediate repair and a full refurbishment, which undermined any minor maintenance done in the centre (see accommodation section).

### *Safety*

This standard was partly met. The centre had a draft health and safety statement written in December 2008 and a draft health and safety audit conducted in February 2009. On inspection of the premises, inspectors noted that the window of the front box bed room made access to the narrow porch over the hall door accessible to young people, and was considered unsafe by inspectors. Inspectors also noted that the wiring of the house was in need of replacement, and although this was acknowledged by the centre managers, inspectors recommend that this is attended to as a matter of urgency.

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

#### *Monitoring*

The standard on monitoring was not met. The HSE monitoring officer had visited the centre twice in 2008, spending three days there on one occasion. An e-mail was submitted to the Local Health Manager (LHM) about the HSE monitoring officer's concerns about the accommodation in February 2008. The centre had no monitoring report for 2008 consistent with the standards. The HSE monitoring officer was responsible for 11 HSE, three voluntary and six private residential centres. In the absence of routine visits, administrative processes, complaints processes, care planning and child protection systems were not regularly monitored or reviewed, and the young people had not been seen, as required by the standards. To meet this standard, the HSE (DML) needs to ensure that the centre is monitored in accordance with the regulations and the standards.

#### *Accommodation*

The standard on accommodation was not met. Inspectors were provided with the centre's insurance details. The centre had a driveway with shrubbery and plants in it. It also had an average sized back garden which was in need of attention. Although the staff had made the most of the interior decor of the house to create a comfortable and homely atmosphere, the house required significant redecoration. For example, some interior doors did not close properly and needed to be replaced, walls needed re-plastering, bathrooms needed total refurbishment and kitchen presses needed attention. Inspectors found that some areas of the house, such as the downstairs bathroom and kitchen, needed to be cleaned to a higher standard and suggest that the staff attend to this, albeit that the bathroom required total refurbishment. The whole centre required a complete refurbishment and considerable repairs in order to remain fit for purpose. Inspectors recommend that a schedule of works be developed by the HSE (DML) and provided to the SSI, with a date of completion identified no later than six months from receipt of this report.

### *Fire safety*

This standard was not met. Inspectors found areas of great concern with regards to fire safety in the centre for example; there were no fire doors fitted throughout the centre, the centre required re-wiring as a matter of urgency and the fire exit from the kitchen was dangerous would not be effective in the event of a fire. There was no written evidence from a qualified architect or engineer stating that the centre complied with standard 10.19. To meet this standard, the HSE (DML) needs to provide the SSI with written confirmation from a qualified architect or engineer that the centre is in compliance with the standards.

### 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 (DML) should ensure that the centre's policy document is revised to reflect current practice and is accessible to young people and parents.**

#### 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		√	

**Recommendation:**

- The HSE (DML) should ensure that management systems are put in place to ensure standards are met in relation to:**
  - safe practices and policies which protect and safeguard young people**
  - stability for young people and information management.**

### 3. Monitoring

#### Standard

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

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

#### Recommendation:

3. The HSE (DML) should ensure that the centre is monitored in accordance with the standards.

### 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		√	

#### Recommendation:

4. The HSE (DML) should ensure that centre practices and systems promote consultation with young people.

## 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:

5. **The HSE (DML) should ensure that one young person has an aftercare plan and is allocated an aftercare worker.**
6. **The HSE (DML) should ensure that one young person has a current, completed care plan on file.**
7. **The HSE (DML) should ensure that centre care files contain a medical history for both young people.**

## 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	√		

## 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		√	

### Recommendation:

- The HSE (DML) should ensure that the centre has a child protection notification system that is consistent with Children First (see also management)**

## 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		√	

### Recommendation:

9. The HSE (DML) should ensure that one young person is engaged in formal 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	√		

## 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:

- 10. The HSE (DML) should ensure that a schedule of works is written for the centre with a completion date no later than six months following receipt of this report.**
- 11. The HSE (DML) should attend to any safety/fire safety concerns in the centre as a matter of urgency and ensure that the centre is compliant with standard 10.19.**

## **Summary of recommendations:**

- 1. The HSE (DML) should ensure that the centre's policy document is revised to reflect current practice and is accessible to young people and parents.**
- 2. The HSE (DML) should ensure that management systems are put in place to ensure standards are met in relation to:**
  - safe practices and policies which protect and safeguard young people**
  - stability for young people and information management.**
- 3. The HSE (DML) should ensure that the centre is monitored in accordance with the standards.**
- 4. The HSE (DML) should ensure that centre practices and systems promote consultation with young people.**
- 5. The HSE (DML) should ensure that one young person has an aftercare plan and is allocated an aftercare worker.**
- 6. The HSE (DML) should ensure that one young person has a current, completed care plan on file.**
- 7. The HSE (DML) should ensure that centre care files contain a medical history for both young people.**
- 8. The HSE (DML) should ensure that the centre has a child protection notification system that is consistent with Children First (see also management)**
- 9. The HSE (DML) should ensure that one young person is engaged in formal education.**
- 10. The HSE (DML) should ensure that a schedule of works is written for the centre with a completion date no later than six months following receipt of this report.**
- 11. The HSE (DML) should attend to any safety/fire safety concerns in the centre as a matter of urgency and ensure that the centre is compliant with standard 10.19.**