



**SOCIAL SERVICES
INSPECTORATE**

**A CHILDREN'S RESIDENTIAL CENTRE
IN THE
SOUTH EASTERN HEALTH BOARD
CARLOW/ KILKENNY COMMUNITY CARE
AREA**

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Part One:

1. Introduction

- 1.1 Dates and times of inspection*
- 1.2 Documents reviewed in the course of the inspection*
- 1.3 Observation and participation*
- 1.4 Numbers of interviews conducted*
- 1.5 Acknowledgements*

2. Setting the scene: the centre; background and its population

- 2.1 Data on children/young people*
 - 2.1.1 Data collection*
 - 2.1.2 Age range*
 - 2.1.3 Legal status of care placements*
 - 2.1.4 Length of time in current placement*
 - 2.1.5 Care status of siblings*
- 2.2 Management structure*
- 2.3 General overview of the centre*

3. Standards: the Findings

- 3.1 Statement of purpose and function*
- 3.2 Respect for child's dignity and individuality*
- 3.3 Preserving the child's sense of identity*
- 3.4 Children's rights*
 - 3.4.1 Complaints*
 - 3.4.2 Involvement*
- 3.5 Education*
- 3.6 Health care*
- 3.7 Living skills*
- 3.8 Child protection*
- 3.9 Sanctions policy*
- 3.10 Staffing and personnel policies*
 - 3.10.1 Staff posts*
 - 3.10.2 Staff rota*
 - 3.10.3 Staff qualifications*
 - 3.10.4 Number of years experience working in residential child care*
 - 3.10.5 Staff facilitation*
 - 3.10.6 Supervision and induction*
 - 3.10.7 Ratio of staff to young people*
 - 3.10.8 Night staff*
- 3.11 Physical aspects of the residential centre*
- 3.12 Fire Precautions*

- 3.13 *Insurance*
- 3.14 *Children's record*
- 3.15 *Administrative records*
- 3.16 *Preparation for leaving care*
- 3.17 *Safety*
- 3.18 *Monitoring of standards*
- 3.19 *Maintenance of register*
- 3.20 *Supervision and visiting of children*
- 3.21 *Care plan*
- 3.22 *Psychological/emotional development*
- 3.23 *Families*
- 3.24 *Partnership*
- 3.25 *Review of care plan*

4. Special issues for consideration

5. Recommendations

Part Two

6. Executive summary

- 6.1 *Centres*
- 6.2 *Strategic management*

Part One

1. Introduction

The Irish Social Services Inspectorate is empowered under section 69(2) of the Child Care Act 1991 to inspect the social services functions of health boards, including children's residential centres. The South Eastern Health Board (SEHB) agreed to Avondale Children's Residential Centre being the base for a pilot inspection by the Social Services Inspectorate.

Avondale Children's Residential Centre is one of 3 centres which comprise the SEHB's Carlow/Kilkenny Residential Child Care Services. The other two centres are Crannog, a seven bed emergency short term centre, and an after care centre.

Up to April 1999 Avondale and Crannog were part of a residential service run by the Irish Sisters of Charity. This service, known as St. Joseph's Residential Service was one of the largest child care residential centres in the country and dates back to the mid 19th century. Since April 1999 these centres have been run directly by the SEHB.

The manager and all of the residential staff have retained their positions since the transfer of management responsibility to the board.

The accommodation, which houses Avondale, is owned by the Irish Sisters of Charity but it has been leased to the SEHB until April 2004.

1.1 Dates and times of inspection

Michele Clarke (lead inspector) and Ann Ryan (inspector) carried out the inspection over three days, the 19th 20th and 23rd October. Inspectors had a pre-inspection meeting with the manager and staff of the centre, followed by a meeting with the young people¹, on the 13th November. The inspection took place at different times throughout the three days.

1.2 Documents reviewed in the course of the inspection

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

- the young people's case files;
- the individual young person's daily logs, which incorporate current incident sheets;
- the daily diary;

¹ The term 'young people' is used throughout to generically denote children, young people and young adults.

- the medication book;
- information collated from questionnaires completed by parents, social workers, and the young people;
- draft documentation relating to the centre.

In addition, the inspectors had the benefit of seeing documentation of the statement of purpose and function and policies and procedures which had been in operation when the Religious Sisters of Charity managed Avondale. Furthermore, the inspectors saw an audit completed by an independent consultant on Crannog, Avondale and Beechmount (since closed) in 1997 and were shown a copy of a policies and procedures documentation which was in operation in another residential centre within SEHB. This was being considered as a template for the development of policy and procedures documentation for Carlow/Kilkenny Residential Child Care Services.

The manager of Avondale also gave the inspectors a copy, in draft form, of documentation of work in progress towards complying with the Child Care Regulations (1995) and draft policy and procedure statements.

1.3 Observation and participation

The inspection team observed a staff meeting and a handover meeting. The inspectors also joined the staff and young people for meals. The youngest child led the inspectors on a tour of the house, and most of the young people showed the inspectors their bedrooms.

1.4 Interviews conducted

During the course of the inspection the inspectors interviewed all six children, two parents and one ex-resident. Also interviewed were six members of the Carlow/Kilkenny residential child care services: the manager of Carlow/Kilkenny residential child care services; the house parent; an experienced member of staff; a night staff; a relief staff; and the after care worker. In addition the inspection team interviewed professional and managerial staff from the Carlow/Kilkenny community care team: a referring social worker; an acting team leader; an acting senior social worker; the child care manager and the general manager.

1.5 Acknowledgements

The Social Services Inspectorate would like to thank the SEHB for volunteering Avondale children's residential centre for a pilot inspection and to acknowledge the assistance offered by the SEHB in the course of this pilot inspection. In particular, thanks to Mr. Joe Nolan, resident manager of Carlow/Kilkenny residential child care services, for meeting our requests for information at short notice, and to the staff members in Avondale for their helpfulness with all aspects of the inspection. Our thanks are also due the Ms. Marie Kennedy, child care manager, Mr. Tony Whelan, general manager, and to the social workers who agreed to meet with us at short notice. In particular,

we would like to thank the young people of Avondale for their hospitality and help during our visit to their home.

2. Setting the scene: background, the centre and its population

Avondale children's residential child care service is going through a period of transition. In April 1999, the service was transferred from the Irish Sisters of Charity to the SEHB. The changes resulting from this move are ongoing and there are developmental implications for all aspects of the centre: the staff; line management; and partnership relationships with families.

A working group, comprised of the local residential manager, staff from Avondale, and a social work representative, has been established to develop draft policies and procedures. The time scale for the completion of agreed documentation varies from November 1999 to early 2000. Avondale had been part of the SEHB for six months when the inspection occurred and, while recognising that the task of developing all documentation in relation to a centre is a major undertaking, it is disappointing that this important work has not yet been completed. Due in part to the transition process, there are certain standards that are not currently being met in the centre. It is suggested that the manager should consider prioritising some aspects of the documentation with regard to children's rights, safeguarding children and making information accessible to parents and families. The inspectors would urge that action be taken to complete the work as soon as possible.

In April and May of 1998, complaints were made by three former residents, in relation to practice in the centre when they were residents. These were investigated by a team consisting of the local manager and a local social worker and, with one exception, were found not to be substantiated. The one which was substantiated did highlight need for attention by management.

Earlier this year, the television documentary 'States of Fear' highlighted poor care practices and instances of abuse experienced in several child care institutions in the past, including St. Josephs. While they related to a much earlier time, this and the more recent complaints raised by three former residents are bound to have had an impact upon the morale of the staff group. It would be fair and proper to place progress on Avondale within that context.

2.1 *Data on children/young people*

2.1.1 *Data collection*

The data below was collected the week before the inspection. The administrative secretary to the centre completed census forms for each child on the 4th October 1999. There were six young people resident in Avondale on that date. By the 19th October, one young person, who was 19 years of age, had been discharged, and a child of 8 years had been admitted on an emergency basis.

2.1.2. Age range

In the main, Avondale caters for young people in their teenage years. The ages of the current group range between 12 and 19 years, with 3 young people aged 15 and 16 years.

2.1.3. Legal status of care placement

Five of the 6 young people living in Avondale were in care under voluntary agreements. All of the young people, except one young person who was admitted during the summer, had been admitted on a planned basis. One young person had also been admitted on an emergency basis just prior to the inspection. This young person was in care under an interim care order.

2.1.4. Length of time in current placement

The young people have lived in Avondale for differing periods. Four young people had been there for less than a year; one had lived there between 1 and 3 years; and one had been in the centre for over 10 years.

2.1.5. Care status of siblings

Of the 6 young people living in Avondale, 4 had siblings living in care. The emergency admission during the inspection was of a young person who had an older sibling in the Centre.

<u>Resident</u>	<u>Siblings in foster care</u>	<u>Siblings in other residential child care centre</u>
1	0	0
2	0	0
3	0	3
4	2	0
5	4	0
6	3	1

2.2 Management structure

The house parent is the local day to day manager within Avondale. He works a shift pattern, and carries out his managerial role within the confines of the shift system.

He reports to the residential manager of SEHB Kilkenny/Carlow Child Care Residential Services. The residential manager manages the three residential child care services run by Kilkenny/Carlow and works from the local administrative offices. The residential manager reports directly to the health board's general manager of community care services in the Kilkenny/Carlow area.

The residential child care manager has a close working relationship with the local child care manager and the regional child care manager, but neither of these managers hold a line management responsibility in relation to the residential child care services.

SEHB line management structure

CEO

Programme Manager (Community Care Programme):

General Manager: Carlow Kilkenny Community Care Teams

Residential Child Care Manager (Carlow/Kilkenny)

House Parent (Avondale)

2.3 *General overview of the centre*

Avondale is a children's residential centre which offers 7 places to young people for a medium length placement. It aims to have all admissions on a planned basis, and to offer placements to children and young people in their teenage years. During the inspection there were 6 young people living in Avondale, 4 of whom were in their teens.

Avondale is one of three centres which transferred to the SEHB in April 1999. All the residential care staff at the centre, save one, have qualifications. The majority of them hold relevant qualifications for child care.

Avondale is a dormer bungalow on the outskirts of Kilkenny. It has been housed in this building for the past 20 years. The building is suitable for use as a children's residential centre. It is, however, in need of refurbishment. All young people have their own bedrooms.

3. Standards: the findings

3.1 *Statement of purpose and function*

The centre has a clear written statement of purpose and function which accurately describes what the centre sets out to do with children and the manner in which this is provided.

The centre does not have a finalised written statement regarding purpose and function but there is a draft statement of purpose and function which has been prepared for all of the Carlow /Kilkenny residential child care services. The draft statement identifies Avondale as a medium term placement for seven young people, both boys and girls, with a planned minimum stay of one year. It is policy in the SEHB that children under eight years of age are not placed in residential care. The admissions criteria for Avondale requires that each admission is on a planned basis. The criteria for admission have been met for the majority of the children and young people currently living in Avondale. However, two of the residents were admitted on an emergency basis, suggesting that the draft criteria are not always been observed. One of the young people admitted to Avondale would have been more suited to the short term unit run within the same service. However, for reasons internal to that centre, this child was not admitted there.

There is a need for a specific statement of purpose and function of each component of the residential services offered by the Carlow/Kilkenny residential child care services. This documentation needs to be completed and brought into operation at an early date to enable each centre to plan its own specific services for residents.

RECOMMENDATIONS

- The centre should have a clear written statement of purpose and function, which should guide the admissions to the centre.
- It should be readily accessible to staff, children, families, social workers and other persons and should be regularly reviewed and updated.

3.2 *Respect of child's dignity and individuality*

The unique worth and individuality of each child should be valued and reflected in the ethos, management and care practices of each centre. Children's quality of life will be influenced by the value placed on their dignity and individuality in all aspects of daily living.

All young people had a key worker, apart from the young person placed on a short term emergency basis. From comments staff members made, it was apparent that many staff felt that this young person was inappropriately placed

in the centre, and this may explain why he did not have a key worker or a care plan on file.

All other young people have a care plan, drawn up by the young person's key worker, on their files. Young people reported that their views were sought in the development of care plans, and their views were taken into account during the weekly young peoples' meeting. The purpose of this meeting is to deal with day to day issues in the house, involve the young people in decisions as appropriate and listen to the views and opinions of the young people.

The staff in Avondale demonstrated knowledge and skill regarding the balance between care and control in their relationships with the adolescent residents living in the centre. Young people reported they had sufficient privacy and independence within the centre. Several young people had part time jobs, and all were encouraged to take part in clubs, sports and activities outside the centre. Young people said they had choices regarding their clothes, menus and use of pocket money. All young people reported high satisfaction in these areas.

One aspect which was perceived by the some young people to be unfair was a 'three phone calls' a week rule. It was acknowledged that the practice of this rule was flexible, but some young people were unsure if the rule included family members. Some young people reported they had to say to whom they were making a call, and others said they had to give staff the number. All young people knew they could ring their social worker.

In general, respect for a child's dignity and individuality was in evidence in many areas of daily living in Avondale. There was ample evidence of individual care in the context of group living. In direct contrast to this practice was the phone call policy, inherited from an earlier era, which is inconsistent and needs to be reviewed. Key worker relationships were reported verbally as positive, but there is little written evidence on case files of the specific work that they were undertaking with the young people. Work undertaken by key workers and young people, should have clear written objectives, with an account of how these are being met on a regular basis. Key workers and young people should undertake joint recording of this work.

RECOMMENDATIONS

- All young people, even those admitted on an emergency basis, should be allocated a key worker.
- The manager and staff should review the 'three phone calls' a week rule.

3.3 *Preserving the child's sense of identity*

Residential care should contribute to the development of a positive sense of self. Respect for and the accommodation of cultural, religious ethnic and family background of the child are crucial to the formation of an integrated identity.

The young people in Avondale were satisfied with the relationship between the centre and their families. They felt their families were treated with respect by staff and managers. Staff demonstrated knowledge about the background of the young people.

There was some uncertainty regarding the kind of information which a staff might share with a young person. Staff commented on the changing nature of recording under the Freedom of Information Act 1997, and expressed a desire for further training and guidance in this area. Young people can read the daily log written about them but they were unaware that there might be any possibility of accessing case files, and they expressed some curiosity about how this might occur.

Young people are encouraged and facilitated in the practice of their religion, however, at age sixteen they are given a choice of whether to attend services.

Young people should have access to their case files. The Freedom of Information Act 1997, the U.N. Convention on the Rights of the Child and the European Convention on Human Rights and Freedoms must be observed in the practice of keeping personal case files. There may be some information on file which would not be in the interests of the welfare of the young person for him/her to have access to. Such information should be placed in a separate confidential section of the file. Access to case files should occur within the context of ongoing work with the key worker, and any issues arising from information on the file should form part of the direct work with the young person.

RECOMMENDATION.

- Young people have rights of access to their personal files. The manager and key worker will need to agree how to store information which may be deemed harmful for the young person to see, depending on age or maturity, or which may be subject to third party confidentiality.

3.4 *Children's rights*

3.4.1 *Complaints*

Children in residential care need to be able to express their unhappiness or complain about their care.

There is no written complaints procedure in Avondale, but children feel able and confident to make a complaint. It was evident that the care practices in the centre facilitated the children and young people regarding the expression of any unhappiness or complaint. However, the absence of a formal, written procedure which was freely available to young people and their parents is a serious gap.

The children and young people in the centre were unaware of any formal or written procedure if they had a complaint. Most of the young people said they could tell a member of staff or the manager if they had a complaint. Some young people named the people they would talk to. One young person said she would not tell anyone in the centre, but would tell her mother or the Gardai. Parents who were interviewed said they were not aware of a complaints procedure, but said they could talk to the staff or manager. It was clear the children and young people were confident a complaint would be taken seriously by the staff. It is encouraging to hear that this standard is being developed. However, the absence of a formal written complaints procedure is a serious deficit.

The value of any complaints procedure lies with the impartiality of the investigation. Good practice indicates that an investigation should incorporate an independent element. Management should take this point into consideration when drawing up the complaints procedure.

RECOMMENDATION

- The SEHB should put in place a written complaints procedure as a matter of priority.
- The SEHB should urgently review current arrangements for investigating complaints and serious allegations.

3.4.2 *Involvement*

Children's views are sought over key decisions which are likely to affect their daily life and future.

Young people clearly stated that they were involved in decisions regarding their daily lives and they felt their views were taken into account. There are

regular young people's meetings. The atmosphere within the centre is open, accepting and warm.

There was written evidence on one case file of a young person's views on all aspects of their care. This practice is commended and could be replicated with other young people's files in Avondale. Young people spoke of being prepared for their review meetings by their key workers. Young people need to have access to sufficient information regarding their circumstances in order to make informed choices. This may include notes and reports on their case records. The manager and staff members need to review current policy on sharing information to ensure this standard is fully met. Any sharing of information should be done in a manner sensitive to the age, developmental needs and nature of any information involved.

RECOMMENDATION

- Key workers should consistently record on case files the views expressed by young people and how and to what extent it has been possible for these to be met. Wherever possible such records should include reasons for decisions made, especially where these conflict with young people's views and wishes.

3.5. *Education*

Each child has the right to education, which should be seen as a significant issue affecting the welfare of the child. The residential setting should be one in which education is valued, children's educational needs are actively addressed and each child is encouraged to attain his/her full potential. This will involve liaison with the health board social worker, schools and other appropriate training and educational bodies.

The centre is to be commended for the emphasis placed on education in the lives of the children and young people. All the young people, except the young person admitted as an emergency, are in appropriate local schools in the community. This child was out of school pending a planning meeting regarding his placement. The young people said they were supported in every aspect of school life: books; uniforms; quiet study areas; extra tuition if necessary; and contact between school and key workers. One young person, a student in transition year, was being assisted in finding a job placement. The young person who was discharged the previous week was in third level education, as was one of the young people in the after care service. Several of the young people interviewed spoke of ambitions to continue study at third level, and felt the centre would support them in their plans.

None of the questionnaires, sent to 5 of the young people's schools were returned, so it is not possible to comment on the school's view of how Avondale supports the education of the young people.

3.6 *Health care*

The provision of appropriate health care and advice is a necessary element in the arrangements for the care of children in residential centres.

The children and young people appear to be in good health. Staff members are alert to early signs and symptoms of illness. Children are referred appropriately to specialist services, but reported that there could be long delays in accessing psychological, psychiatric and counselling services

Medication is kept in a locked cabinet in the office and dispensing of same is appropriately recorded.

Staff are highly commended for the standard and range of food which is served in the centre. Children and young people confirmed that they enjoy the food, have choices regarding the menu, and are encouraged to take part in preparation. The staff offer a nutritious and varied diet.

Key workers undertake to educate and guide children and young people in their sexual development.

There is a 'no smoking' policy in the house. Young people under 16 years need written permission from their parents to smoke outside the house.

3.7 *Living skills*

The acquisition of living skills is an integral part of the care process and should be individually tailored to meet the needs of each child in a structured and planned way. The care experience provides children with the skills, competencies and knowledge necessary for adulthood and citizenship.

Young people are given opportunities to become involved in daily routines of shopping and cooking. During holiday periods young people may prepare meals with staff support. Young people go to the local supermarket with staff for the 'weekly shop'. Both staff and young people said that young people were embarrassed at the supermarket 'check out' as Avondale has a business cheque book, without banker's card, and this can cause some confusion at payment. In order to avoid embarrassment, some young people no longer go shopping with staff. It is not appropriate that young people should find themselves identified by their care status when out doing the weekly shopping.

The manager at Avondale takes up an offer by a large supermarket on a weekly basis to go and collect, at no charge, the bread and cakes not sold that day. One of the young people commented that you always get doughnuts, and as she doesn't like doughnuts, she sees little benefit in this arrangement. The centre is also in receipt of E.U. intervention beef and butter. It is important

that young people in care do not feel discriminated against in any of the care practices of the centre and due regard must be paid to the dignity of the young people in the continuance of this practice.

Young people report they have adequate pocket money and recreation allowance. They have choice in the purchase of their clothing, and pay for clothes with cash. Several young people said they appreciated the amount of money set aside for clothes, and the manner in which this was distributed. Staff members encourage young people to take part in recreational activities outside the house, and 2 of the young people are involved in sports in the local community. Young people are encouraged to have part time jobs, where this does not interfere with their education and 2 of the young people had part time jobs during the inspection. Five of the 6 young people were reported to have friends outside the centre.

RECOMMENDATIONS

- The manager and staff should facilitate the payment of the weekly shopping in a manner which does not identify the care status of accompanying children.
- The manager and staff should use their discretion concerning the collection of free bread and cakes bearing in mind the meaning of such donations for children and young people.

3.8 *Child protection*

There are systems in place in the Centre, which aim to ensure children are protected from abuse. All staff understand the principles and practice involved in protection of children and take appropriate action if they have concerns or have reported to them possible evidence of abuse. In particular, staff are aware of, and implement practices which are designed to safeguard children in their care.

The young people told the inspectors they felt safe and protected in Avondale. They said they could talk to staff about any concerns they had, and they felt they would be heard. Staff members said they were aware of the Department of Health child protection procedures. Staff members said they would bring up any concerns they had regarding other staff with the manager.

However, there is a serious gap in written documentation outlining safe care practices, complaints procedure, investigation and notification procedures. This gap is in part a reflection of the transition from the Irish Sisters of Charity to the S.E.H.B. and new policies and procedures regarding complaints, safe care practices, notification and investigation need to be put in place as a priority.

The night staff checks on all the young people several times every night. The night staff shines a torch in the room, and says the young people are not disturbed during the visit. The purpose of these checks is to ensure they are all safe and well. Where there is a concern regarding a young person's safety or welfare checks of this nature are justified. However, there needs to be a more appropriate balance between the young person's right to privacy and ensuring their safety.

RECOMMENDATIONS

- The SEHB should put in place all written child protection documentation as a matter of priority, and the manager should ensure that staff are aware of child protection responsibilities and procedures.
- The manager should pay closer attention to safeguarding issues, and avail of appropriate training for the staff team to best achieve this.
- The practice of checking sleeping children and young people several times each night is unnecessary and should cease, unless there is an explicit reason in relation to their safety.

3.9 *Sanctions Policy*

Each children's residential centre sets reasonable limits which everyone understands on what is regarded as acceptable behaviour and what is not. Sanctions generally work best in an environment where children are commended and rewarded for the achievement of good behaviour.

The staff in Avondale are committed to the principle of working with the young people in their care through meaningful relationships; where children and young people have their needs met; are treated with kindness and respect; and where there are expectations of reasonable behaviour.

This principle guides a sanctions policy where rewards, through praise and constant encouragement, are the mainstay of the relationship. When used, sanctions are related to the incident, are appropriate to the specific behaviour and the reason for the sanction is clearly explained to the young person. The young person signs the sanction report in their daily log.

Avondale has moved from a practice of recording any sanctions in a sanctions book to the situation where they are now recorded in a child's daily log. A staff member said the change came about because few sanctions were being recorded, and it was thought better practice to integrate the sanction in the account of the child or young person's daily log. The sanction book was unavailable for inspection and, following a search, a staff member said that she believes she may have burned it accidentally. The practice of recording sanctions in a child's daily log precludes an overview of sanctions in the house by the manager, the staff, the authorised person, the line manager or an

inspector. The ability to access such information quickly is a necessary part of planning and monitoring in the centre. It is unsatisfactory that no separate sanctions record is maintained.

RECOMMENDATIONS

- The manager should reintroduce the use of a sanctions book. The manager and authorised person (child care manager) should read and sign the sanctions book at intervals.
- The manager should issue guidelines to staff pertaining to the proper maintenance of all records.

3.10 *Staffing and personnel policies*

Staff are the most vital resource in providing quality care. They will be among the most important people in the child's life while in residential care. Recruitment, training and support policies should recognise this and should ensure that staff are equipped to fulfil their duties to children. The personal and professional skills which staff bring to the task of caring for children should create a living environment which is child-oriented.

Data on staff

3.10.1 *Staffing*

In addition to the residential manager there are eight staff posts in Avondale. These posts consist of a house parent and seven assistant house parents. The posts are filled by ten staff members, as two of the posts of assistant house parent are job-shared by four staff members. Two of the posts are filled by waking night staff. There is a part time domestic staff. The house parent is male, all remaining permanent staff members are female.

3.10.2 *Staff rota*

Staff work a 24 hour shift including sleeping in duties. The waking night staff member is on duty from 8pm until 7am.

3.10.3 *Qualifications of staff*

All staff, with the exception of one experienced staff, have qualifications in child care or in related areas.

<u>Qualification</u>	<u>Position</u>
Mental handicap nursing	Residential child care manager
B.A. Applied Social Studies (Social Care)	House parent
National Diploma in Child Care	5 Assistant house parents
National Diploma in Applied Social Studies (Social Care)	2 Assistant house parents
Registered Psychiatric Nurse	1 Assistant house parent
No qualification	1 Assistant house parent

3.10.4 Number of years experience in residential child care.

The length of time personnel have worked in Avondale is significant, with an even spread over the years, ranging from 6 months to 29 years. Most of the staff have worked in residential child care for periods in excess of 7 years. Only three have less than 5 years experience. The continuity of care made possible by this is commendable.

Number of years experience in residential child care

<u>Number of years</u>	<u>Staff position</u>
0 – 2	2 Assistant house parents
3 - 5	1 Assistant house parent
6 - 10	1 Assistant house parent
11 – 15	1 Assistant house parent 1 House parent
16 – 20	1 Assistant house parent 1 Residential manager
21 –30	2 Assistant house parents

3.10.5 Staff facilitation

Staff benefit from regular staff meetings and a consultant has worked with the team over the past number of months in relation to the team issues arising from an investigation of complaints against staff members.

3.10.6 Supervision and induction

There is no regular, formal supervision of residential staff and this is a serious omission. Regular relief staff also need to be supervised. There is a short period of induction training for new staff, primarily concerned with explaining house routines. However, this needs to be considerably broadened to include the ethos of care and all policies and procedures, particularly in relation to child protection.

3.10.7 Ratio of staff to young person

The number and type of staff on shift are appropriate to the young people who reside in the centre. They cope well with young people who have been admitted in a planned way and comply with the admissions criteria. Staff appeared to have difficulty managing the young person who was admitted to the centre as an emergency admission during the time of the inspection. The young person did not meet the criteria for placement in Avondale and there had been no care plans drawn up before his arrival. The demeanour of the young person suggested he was confused and unhappy and his behaviour was very demanding. It would have been appropriate for an experienced member of staff to have been deployed to respond to his needs whilst deploying any relief staff to deal with the day to day tasks rather than asking relief staff to work with the young person in distress.

3.10.8 Night staff

The centre has two permanent night staff who work a back to back seven day shift. They come on duty at 8pm, and as most of the resident young people are in their teens, the night staff have an opportunity to spend time with them before bedtime. Night staff do not attend all staff meetings, or have supervision, but a night staff reported that she receives a detailed handover on her first night back on duty. The post of a waking night staff, facilitates the needs of the young person returning late from a part time job or a social evening and does not disturb a sleeping staff. The night staff also confirmed that young people often avail of this time to talk with the staff member.

The majority of staff at Avondale are trained and experienced staff members. It was also encouraging to note that staff are given opportunities to attend relevant short-courses to up date their knowledge. The ratio of staff to young people is sufficient for the usual population of young people; however relief staff were deployed for the emergency admission even though this young person only brought the numbers of residents in the centre up to a total of 6.

RECOMMENDATIONS

- The manager should receive training and support in supervision and in turn provide residential care staff with regular formal supervision.
- The induction programme for new staff needs to be expanded to introduce staff to all aspects their work.
- Relief staff who work in the centre on a regular basis should be supervised.

3.11 *Physical aspects of the residential centre*

Children should experience their living environment as “ordinary” and similar in terms of furnishings and facilities to the homes of their peers.

Avondale is a detached dormer bungalow, situated on a main road less than one mile from the town centre. It is conveniently located for schools, shops and leisure facilities. There are pleasant gardens front and rear, with outlying sheds. The house is kept clean, and is comfortable and adequately heated. A welcoming fire in the living room provides warmth and welcome in the evenings. The house had adequate space for seven resident young people, providing a bedroom each. There is a separate staff office and staff bedroom, and two bathrooms. An eighth bedroom is being converted to a visitors room for families, social workers or friends, or for meetings between a young person and their key worker. The kitchen, utility room and living room are interlinked but can be separated. The kitchen is in need of refurbishment as a priority. There are tiles missing and the cooker wiring is loose on the wall. A third toilet, located off the utility room is without a wash hand basin.

The house appears to be in good structural condition, but is in need of decoration and refurbishment. There is a budget allocation of £10,000 for refurbishment, which was due to start in early September. The manager is waiting for the maintenance section of the S.E.H.B to be free to undertake this work. He reported having to wait up to two weeks to have regular maintenance undertaken. However, it was commendable to note that emergency repairs, needed twice in the course of the inspection, were undertaken immediately,

The recreational facilities within the house and garden are suited to an adolescent population. There were some board games, and a T.V.in the living room. However, there was little evidence of recreational books suitable for the young people in the living area. Several of the young people have T.V.s in their bedrooms, some brought with them from home and others purchased with savings from employment. These T.V.s receive the 4 Irish channels. If the house is to cater for younger children, additional facilities for outdoor play and indoor occupation would need to be resourced.

RECOMMENDATIONS

- The refurbishment of Avondale should proceed as a matter of priority.
- Staff members should ensure there are stimulating books and other activities available within the centre. These should be age appropriate, and should be available even in emergency circumstances.
- Staff members should actively seek to include young people's views on the centre's décor and appearance when redecoration is being planned.

3.12 *Fire precautions*

The centre takes positive steps to keep children safe from the inherent risk of fire and other hazards to an extent that is consistent with Regulation 12 of the Child Care Regulations 1995. .

Avondale has a recent fire certificate. However, no fire drill has taken place over the past two years, there is no record of training in containing or extinguishing fires. There is no record of maintenance of fire fighting equipment. It is essential that this is rectified immediately. The safety of children should not be compromised. Urgent attention is required to rectify the deficiencies identified.

RECOMMENDATIONS

- The manager should organise training for staff with regard to the risks of fire.
- The manager should organise regular fire drills based on advice from the fire service.
- A record should be kept of all fire drills and of the level of maintenance of all fire fighting equipment. The record of fire drills should record the date and time of the drill, the time taken to evacuate the building, the names of the staff and young people who took part and any problems experienced in the drill.

3.13 *Insurance*

Each children's residential centre should be adequately insured against accidents or injury to children placed in the centre

This standard is met. The manager is in receipt of a letter from the Control Section of the SEHB confirming that Avondale is covered under the Board's insurances.

3.14 *Children's records*

Each child has a permanent, private and secure record of their history and progress which may, in compliance with legal requirements for safeguards, be seen by the child and by the child's parent as appropriate

To a degree this standard is met but recording can be improved. There is a case file kept on each child in the centre. It is kept in a secure cabinet. The file is maintained in a format which assists review, with separate sections for different information. It is a requirement of the Child Care Regulations that a child's birth certificate and care order or voluntary care form are kept on the file. On examination of the files in Avondale, all care orders or voluntary care forms were in place. However, there were 4 case files where there was no birth certificates in evidence. Details of significant events are written up on separate sheets and added to the case notes periodically.

Young people told the inspectors that their views were taken into account in events pertaining to their care. It was difficult to find evidence of this in the case records, although one case file showed ample evidence of a young person's views being sought before a review meeting.

Children and young people have access to their daily logs, and occasionally read up the notes. The young people interviewed by the inspectors said they were not aware if they could access any of their records on their case file.

It is evident that the manager and key workers have paid attention to keeping case files in organised and legible fashion, and they are commended for this. Given the age and maturity of the majority of the young people living in Avondale and their rights to their files, it would be good practice for key workers to ensure that young people are aware of the purpose and contents of their personal case files. Training should be provided for key workers relation to the maintenance of appropriate records and on the use of the records in work with young people.

RECOMMENDATIONS

- Key workers should ensure there is a birth certificate or copy of a birth certificate on all files.

- Key workers should attach a uniform front sheet for all files with details of previous care placements and key personnel involved.
- Young people have rights of access to their personal files. The manager and key worker will need to agree how to maintain information which may be deemed harmful for the child or young person to see, depending on age and maturity, or which may be subject to third party confidentiality.
- Notes on the personal file of the young person should be used as a basis of assessing progress against agreed plans.

3.15 *Administrative records*

Administrative records contain all significant information, decisions and actions relevant to the effective running of the Centre.

The centre keeps clear concise records.

A diary is kept of daily events and appointments. The diary is dated but is unsigned. It would be helpful if the daily diary listed the staff and young people in the house during that day.

A daily log is kept for each young person is kept. If a young person receives a sanction, this is recorded in the young person's daily log. Any significant incident is recorded on an incident sheet and placed in the back of the child's daily book. While these sheets are shown to the manager they are not signed nor is there a comment added. There also needs to be a sanctions book, where the child's name, the staff's name, the incident and the sanction are all recorded. The manager and authorised person in the health board should sign this book at regular intervals.

There is a medicine book. This is kept appropriately.

There is no fire book outlining details of fire drills or maintenance of fire equipment.

Several staff said they would welcome training in F.O.I. in relation to administrative records and case files.

RECOMMENDATIONS

- The diary should be signed by the staff member completing the diary.
- The diary should list the staff on duty and children and young people in the centre on the day.

- Incident sheets should be signed by the manager as indicated on the sheet.
- A training audit of needs in relation to F.O.I should be instituted and training arranged accordingly.

3.16 Preparation for leaving care

Children and young people are prepared and equipped with the skills and resources which they will require when they leave care.

The S.E.H.B Carlow/Kilkenny residential child care services employs an after there is an after care apartment in the town centre. Young people leaving Avondale to go to the after care service do so on a flexible timetable, depending on when they are ready. There is close liaison between the Avondale and the aftercare service.

Older adolescents in Avondale experience a degree of independence within the centre, and in their social life in the period coming up to leaving the centre. Where appropriate, young people are supported to go to third level education or further training on leaving school. The inspectors met a young person living in the after care centre, a recent ex-resident of Avondale. This young person was enthusiastic about the after care arrangements. The manager and after care worker demonstrated flexibility and support in relation to the after care service. There was also evidence of understanding and support that young people on leaving care may 'change their mind' about uptake of services, while at the same time needing ongoing contact and support.

It was evident from replies of the young people, and an ex-resident, that the care staff are mindful of the needs of young people leaving care, and offer support and guidance in an appropriate and flexible way.

Adequate financial provision has been provided by the Carlow/ Kilkenny residential child care service for the after care service, and the manager shows a flexibility regarding the financial needs of this group with regard to special occasions, an example being a 'debs dance'.

The provisions and practices of the after care service, as highlighted during the inspection of Avondale, are commended.

3.17 Safety

Each children's residential centre has adequate arrangements in existence to guard against the risk of injury occurring on the premises, in accordance with Article 13 of the Child Care Regulations, 1995.

A Health and Safety Officer of the S.E.H.B., Ms. Ann-Marie McCarthy inspected Avondale July 1999. She advised the manager that the following points needed attention:

(a) 'Staff members on duty should be provided with a personal alarm, the waking staff member on night duty should carry the personal alarm linked to a receiver held by the second employee sleeping over on night duty. In addition a telephone with an outside line should be provided in the staff bedroom.'

Action taken at time of inspection: the health and safety staff delegate in another centre is tendering for alarms. No personal alarms had been put in place. No outside telephone line has yet been provided in the staff bedroom.

(b) 'The redundant leads in the electrical sockets adjacent to the T.V. should be examined and if necessary removed. The electric bulb in the linen cupboard should be covered/protected to prevent the bulb coming in contact with any items stored on the top shelf of the linen cupboard. It may also be helpful to shorten the cable. A query has arisen re. a trip switch for electric, there appears to be a trip switch present, however an electrician should be requested to examine this matter if there is a concern.'

Action taken at time of inspection: None. However, immediately following the inspection electricians were in Avondale attending to these areas.

(c) 'The missing drawer in the kitchen is to be replaced. The stainless steel edging on the overhead cupboards are to be removed and replaced with a softer material such as plastic or rubber'

Action taken at the time of the inspection: The kitchen drawer had been replaced. The stainless steel edging has not been removed.

(d) 'The linoleum floor covering in the staff shower area is to be repaired where torn or replaced. Some painting and tiling work is also required around the wash hand basin'.

Action at time of the inspection: None of this work had been undertaken.

(e) 'A chain latch and a 'spy hole' should be provided for the front door.'

Action taken at the time of the inspection: A chain latch and spy hole are in place.

(f) 'The sensor lights at the front and the back of the building are not working and this matter is to be rectified'.

Action taken at time of the inspection: The sensor light has been repaired.

(g) 'The fire extinguisher kept on the stairs is to be held in place with a wall bracket.'

Action taken at the time of the inspection: No action.

(h) Provision should be made for the storage of medicines out of view. A lockable cupboard with solid doors is recommended for this purpose.

Action taken at the time of the inspection: This recommendation had been complied with.

The manager of Avondale said that they were expecting the maintenance personnel of the SEHB to refurbish the house in September, and many of the health and safety issues should have been completed as part of this work. Unfortunately, the manager did not know when the maintenance work would be completed.

There was a level of dissatisfaction expressed about the maintenance aspects of the centre. This did not reflect on the quality of any work done, but on the lack of control the manager had in determining when a job is completed. Residential children's centres need to be able to maintain a level of safety and a standard of care comparable to any family home in the community.

A staff member, who is a learner driver, drives the centre car with young people as passengers. This is not a safe practice and should be discontinued. All vehicles used to transport young people should be road worthy, legally insured and driven by persons who are properly licensed.

RECOMMENDATIONS

- The manager should be able to access maintenance services within a reasonable time frame. Action should always be taken urgently on any recommendation which could have a bearing on the safety of the young people.
- The manager should ensure that all vehicles used to transport young people are road worthy, legally insured and driven by persons who are properly licensed.

3.18 *Monitoring of standards*

Each children's residential centre should have adequate arrangements in place to enable an authorised person, on behalf of the health board, to enter and inspect the Centre in compliance with Article 17 of the Child Care Regulations, 1995.

The child care manager in Carlow/Kilkenny community care area of the S.E.H.B had responsibility for monitoring the centre. The child care manager has a close working relationship with the manager of the residential child care services and is involved in the development of policy, procedure and practice issues.

RECOMMENDATIONS

- The child care manager should keep a record of visits to the centre. The child care manager should speak directly with the children and young people, read the sanctions book and any other records that would offer evidence of the quality of care in the centre. She should

seek to ensure that the manager is alerted to any matters which need to be addressed regarding the care of the young people.

- The child care manager should produce an Article 17 inspection report (Child Care Regulations 1995), which should be publicly available.

3.19 Maintenance of register

Information on individual children who are admitted to a residential care centre is recorded in a Register, maintained by a health board, under Section 21, Part iv of the Child Care (Placement of Children in Residential Care) Regulations 1995. Such information is updated as changes occur and includes information on the circumstances and the date on which a child is discharged.

Carlow/Kilkenny child care service keeps a register of all individual children who are admitted to and discharged from any of their centres. This is kept in the administrative offices of the Carlow/Kilkenny Residential Child Care Service. The record is kept up to date.

3.20 Supervision and visiting of children

A child who has been placed in a residential centre by a Health Board shall be visited by an authorised person as often as the board considers necessary, having regard to the care plan prepared for the child and any review of this plan, but in any event at intervals not exceeding those specified by Article 24 of the Child Care Regulations 1995.

All children and young persons in Avondale were visited by their social workers in excess of the minimum regulatory requirements. The requirements state that there should be least one visit every three months for the first two years a young person is placed in the centre, and at least one visit every six months for placements longer than two years. Details of visits by social workers to young people resident in Avondale are kept in the daily log books.

It is somewhat cumbersome to find this information quickly, and management and staff may consider noting all dates of social worker's visits in a young person's case file on a sheet designed for this purpose. The frequency of visits was reflected in the young people's positive accounts of their relationships with their social workers and their expressed opinions that their views are respected.

The minimum level of visits required by the Child Care Regulations (1995) do not reflect the amount of visits which are usually necessary for a social worker to maintain a meaningful relationship with a young person in residential care. Where a young person is placed outside their local community, travelling for these visits can be time consuming for the social worker. The majority of young people in Avondale were visited by their social workers at least once a

month. The social workers involved are commended for their high standards of visiting.

RECOMMENDATION

- Key workers should note visits to a young person by his / her social worker on a separate sheet in the young person's case file.

3.21 Care plans

Each child's care is subject to a formal, systematic and written plan to promote the welfare of the child in compliance with Article 23 of The Child Care Regulations 1995.

Apart from the young person admitted as an emergency just over a week prior to the inspection every young person had a care plan. Key workers are to be commended for their work in this area. The care plan is written by the key worker, following consultations with the young person and parent(s), the social worker and other interested professionals. Relevant information on access arrangements, review dates and educational and health needs are in the care plan. The aims and objectives of the placement could have been clearer or more detailed in several cases. The developmental needs of the young person were stated, but more detail accounts of how these were going to be achieved are necessary.

The practice that the key worker writes the care plans is not in conformity with national guidelines. The interpretation of The Child Care Regulations (1995) is that the care plan is written by the social worker and kept on the social work file. The key worker should develop a residential care plan which plans the work which needs to be accomplished within the centre.

RECOMMENDATIONS

- Key workers should write up the aims and objectives of the placement and outline the developmental needs of the young person in more detail on the care plan and there should be a named responsibility for facilitating these developmental needs.
- The record should also show what work has been done and the extent to which objectives are being met.
- The manager might consider introducing action and assessment recording materials as a means of improving the care planning process.

3.22 *Psychological and emotional development*

The emotional life of children in care needs special attention. It is fundamental for these children to know that a responsible adult is capable of understanding them, and as such, is a real source of confidence and support for them.

In general the relationships of staff members with the young people in their care were warm, interested and empathetic. The staff members who were interviewed demonstrated an understanding of the impact of past losses and separations on the current behaviour of young people. The manager was aware that, in general, staff had a good understanding of the emotional needs of young people; although some staff were reluctant to become involved in working directly with young people regarding their experiences. A young person, who said he/she was unhappy to be living care, spoke of having confidence that staff members understood the situation, and were doing all they could do to act as advocate on their behalf.

An exception to this situation was the care being experienced by the young person placed as an emergency in the centre. It is of note that this young person was admitted initially for one night. His presentation and circumstances suggest that he may have been more appropriately placed in another centre. He had not been allocated a key worker; was being cared for by relief staff; and was in a bedroom which was not decorated to the standard of the rest of the centre.

It was apparent that the manner of the young person's admission, and the uncertainty regarding his length of stay were dominant factors in the care the young person received, and this limited the extent to which his emotional and psychological needs were being met, regardless of the appropriateness, or otherwise of his placement.

RECOMMENDATIONS

- The manager and staff should arrange training for staff in identifying and responding to children's emotional and psychological needs.
- The manager and staff team should review as a matter of urgency how best they can meet the psychological and emotional needs of a child admitted to care as an emergency.

3.23 *Families*

The Centre shows respect for the child's family in all aspects of how it cares for children. Parents have an important part to play in helping to plan for their children's everyday lives and future.

Young people told the inspectors they felt their families were respected by the centre. Of the most recent round of 6 reviews, parents attended in only two cases. One parent reported by questionnaire that she was not invited to reviews although she felt involved in decisions made about her child. The inspectors met with two parents, and they said they were involved in the life of the child outside the centre.

Avondale has not met the criteria outlining the provision of written materials to parents. This includes general information about the centre; a copy of the rules; a copy of the complaints procedure; a statement of rights on the child; and the relevant names and contact addresses and telephone numbers of key personnel.

There was evidence of a good level of contact between young people and family members. Five of the 6 young people had weekly contact with some family member. All of the contact involved the young person visiting the family home, or phone calls.

The amount of visiting of young people to their family home is commendable. It also reflects the high level (5 of 6) of young people in care under voluntary care agreements. Given that Avondale is a medium term residential centre, and the home of the young person for a considerable period, parents and other family members should be encouraged to visit the centre. Whilst it is important for the young people to keep in touch with their own homes and communities, it is also valuable for the young person if families are familiar with their day to day lives, and the people who inhabit their world in care.

Given the degree of contact between parents and young people, and the generally positive comments regarding the relationship between the staff members and parents, it is puzzling that so few parents attended review meetings. There is little evidence on files of parents being invited, the steps taken to encourage them or the reasons why they did not attend. It is not clear from the files if inviting parents is a social work or a key worker role.

RECOMMENDATIONS

- The manager should ensure that parents get written documentation concerning the residential centre, its rules, complaints procedures and names and phone numbers of key personnel.

- The centre should ensure parents are invited to review meetings and encourage their attendance.
- Files should contain evidence of invitations to parents to attend care plan review meetings. Reasons for absence should be noted on file.
- The centre should invite parents and family members to visit the centre.
- The centre should continue to involve parents appropriately in decisions concerning the lives of their children.

3.25 *Partnership*

The experience of children in care is enhanced by positive partnership relationships between professionals. Partnership operates at different levels: developmental and implementation of planning; policy and procedures; direct practice in children's centres.

At the present there is a period of partnership building between the staff in the residential services and the social work team and line managers. Currently, there are health board working groups (consisting of child care staff, the residential manager and social work representation) producing written documentation regarding all aspects of the centre. During the course of the inspection professionals representing different aspects of residential staff met in a workshop forum to discuss residential child care and their developing partnership relationship.

At the local level of Avondale, staff members and social workers said that, in general, they were satisfied with their working relationships, and believed that issues could be addressed when necessary

3.26 *Review of care plans*

Each child's care plan is reviewed by an authorised person as often as may be necessary in particular circumstances, but in any event at intervals not exceeding those specified by Article 25 of The Child Care Regulations 1995.

Managers, child care staff and social work staff are to be commended for the regularity with which reviews of the children and young people in Avondale take place. All review meetings, with the exception of one, came within the requirements of the regulations, and there was evidence of more frequent reviews being called where they were considered appropriate. There was one review meeting with no record of a social worker being present.

There was no parent at 4 of 6 review meetings.

It is good practice for review meetings to be attended by the following people; the young person, the parent(s), the social worker, the key worker and the residential child care manager. Other professionals or family members may also attend, where it is thought appropriate or helpful. Files should show evidence of invitations to all parties and an explanation for absences.

4. Special issues for consideration

During the course of the inspection four themes emerged as warranting special attention. Various aspects of these themes have been dealt with under different standards and in some instances recommendations have been made. However, the inspectors thought it important to comment in a broader way on the impact and implications of these themes for Avondale.

4.1 *Complaints and investigations*

It is essential that all parties should have confidence in the complaints procedures and any consequent investigations. It is also vital that recommendations made as a result of a complaint investigation should be implemented. Irrespective of the outcome of an investigation, managers should aim to use the experience as one from which the centre can learn.

Three complaints were made by ex-residents in the period April-May 1998. One was referred to the gardai, and following investigation, no charges were brought. The other complaints were in relation to practice issues and both were investigated internally. Part of one of the complaints was upheld.

Staff, managers and social work managers all commented to the inspectors regarding the difficulties in undertaking such investigations, notably:

- The length of time from the complaint being made to a decision being arrived at. This process took over one year. This was thought to be unsatisfactory for the complainant, the staff involved, the investigators, and remaining staff in the centre.
- The work involved. The investigators appointed were the local manager and an experienced local social worker. Both said it was too time consuming without relief from other duties.
- Personal connection with the staff under investigation. Several professionals spoke of the difficulties in investigations being conducted by personnel who had close working or line management relationships with the staff members against whom allegations had been made.
- Lack of SEHB procedures. All professionals who spoke on this matter said that established procedures in relation to the investigation of practice issues would have been helpful. The inspection procedure was guided by the Resident Managers Association guidance on internal inspections.

Recommendations made by the complaints investigation were not uniformly implemented. Training in report writing had been established and was found to be helpful. But the recommendation that poor practice by one staff member should be addressed by supervision had not been carried out.

4.2 *Emergency and unplanned placements*

The second theme warranting special attention as the response of the residential child care system in the Carlow/Kilkenny community care area to the needs of an emergency placement for a young person. By their very nature, emergency placements are unplanned and frequently occur at the most difficult of times. Emergency placements often highlight problems within a system that copes well with the majority of its work.

The inspectors were concerned at how a young person who was admitted in an emergency experienced his placement. The child was in his second week of placement during the inspection: he was being cared for by relief staff; he had no key worker or care plan; his bedroom was not up to the standard of the rest of the house; he was not attending school. These care practices were in contrast to the care experienced by the rest of the children and young people in the house.

The inspectors had several concerns regarding this placement.

According to the draft statement of purpose and function Avondale is not a centre for unplanned placements, and it usually caters for adolescents. Admitting an unplanned placement to Avondale indicates one of two possibilities. Either there are serious difficulties in other parts of the residential child care system such that the child could not be offered a place in a more appropriate setting. Or, if Avondale is an appropriate placement for an occasional emergency placement, then it was unprepared for such an event.

This placement highlighted the tension which exists between social workers and their managers who seek placements for vulnerable children, often in emergencies; and child care staff and their managers who wish to maintain stability within residential child care centres. Both groups have legitimate concerns; however it is unfortunate when professional issues become the main focus of a child's placement.

A further concern for all professionals involved with Avondale is how to represent all legitimate interests in the 'gatekeeping' of admissions and discharges. As the centre negotiates its transition period from a residential child care centre in the voluntary sector to a health board service, issues of trust deserve attention. The residential manager said that an admissions committee has been proposed for the centre, and this should support the development of useful working relationships. The SEHB is commended for facilitating this process with a workshop day on developing working relationships between the residential childcare care sector and social work teams.

The inspectors noted three additional points impacting on this situation. First, the degree to which care staff were guided by a plan in relation to day to day care of an emergency admission. In the opinion of the inspectors, all placements need care planning, particularly emergency admissions. There was no evidence of a plan for the child in question. Second, in the interests of child

protection, managers need to direct staff to manage a child's behaviour. Third is the issue of how the service involves parents in helping a traumatised child settle in a new placement.

4.3 *Children's access to files*

The framework for storing and using personal information has changed. The Freedom of Information Act 1997, the U.N. Convention on the Rights of the Child and the European Convention on Human Rights and Freedoms have implications for personal files policies and practices.

Messages from good practice tell us that the personal case file in a residential children's centre should be used as a working tool between the key worker, the young person and, where appropriate, their family. The aim of this work is the achievement of the aims of the care plan for the young person. As such, the young person should have a sense of ownership and familiarity with the contents of the care plan and accompanying notes. Where there are reports or information which are deemed unsuitable for the young person, due to age or level of immaturity, these should be kept in a separate compartment of the file.

4.4 *Care plan*

The practice in Avondale is that the key worker writes the care plan in consultation with the young person, social worker, parents, teacher and other professionals. This is not in conformity with national guidelines.

Section 23 of The Child Care Regulations(1995) state that a health board shall, before placing a child in a residential centre, prepare a plan for the care of the child. The outline of the plan should include the aims and objectives of the placement; and how the health board should support the child, the residential centre and, where appropriate, the parents of the child. It is accepted in practice that the function of the health board should be carried out by the social worker.

The social worker carries the statutory responsibility regarding the young person in care and as such should take a lead role in developing the care plan. A placement in a residential child care centre may be only one aspect of the overall care plan for which the social worker is responsible.

The original copy of the care plan should be on the social worker's case file, with copies to the manager of the centre, the key worker, the parent and other professionals.

The inspectors are unclear how the current practice in Avondale developed. Social work managers are advised to bring it in line with the 1995 Child Care Regulations.

5. Recommendations

Statement of purpose and function

- 5.1 The centre should have a clear written statement of purpose and function, which should guide the admissions to the centre.
- 5.2 This statement should be readily accessible to staff, young people, families, social workers and others and should be regularly reviewed and updated.

Key workers and personal case files

- 5.3 Young people have rights of access to their personal files. The manager and key worker will need to agree how to store information which may be deemed harmful for the young person to see, depending on age or maturity, or which may be subject to third party confidentiality.
- 5.4 In keeping personal case files: key workers should ensure there is a birth certificate or a copy of a birth certificate on all files; key workers should attach a uniform front sheet for all files with details of the number and names of previous care placements and key personnel involved; and key workers should ensure that notes on the young person's file are used as a basis of assessing progress against agreed plans
- 5.5 All young people, even those admitted on an emergency basis, should be allocated a key worker, and have a care plan.
- 5.6 Young people have rights of access to their personal files. The manager and Key worker will need to agree how to store information which may be deemed harmful for the young person to see, depending on age or maturity, or which may be subject to third party confidentiality.
- 5.7 Key workers should consistently record the views and wishes expressed by young people on case files. The extent to which these have been met should also be recorded. Where decisions conflict with the views and wishes of young people, the reasons should be recorded.
- 5.8 Key workers should note visits to a young person by his /her social worker on a separate sheet in the case file.
- 5.9 Key workers should write up the aims and objectives of the placement and outline the developmental needs of the young person in more detail. The case file should show what work has been done and the extent to which objectives are being met.

The centre

- 5.10 The refurbishment of Avondale should proceed as a matter of priority.

- 5.11 The manager and staff members should review the 'three phone calls' a week rule.
- 5.12 The manager and staff members should facilitate the payment of weekly grocery shopping in a manner which does not identify the care status of accompanying young people.
- 5.13 The manager and staff members should use their discretion concerning the collection of free bread and cakes, bearing in mind the meaning of such donations for young people.
- 5.14 The practice of checking sleeping young people, unless there is an explicit reason in relation to their safety and welfare, should cease.
- 5.15 Staff members should ensure there are stimulating books and other activities available within the centre. These should be age appropriate.
- 5.16 Staff members should actively include young people's views on the décor and appearance of the centre.
- 5.17 The manager should be able to access maintenance services within a reasonable time frame.

Child protection

- 5.18 The manager should put in place all written documentation in respect of child protection as a matter of priority, including a written complaints procedure.
- 5.19 The manager and staff team should pay close attention to safeguarding issues, and should avail of appropriate training.

Administrative files

- 5.20 The manager should reintroduce the use of a sanctions book. The manager and the authorised person (child care manager) should read and sign the book at intervals.
- 5.21 The manager should issue guidelines to staff pertaining to the proper maintenance of all records.
- 5.22 The diary should be signed by the staff member completing the diary, and it should list the staff on duty and young people in the centre
- 5.23 Incident sheets should be signed by the manager as indicated on the sheet.

Supervision, training and induction

- 5.24 All staff should be supervised on a formal basis, including regular relief staff.
- 5.25 The manager should receive training in supervision.

- 5.26 The induction programme for new staff should be expanded to introduce staff to all aspects of their work.
- 5.27 A training audit in relation to FOI. should be undertaken and training arranged accordingly.
- 5.28 The manager might consider introducing action and assessment recording materials as a means of improving the care planning process.
- 5.29 The manager should implement training in identifying and responding to the emotional and psychological needs of young people including those admitted on an emergency admission.

Safety

- 5.30 The Manager should organise regular fire drills in conjunction with advice from the fire department. A record should be kept of all fire drills and of the level of maintenance of all fire fighting equipment.
- 5.31 All vehicles used to transport young people are road-worthy, legally insured and driven by persons who are properly licensed.

Monitoring

- 5.32 The child care manager should keep a record of visits to the centre. The child care manager should speak directly with the children and young people, read the sanctions book and any other records that would offer evidence of the quality of care in the centre.
- 5.33 The child care manager should produce an Article 17 inspection report (Child Care Regulations 1995), which should be publicly available.

Parents

- 5.34 The manager should ensure that parents get written documentation concerning the residential centre; its rules; the complaints procedure; and the names and phone numbers of key personnel.
- 5.35 The centre should ensure parents are invited to review care planning meetings and encourage them to attend. Files should contain evidence of invitations to parents to attend case planning review meetings. Reasons for absence should be noted.
- 5.36 The centre should invite parents and family members to visit the centre.

Investigations

- 5.37 The SEHB should review its policy and procedures for investigations of serious complaints in relation to practice issues.

- 5.38 At least one member of an investigation team should be from outside the community care area of the investigation.
- 5.39 All recommendations from an investigation should be implemented.
- 5.40 The SEHB should put in place monitoring arrangements to ensure all recommendations are implementation.

Part Two

6. Executive summary

6.1 Summary: centre

- Avondale is a children's residential centre that offers a caring, stable, secure placement to young people admitted in a planned way. The atmosphere in the centre is relaxed and secure. During the inspection the young people expressed themselves as happy with the care they received. The health of the children and young people is well looked after and they are well placed and supported in their education. Primary care is excellent and the quality and variety of food is very good. During the limited course of the inspection, good relations with parents were noted.
- Young people indicated they felt safe. Staff stressed the importance of dealing with difficulties through discussions and relationships. Few sanctions were necessary in this climate.
- The local residential manager is to be commended for many aspects of the care provided in Avondale. His management presence and style is supportive of the staff, and appreciative of their work experience. The children and young people name him as someone they could talk to if troubled or with a complaint. Social workers and their managers were optimistic about their developing working relationship with the centre.
- The staff team have a variety of qualifications in the area of child care and nursing, and their experience and length of service offer stability and continuity for the children and young people in their care. The longer serving members of staff in Avondale have been through many changes over the years in child care and this should support them in the changes which lie ahead.
- The involvement of young people in decision making areas of their lives, by attending young people's meetings and review meetings is good practice
- The area of children's rights needs attention in relation to the establishment of a formal complaints procedure and the provision of access to information on file.
- Young people attend their care planning review meetings, although only a minority of parents attended.
- Changes occurring within child care practice have implications for the manager of residential child care. Residential child care will be offered to children and young people for shorter periods. The differing length of placement of the children in Avondale reflects the changes in residential care in general; from placements of many years to shorter term placements.

- Avondale should be prepared and able to cope with some degree of challenging behaviour from young people. This area needs to be developed.
- The centre had difficulties in responding to the needs of an unplanned emergency placement.
- While there is a specific need to review how the centre responds to emergency placements, the manager needs to motivate, monitor and support staff members in adapting to changing practices and in using both professional qualifications and experience in the implementation of care plans.
- The staff team is not supervised by the manager
- The staff team have experienced an investigation into complaints made against colleagues. It is the responsibility of the manager to implement all recommendations arising from this investigation. Of particular note is the need for further training in child protection and safeguarding practice and the provision of formal supervision for all staff.
- While the administrative records of the centre are good, there are outstanding deficits in relation to requirements of the Child Care Regulations 1995.

6.2 Summary: strategic management

- The SEHB became directly responsible for the Carlow/Kilkenny residential child care services six months prior to this inspection. Unlike some other health boards, the SEHB has a history of managing residential child care over a long period. However, the transition of any service from the voluntary to the statutory sector is a major change, and the SEHB and personnel from St. Josephs residential services are working on issues of common interest.
- The inspection has highlighted areas that strategic managers need to address. Managers need to use their projections for the overall need for residential child care in the area to advise individual centres on the aspect of the service which they will be expected to offer, with a breakdown between centres catering for medium/short term/ emergency/respice. If one centre is unable to fulfil its purpose and function within the overall plan, there are implications for other centres.
- The centre needs to have in place documentation that guides its work, safeguards the young people and provides clear information about the centre. Statement of purpose and function, complaints procedures and information leaflets about the centre are a priority.
- Managers also need to review if their current approach to investigations of serious complaints of practice issues enhances the overall care and welfare of children and young people.

- The authorised person, who monitors standards on behalf of the health board (The Child Care Regulations, 1995, section 17), should consider if they have sufficient evidence to satisfy themselves that all standards are being met.
- The Child Care Regulations, 1995, section 23, Care Plans, are not being met with regard to the young people placed in Avondale. The interpretation of that section is that the care plan is prepared and written by the social worker for any young person placed in residential care. Care plans are written in respect of children in Avondale, but these are written by the key worker in the residential centre.
- The refurbishment of Avondale children's centre should proceed as a priority.
- Young people in residential care and their families need to be able to access assessment, counselling and treatment as a matter of priority