



**SOCIAL SERVICES
INSPECTORATE**

**A CHILDREN'S RESIDENTIAL CENTRE IN
THE NORTHERN AREA HEALTH BOARD
COMMUNITY CARE AREA 7**

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1 Executive summary

This section contains a brief summary of the main findings and conclusions of an inspection of a children's residential centre in the Northern Area Health Board (NAHB). Readers wishing a more detailed account should refer to the main sections of the report.

The children's residential centre was set up in 2001 to provide care for a sibling group of four children. It was located in and managed by community care area 7 of the NAHB.

Inspectors were highly impressed with the standard of care provided by this centre and the extent to which the centre met the National Standards for Children's Residential Centres.

The young people were cared for in a warm and professional manner within a centre where daily life was as similar as possible to that of the young peoples' peers. Individual interests and talents were encouraged and the young peoples' involvement in community activities was varied and supported. The young people spoke very positively of the staff and it was clear that they felt cared for by people that had a genuine interest in their well-being.

The staff presented as a cohesive team that were confident in their practice and received supportive leadership from the manager. There were some good staff support structures in place including staff supervision and weekly team meetings. Practice was transparent and there was a willingness amongst staff to review their practice. While support for qualifying training was available, access to in-service training was less satisfactory.

Greater attention to staff vetting was required to ensure that all references were received prior to employment.

Practice in relation to working in partnership with parents was exemplary. Parents interviewed were unreserved in their praise of the centre. There were many examples of parental involvement and an approach to care that involved 'shared care' with parents.

Attention to children's rights was good. There were many opportunities for both formal and informal consultation with the young people. The young people felt listened to and knew that their concerns were responded to. Further clarity was needed in relation to facilitating their right to access information held about them.

Access to specialist services had been made available where appropriate and staff had access to external consultants to inform their practice.

Statutory review meetings took place as per the requirements of regulation. However care plans required updating.

Practice in relation to education was excellent. The four young people were attending school, one of whom was preparing for his junior certificate. The young peoples' health needs were diligently attended to.

Staff showed a good understanding of safeguarding practices. They were clear about professional boundaries and could list a number of practices that assist in the protection of young people. Safeguarding in the centre was also enhanced by an openness and transparency of practice amongst staff, the partnership work with parents and professionals

associated with the centre, informed and guided interventions, the level of community involvement available to the young people, and effective management.

The centre was located in a pleasant housing estate. It was tastefully decorated providing a comfortable living environment for the young people. Overall the centre had a pleasant ambiance in which to live and work. However there were long delays in getting some repairs attended to, which presented a safety risk. Though a safety statement had been prepared no safety audit had been carried out.

While the report outlines a number of recommendations to meet the requirements of the National Standards for Children's Residential Centres, the staff and management are highly commended for the quality of care provided to the young people in this centre.

2. Introduction

The inspection of this children's centre was carried out by the Social Services Inspectorate under the provisions of section 69 (2) of the Child Care Act, 1991. It took place over a period of three days (11th, 12th and 14th May, 2004). The inspectors involved were Ann Ryan (lead inspector) and Andrew Fagan (support inspector).

2.1 Methodology

The inspectors reviewed the following documentation over the course of the inspection:

- The young people's care files
- Administrative records
- Census forms on young people
- Census forms on staff
- The centre's policy and procedures manual
- Questionnaires completed by the young peoples' social worker and a parent
- Health and safety statement

Interviews were held with the centre manager, the alternative care manager, four child care workers, the four young people; two parents; the young peoples' social worker; the child care manager and the general manager.

2.2 Acknowledgements

The inspectors acknowledge the co-operation received from all, and particularly thank the young people, parents and staff.

3. Setting the scene:

3.1 Background

This children's residential centre was set up in 2001 to care for a sibling group of four children. It was located in and managed by community care area 7, of the Northern Area Health Board (NAHB).

3.2 Data on young people

The four siblings, two boys and two girls were aged 7 years, 8 years, thirteen and fifteen years respectively. They had all been placed at the same time and were under the voluntary care of the board.

4. Standards: the findings

4.1 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 that is provided. The statement is available, accessible and understood.

The residential centre was set up to provide specifically for the care of a sibling group until alternative care was found. A process of assessment in relation to respite foster care had commenced at the time of inspection.

A statement of purpose and function was available that set out the purpose of the centre, specified the young people it provided care for and the values underpinning the work of the centre. The statement of purpose and function was accompanied by the key policies and procedures that informed the care of the young people. References to specific policies are made under the relevant standards.

4.2 Management and care staffing

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

4.2.1 Management

A centre manager who held a qualification in social work managed the centre. She was assisted by a child care leader, both of whom shared on-call duties. The centre manager reported to the alternative care manager.

The centre manager had regular contact with and received regular support and direction from the alternative care manager. However she does not receive formal supervision. The alternative care manager informed inspectors that he has completed three days of a five day supervision training programme. On completion of this training he will implement a formal programme of supervision for centre managers.

The centre manager held responsibility for the centre's budget. This is a new and welcome development in that it allowed the centre, both staff and young people, more autonomy in relation to planning of expenditure. It also puts an end to some of the more stigmatising practices (order books, bulk purchases, identification of children's care status) that have often characterised a centrally administered budget. The board are commended for this initiative.

Inspectors found that the centre was well managed and that routines, structures and practices were organised and directed in a way that both respected staff and prioritised the well being of the young people.

4.2.2 Care staffing

STAFF EXPERIENCE, STATUS AND QUALIFICATIONS

CARE STAFF	LENGTH OF SERVICE IN CENTRE	EMPLOYMENT STATUS	QUALIFICATIONS
Manager	2. 10 Years	F/T Temporary	Diploma in Social Work
Child care leader	2.10 Years	F/T Temporary	Diploma in Social Care
Child care worker	1.9 Years	F/T Temporary	BA Social Science
Child care worker	11 Months	F/T Temporary	No qualification
Child care worker	11 Months	F/T Temporary	No qualification
Child care worker	5 Months	F/T Temporary	Diploma in Social Care
Child care worker	2.1 Years	F/T Temporary	BA Behavioural Science
Child care worker	2.6 Years	F/T Temporary	Studying for Dip. Soc. Care
Child care worker	1.5 Years	F/T Temporary	BSc Behavioural Science
Child care worker	2.8 Years	F/T Temporary	BA Psychology
Child care worker	3 Months	F/T Temporary	BA Social Care
Child care worker	1.5 Years	F/T Temporary	BSc Social Science

Staffing in the centre consists of a centre manager, one child care leader and ten child care workers, the majority of whom have worked in the centre since it was established. There are three relief staff, two of whom are agency staff, and all have worked in the centre since it opened. On occasions when relief staff cover is insufficient or staff are unavailable, the centre manager or child care leader provide cover rather than employ new staff that are unknown to the young people.

The majority of staff had a qualification in social care and related areas. Inspectors were informed of a strong commitment to supporting staff in gaining relevant qualifications. One staff was being seconded for qualifying training in social care. A second member of staff was doing a management course, and a third was attending a course in counselling. Of the two members of staff that were untrained at the time of inspection, one was being seconded to commence qualifying training for 2004-2005.

Garda clearances for all staff were updated in March 2004. This was in line with board policy to automatically renew garda clearance every two years. This practice is commended.

Eight out of twelve staff had three references. Three had two references and one had only one reference. Three staff commenced work prior to references being obtained. This is unacceptable. Inspectors were informed that since May 2003 all new staff are required to have three references, which is in line with Department of Health and Children guidelines.

4.2.3 Supervision and support

Staff members interviewed by inspectors were clear about accountability and reporting lines within the centre. They experienced management as a positive support to them and were also confident of their own strengths as a team. They presented as a cohesive team who were transparent about and shared a confidence in their practice. They were clearly guided by their commitment to the young peoples' well being. The centre manager described her staff team as one that pulled together and placed the young people in their care first. This was reflected in the overall findings of the inspection.

Staff were supported by weekly staff meetings chaired by the centre manager. Prior to the staff meetings an hour was set aside for the team (without the manager and child care leader) to meet to discuss practice issues and provide a focus for the staff meeting.

In general the staff had received three supervision sessions with the manager over the previous year. Her intention to provide supervision on a six weekly basis has not been practicable. However the plan for the centre manager and child care leader to attend training in supervision in June 2004 will mean that the task of supervising all staff can be shared and will then take place on a more frequent basis.

4.2.4 Training and development

All staff had received training in Therapeutic Crisis Intervention (TCI); two were trained in food hygiene; one in first aid; and all but one had attended a corporate induction programme. The majority had received a briefing session on Children First.

Inspectors were informed that where the board's training section did not provide training on a specific subject the centre manager could source the training elsewhere, and it would be funded by the board. At the time of inspection the centre manager was in the process of sourcing training from outside the board in relation to informing staff on a particular issue that was relevant to the young people's circumstances. Inspectors were informed by the alternative care manager that it was likely this training would be funded by the board. Inspectors recommend that this particular training is made available to the staff and that the centre manager is assisted in sourcing it.

Inspectors noted a common view held by staff that in-service training was difficult to access. At the same time inspectors learned from the board's training officer that courses were not generally over subscribed and that operational issues in a centre have a bearing on how many people can be released to attend. In the interest of clarity inspectors recommend that the board's training officer meet with the staff to outline the programme of training for the foreseeable future; the numbers of places that are likely to be available to them; and to explore the provision of on-site training for the staff, which would facilitate greater attendance.

On a more general level it would be beneficial if the board's training section were to audit the level of attendance at training amongst different centres so that the service offered could be rationalised to ensure that at least a minimum standard of in-service training has been available to all centres.

Recommendations

- 1. The manager and alternative care manager should ensure that references are received for all staff prior to taking up employment.**
- 2. The board's training officer should meet with the staff to discuss in-service options.**
- 3. The manager should ensure that staff supervision takes place on a more regular basis.**

4.2.5 Administrative files

The administrative record system was organized and maintained to facilitate effective management and accountability. However inspectors consider that the system resulted in over-recording which placed an unnecessary burden on staff. Two examples illustrated this. The first involved the daily log book which provided a resume of the young peoples' activities at 10-15 minute intervals. This detail particularly in a community based children's home was inappropriate and was more akin to the type of recording used when a young person is under 'special observation'. In addition this information could also be found in the young peoples' personal logs. Another example involved photocopying details of sanctions from the existing discrete record and placing them in the young peoples' files. One record, a discrete record, was sufficient.

There are no set rules for recording information. What is important is that staff identify the purpose for recording the information in the first place and that the records are legible, maintained to a high standard and provide ease of access to information. Some information is recorded to assist the smooth running of the centre, so that messages and key information is passed between shifts. Other recording has an importing safeguarding and monitoring purpose and requires discrete records that are easily accessible and transparent, such as information on complaints and sanctions. A common sense approach should be used that is guided by identifying the purpose for recording the information.

The manager and staff should revise the recording system to ensure that it does not result in duplication and place an unnecessary administrative burden on staff.

Recommendation

- 4. The manager should review the administrative recording system**

4.2.6 Notification of significant events

Significant events are documented and notified by phone to parents, and to the young peoples' social worker and the alternative care manager, by phone and supporting documentation.

4.2.7 Register

Although there have been no new referrals or discharges since the centre opened, monthly returns are made to a central register providing relevant placement details including date of placement. Copies of these returns were kept on the young peoples' care files.

4.3 Monitoring

The Health Board, for the purpose 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.

The board's monitoring officer took up post in January 2004. The post was one of secondment for one year.

Her first visit to the centre was deferred to accommodate SSI's inspection (it had been set to take place at the same time). Instead it was arranged to take place six weeks after the inspection report was issued so that the monitor could review the board's progress in implementing the recommendations of the inspection.

The monitor has responsibility to monitor thirty-nine children's residential centres. In preparing a schedule to visit all centres at least once during the year, prioritisation has been given to special arrangements; to centres that have not been inspected by SSI; the length of time since inspection; the number of outstanding recommendations since inspection; or where child protection concerns are brought to her notice.

Since taking up the post the monitor wrote to the managers of all centres outlining the role and function of the monitor and requesting that they notify her of significant events. She has also written to the young people to explain her role to them and informing them that they can contact her at any time.

The monitor's focussed and planned approach to this role was commendable. However it was difficult for inspectors to envisage how one monitor could implement a schedule of monitoring visits involving thirty-nine centres, including unscheduled visits that may arise from notified concerns.

Inspectors recommend that the NAHB review, given the number of centres involved, whether the standard on monitoring can be met with the existing one monitoring post.

Recommendation

- 5. The ACEO should review whether the standard on monitoring can be met with the existing one monitoring post.**

4.4 Children's rights

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.

4.4.1 Access to information

In practice the young people had access to their daily log books and any reports written about them by the staff of the centre, including statutory review reports. Inspectors were informed that while the issue of accessing third party reports had not arisen for the centre, if it did, permission would be sought through the young peoples' social worker.

There was no written policy to provide guidance for staff in relation to facilitating this right. A policy stating young peoples' right to information should be devised and made available to all professionals associated with the centre. This should include a proactive approach to facilitating the right to information, which includes seeking permission to provide access to information prior to actual requests being made by the young people.

4.4.2 Consultation

The atmosphere in the centre was warm, open and accepting. The young people were consulted on and able to voice their opinions in matters relating to their daily lives such as activities, individual hobbies and interests, community activities, friendships, annual holidays and special events. Weekly informal meetings were held with the young people where issues raised could be brought to the staff meeting and feedback given to the young people.

Regular key working sessions, both formal and informal provided the young people with an opportunity to discuss and be consulted on any aspects of their care. Key workers assisted the young people to prepare for their review meetings, where if they wished they could complete a review form. The two older young people were invited to attend their review meetings, although one chose not to.

Practice in relation to consultation is good.

4.4.3 Complaints

A complaints form is available for recording young peoples' complaints. In practice the young people did not recourse to the formal complaints procedure and complaints were resolved locally and sensitively by staff. They are aware that they can bring any issue to staff or their social worker.

Two complaints had been made by one young person. One related to a complaint to the board about a delay in receiving a computer for the centre, and the other concerned a practice issue with a member of staff. Both were responded to and resolved satisfactorily. Information on the first complaint was, in line with centre procedure, held in the young person's care file. However the issue in relation to the staff member was held only in her personnel file. This reflected some confusion as to what constitutes a complaint and the status of a complaint if a young person does not want to complete a complaints form or

seek a more formal resolution to the issue creating the dissatisfaction. As stated the complaint was responded to sensitively and appropriately and, in line with the ethos of the centre, there was a commendable openness in discussing this with the staff member involved. However for the purposes of safeguarding and monitoring details of all complaints should be held in a complaints register.

At the time of inspection the board were devising a uniform complaint and child protection policy for all of the residential centres. It is due for completion by the end of June 2004.

Recommendations

- 6. The alternative manager should ensure that a policy on young people's access to information is devised.**
- 7. The manager should maintain details on all young peoples' complaints in a complaints register.**

4.5 Planning for children and young people

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.

4.5.1 Suitable placement and admissions

The centre was specifically established to provide for the care of four members of a sibling group. They were all admitted at the same time following one introductory visit to the centre. An older sibling who was not placed in the centre had regular contact with her siblings, visiting regularly including over-night and week-end visits. At the time of inspection she most recent visit to the centre had been extended to support her particular circumstances.

As the centre provided for a sibling group there were no other admissions.

4.5.2 Statutory care plans and care plan reviews

All of the young people had care plans that were devised in October 2002. They showed evidence of consultation, identified individual needs and assigned named responsibility for specific tasks. Two were signed by the social worker only and one was unsigned and undated. While a number of issues identified in the care plans had been addressed, including referral for assessment and specialist services, the existing care plans were outdated.

Inspectors were informed by the young peoples' social worker that following statutory review meetings due to take place in May and October 2004, all of the care plans will be revised and updated. Review meetings, chaired by the social work team leader, have taken place on an annual or six-monthly basis based on the needs of individual young people. Parents are invited to attend reviews and minutes are provided to all.

Recommendation

8. The Principal social worker should ensure that care plans are updated following statutory review meetings.

4.5.3 Contact with families

The centre was distinguished by the manner in which it met not only the requirements but also the spirit of this standard. The extent to which the staff worked in partnership with parents was a defining feature of their work and therefore their success in caring for the young people.

Both parents interviewed by inspectors were unreserved in their praise of the care given to their children by the staff. They talked of always being welcome to visit the centre, the ease with which they could spend time with their children, the sensitivity that staff showed to them, and the clear regard and respect they had for the staff and manager of the centre. Their experience of having children in care was one of shared care.

Staff organized special events within the centre to ensure that celebratory occasions were celebrated by the young people as a family with their family. Every practical support was given to parents to facilitate them visiting the young people.

One parent talked of the progress the children had made and the emotional security they had developed in the centre. While acknowledging the professionalism of staff, he also referred to them as part of the young peoples' extended family. Parents were always informed of both significant events and day to day aspects of the young peoples' lives. They were invited to review meetings and believed that they had an important contribution to make. While they had not made any complaints, they were confident that if they were dissatisfied with any aspect of the young peoples' care they could talk to the manager.

The centre policy on 'Inclusion' emphasised that *'the aim of the centre is to ensure that links with the family are maintained and developed..... staff, and in particular key workers, are expected to maintain a high level of contact with parents and family members, and to emphasise the positive attributes of family when ever possible with a view to increasing self-confidence and a sense of involvement and participation in both children and parents'*. Importantly, this policy also stated an expectation that all staff were *proactive* in its implementation.

Involving families, in more than a token way, has presented challenges for many residential centres. Role confusion can exist and inherent issues of power and control can limit parental involvement in the care of their children. However it is well acknowledged that when parents and families continue to play a significant part in their childrens' care, children do better, primarily because they have been provided with continuity of love and identity. When parents and families are given a significant voice by the residential centre they become a significant resource to the residential centre.

This centre gave parents a significant voice. It is highly commended for the manner in which it met the challenge of sharing the care of the young people with the most significant people in their lives.

4.5.4 *Social work role*

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to any aspect of their care.

There was a clear sense of partnership work between centre staff and the young peoples' social worker.

The social worker spoke very positively of the quality of care the young people received in the centre. The manager and staff were presented as open and flexible, confident in their practice, working in partnership with parents, schools and the community. She was notified of all significant events; roles and responsibilities were clear; and general communication with the centre was very good.

The young people were visited every 6-8 weeks by their social worker. While she has not read their care files staff have on occasion read extracts from the files to her. Inspectors advise that the social worker should periodically read the care files.

4.5.5 *Emotional and specialist support*

The young people clearly experienced their care as warm and supportive. The interaction between staff and young people was relaxed and, importantly, the younger children in particular were responded to with physical affection.

All of the young people spoke positively of their 'key workers' sessions particularly having time apart with their key workers. Key worker sessions took place on a regular basis which involved direct work or alternatively just spending time with the young person outside the centre where issues can be discussed or raised as appropriate.

Access to specialist services had been made available to the young people. An arrangement had been made for members of the Mater Child Guidance Service to meet with the staff team to inform the care of two of the young people. One of these sessions took place in late 2003 and the following was due shortly.

The staff showed an understanding of the emotional needs of the young people and the links between past life experiences and current needs. Of note was the manner in which staff addressed a particular concern in relation to two of the children with sensitivity and appropriate diligence, without letting their response characterise their overall interaction with the young people.

Staff were also conscious of emerging issues in the young peoples' lives and were open to guidance and training to enhance their existing confident and competent relationships with the young people.

4.5.6 *Preparation for leaving care and aftercare support*

Preparation for leaving care takes place as part of the care planning process. A leaving care plan will be devised for the oldest young person when he reaches 16 years. Although there is an after-care worker assigned to the social work team there is no board policy which outlines the specifics supports and entitlements that are available to young people leaving care.

Recommendation

9. The board should devise an after care policy that sets out the supports and entitlements for young people leaving care.

4.5.7 *Discharges*

No young people had been discharged from the centre

4.5.8 *Children's care records*

The young peoples' care records were maintained to a high standard. They contained content sheets and information was divided into different sections to provide ease of access to information. All relevant information including birth certificates, admission to care forms, social history reports, medical, educational and other reports were available. Personal memorabilia belonging to the young people such as certificates and photographs were also held on file. Separate files contain weekly and monthly centre review reports.

In relation to information on statutory care planning and review, some files had records of review minutes but no centre reports or alternatively had centre reports but no minutes of the review. Inspectors advise that all records of review meetings are kept on each young person's file and that review reports written by key workers are dated to show which review meeting they refer to.

4.6 *Care of young people*

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

4.6.1 *Individual care in group living*

A tribute paid to the staff by one of the young peoples' parents, was that due to the care they received, the young people 'were going to be well adjusted and productive members of society'. The young peoples' experience of daily life in the centre, in terms of the emotional support and security they received, their strong sense of family identity, their educational progress, and their involvement in the community, supports this parent's view.

Inspectors learned from staff, parents, and the young peoples' social worker about many commendable aspects of daily life in the centre. Staff talked of providing the young people

with 'a regular and homely' life experience. There was a strong emphasis on encouraging individual interests and talents; on creating a home atmosphere where young people could invite their friends; and on having family type experiences including annual holidays, birthday and other celebrations. The young people received weekly pocket money similar to that of their peers, one young person had a week-end job, and they were involved in community based clubs and activities.

The young peoples' description of how they experience their care was particularly telling. Individual comments included - telling a key worker if unhappy and 'getting it sorted'; walking to school with friends; doing a photo-album with a key worker; being comforted at times of bad dreams; making a tent in the back garden; getting clothes at Christmas and Easter and whenever you need them; getting a surprise of a bike for a birthday; getting take-away on a Friday night; talking to any of the staff if worried; staff looking after the young people and staff being fair; having lots of friends and having sleep-overs with friends; going to gymnastics and dancing; being supported and encouraged by staff to pursue an interest in football; and of course, wanting to be in later and stay up later.

These comments along with other findings of the inspection describe an experience of daily life that promotes individuality, emotional security, safety, and social development.

4.6.2 Provision of food and cooking facilities

The food provided was nutritious and appetising and individual preferences and choices are taken into account when planning the menu for the week. The inspectors shared an evening meal with staff and young people that had been prepared by the young peoples' older sibling. It was a social, relaxed and enjoyable event.

4.6.3 Race, culture, religion, gender and disability

The young people enjoyed the same opportunities as their peers and were not subject to any form of discrimination.

They were facilitated in the practice of their religion taking into account the age and wishes of the young people and their parents – three of the four young people attend mass. One of the young people was preparing for her First Holy Communication. She spoke with excitement about the plans for this day, which included a buffet in the centre with her family members and staff, and proudly showed inspectors her extensive ensemble! The pleasure she experienced in anticipating this day was infectious.

As stated in section 4.5.3 the centre clearly recognized the importance of the family as a source of the young peoples' identity.

4.6.4 Managing behaviour

Management of behaviour was primarily carried out within the context of the relationships established between the staff and young people. Individual crisis management plans were used as a starting point in identifying triggers to behaviour and in devising an agreed and consistent response to the young peoples' behaviour.

Sanctions were recorded in a discrete record and showed evidence of monitoring by the centre manager. The decision to impose a sanction, and the type of sanction, had to be agreed by all the team on duty. The use of grounding as a sanction had to be approved by the manager on call.

Inspectors acknowledge that children need to have limits placed on their behaviour and the sanctions used in the centre were age appropriate and humane. However in some instances reliance on the use of sanctions was considered somewhat excessive, or was a common response to a behaviour that occurred frequently. Compliance with sanctions does not automatically imply that the use of sanctions is effective, or that imposing a sanction is always the most appropriate response to the behaviour. Inspectors recommend that the use of sanctions is reviewed to look at whether certain problematic behaviour at specific times, such as bed time, can be more effectively responded to.

Recommendation

10. The manager should ensure that the use of sanctions is reviewed.

4.6.5 Restraint

All staff were trained in Therapeutic Crisis Intervention (TCI). Physical restraint had never been used in the centre.

4.6.6 Absence without authority

The centre had a procedure for staff to follow in relation to unauthorized absences, including who to be notified and within what timeframe. There were no unauthorized absences since the centre was established.

4.7 Safeguarding and child protection

4.7.1 Safeguarding and Child Protection

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.

Staff showed an understanding of safeguarding practices. They were clear about professional boundaries and could list a number of practices that assist in the protection of young people. Safeguarding in the centre was also enhanced by an openness and transparency of practice amongst staff, the partnership work with parents and professionals associated with the centre, informed and guided interventions, the level of community involvement available to the young people, and effective management.

The majority of staff have attended a briefing session on Children First, the National Guidelines for the Protection of Children. It is important that all staff receive the follow on training particularly in understanding the interdisciplinary response to child protection and their role and responsibilities within this.

As stated previously the board was in the process of revising its policy and procedures on child protection. Inspectors were informed that this should be completed by end June 2004.

Recommendation

11. The alternative care manager should ensure that all staff receive training in Children First

4.8 Education

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 education facilities.

The centre valued education. One of the young people attended secondary school and the younger children attended primary school. The oldest young person was studying for ten subjects in his junior certificate. He wishes to complete his leaving certificate and apply for a sports scholarship. None of the young people received extra tuition but inspectors were informed that this would be made available if needed.

The staff took an interest in their education, attended all relevant school meetings, liaised with teachers, and supported them with their homework. They had high expectations for the young people in their care and provided the assistance and support that the young people required to reach their educational potential.

4.9 Health

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

The young people have access to a general practitioner. All received a medical examination on admission, the records of which are on their care files.

Medical, dental, ophthalmic and other services are available when required. One young person had received private orthodontic treatment as the public waiting list was too long. At the time of inspection a decision was taken to continue another stage of this treatment, primarily cosmetic work, through the private services. The ophthalmic needs of another young person is closely monitored. Parents were consulted and consent sought regarding the young peoples' health care and treatment needs.

The Stay Safe Programme was available through schools and key workers provided information on sex education for the older young people. The centre operated a no smoking policy and staff were prohibited from smoking outside the unit in the presence of the young people.

Medication was stored securely in the staff office and all medication, both prescribed and non-prescribed was appropriately recorded. The centre had received advice from the general practitioner in relation to the use of non-prescribed medication, and this is kept to a minimum.

At the time of inspection none of the young people were receiving prescribed medication.

4.10 Premises and safety

The premises are suitable for the residential care of 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 and 13 of the Child Care Regulations, 1995.

4.10.1 Accommodation

The centre was located in a pleasant housing estate. It was tastefully decorated providing a comfortable living environment for the young people. Two of the girls shared a bedroom and the two boys had separate bedrooms. All were individually personalized. There was a good sized back garden with swings, bikes, and the resident rabbit. Overall the centre had a pleasant ambiance in which to live and work.

4.10.2 Maintenance and repairs

The standard was not well met in relation to maintenance and repairs. Inspectors learned of long delays in getting repairs attended to by the board's maintenance department. At the time of inspection four things in need of repair included a broken socket in the hall way (which had been covered); an unstable garden pillar; some loose tiles on front of the house; and broken paving stones under the garden swings, presenting a particular hazard to the children.

Inspectors were informed by senior board managers that the centre could get these repairs done privately, and it was not necessary to go through the board's maintenance section. Clearly there has been some confusion about this. Irrespective of this, the necessary repairs must be attended to and the alternative care manager should ensure that procedures in relation to repairs and maintenance are clearly communicated to the centre manager.

4.10.3 Safety (including fire safety)

The centre has a health and safety statement. There are two designated health and safety staff representatives. However they have not received any training in carrying out their responsibilities.

A health and safety audit had not been carried out. Inspectors were informed that this was due to take place within a month of the inspection.

One member of staff was trained in first-aid and another was due to commence training the week following the inspection.

The centre had an automatic fire alarm system and fire extinguishers that were last serviced in April and May 2004 respectively. Smoke detectors were located throughout the house and a fire blanket was kept in the kitchen. Fire escape routes were clearly marked. A fire drill had taken place shortly before inspection following one seven months previously.

Staff last received training in fire safety and evacuation in August 2002. The next training was due to take place in June 2004. A fire safety certificate for the centre was provided.

Recommendations

- 12. The alternative care manager should ensure that:**
 - outstanding maintenance work is carried out
 - the health and safety staff representatives receive training
 - a health and safety audit is carried out

5. *Summary of Recommendations*

- 1. The manager and alternative care manager should ensure that references are received for all staff prior to taking up employment.**
- 2. The board's training officer should meet with the staff to discuss in-service options.**
- 3. The manager should ensure that staff supervision takes place on a more regular basis.**
- 4. The manager should review the administrative recording system**
- 5. The ACEO should review whether the standard on monitoring can be met with the existing one monitoring post.**
- 6. The alternative manager should ensure that a policy on young people's access to information is devised.**
- 7. The manager should maintain details on all young peoples' complaints in a complaints register.**
- 8. The Principal social worker should ensure that care plans are updated following statutory review meetings.**
- 9. The board should devise an after care policy that sets out the supports and entitlements for young people leaving care.**
- 10. The manager should ensure that the use of sanctions is reviewed.**
- 11. The alternative care manager should ensure that all staff receive training in Children First**
- 12. The alternative care manager should ensure that:**
 - outstanding maintenance work is carried out
 - the health and safety staff representatives receive training
 - a health and safety audit is carried out