



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE DUBLIN NORTH EAST AREA

FINAL REPORT

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1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an unannounced inspection of a children's residential centre in the Health Services Executive (HSE), Dublin North Central Area (DNCA) under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Kieran O'Connor (co-inspector) carried out the inspection over a two day period from the 23rd-24th March 2010.

The centre was a four bed-roomed semi-detached house in a private housing estate located in North East Dublin. It was surrounded by a green area and had access to local amenities, such as schools, shops and public transport. The centre had moved to new premises on the same road as the previous premises. It was well maintained, nicely decorated, and blended in well with the other houses in the area. The centre provided medium to long-term residential care, for up to four young people aged between 12 and 18 years.

The centre had transitioned from being a sibling group home to a mainstream residential centre since the last inspection (see reports ID number 196 and 257). Two of the sibling group who had remained in the centre up to August and October 2009 respectively, had been successfully placed in foster care homes. The centre had had six separate and planned admissions since February 2009, four girls and two boys, and three planned discharges. In December 2009, the purpose and function of the centre had been amended to facilitate the admission of one child on a short-term basis. Therefore, the centre provided short, medium and long-term residential care, within a generic purpose and function that had been developed for the majority of the centres in the HSE northern area. It provided a service for both boys and girls, for xx local health office areas, following a re-structuring/broadening of the admission and discharge panel remit for the HSE northern area generally, in 2009.

The centre had experienced some challenges during its transition period, such as one child who displayed aggressive and oftentimes violent behaviour, over a protracted period of time (eight months). This was found to have had an impact on the children resident in, and the staff working in the centre at that time, and was not wholly acknowledged by the management team (see management; staffing; child protection).

Overall, inspectors found that the centre was well managed on a day to day basis, and it had a committed, resilient, motivated team that was receptive of the changes that had, and continue to, take place. It placed a high value on working effectively with children and their families. The children told inspectors that living there was safe and comfortable, that they were respected and consulted, and that they had good relationships with both the staff team members and their respective social workers.

1.1 Acknowledgements

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

1.2 Methodology

The judgements of inspectors in this inspection are based on an analysis of findings verified from more than one source of evidence gathered through observation of practice, examination of records and documentation, an inspection of accommodation, an interview with four young people, three social workers, the acting centre manager, five child care workers, the HSE monitoring officer (by phone) and the alternative care manager. Inspectors wrote to the general manager and Local health office manager for clarification of some issues arising from the inspection fieldwork.

The following documents were available to inspectors during this inspection:

- The centre's statement of purpose and function
- The centre's policies and procedures
- Young people's care plans and care files
- Census form on staff
- Census forms on young people
- Personnel files
- Administrative records
- The centre's self-audit report
- Previous SSI inspection report
- The centre's health and safety documents.

1.3 Management structure

The centre manager was on personal leave since September 2009 and there was an acting centre manager in place. The acting centre manager reported to the alternative care manager (ACM), who in turn reported to the general manager and local health office manager (LHM), Dublin North Central Area.

1.4 Data on young people

The following young people were residing in the centre at the time of the inspection fieldwork:

Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
# 1	16 years	Voluntary Care	Five days	Three Residential Care
#2	16 years	Voluntary Care	Seven months	One foster care 11 residential care
#3	17 years	Voluntary Care	Five months	One residential care
#4	15 years	Voluntary Care	Three months	One residential care

2. Summary of Findings

The centre had previously been inspected by the SSI in 2008 (see report ID number 196 and 257). Inspectors were satisfied to find that two siblings had been placed in foster care as was recommended in the previous report. Some of the recommendations from the last inspection remained outstanding. These were in relation to staff supervision and fire safety. Inspectors found that practices and the implementation of systems related to child protection; access to information by young people; strategic management of the centre were the *main* areas that required improvement. There were no practices that did not meet the required standard.

Practices that met the required standard

Register

This standard was met. The centre register was structured in a way that captured all of the information required by regulations. Inspectors advise the centre to record the name of the placing social worker and the location of archived information on the children on the centre register.

Notification of significant events

This standard was met. There had been 542 significant events reported by the centre since April 2007. These included the absence from the centre of young people, incidents of aggressive/violent behaviours of the young people, school refusals and possible drug misuse. Inspectors were delighted to see that young people's achievements were also classed as significant and notified to relevant parties. One such event was when a young person won an educational award, just prior to inspection. The centre had a clear system for the notification of significant events, and inspectors found that these had been notified in accordance with centre policy (see also child protection), and in a timely fashion. The ACM told inspectors that a significant review group was being established for the centre and this was welcomed by inspectors.

Training and development

This standard was met. The centre records showed that training in the centre was ongoing and that staff had received core training such as Children First; Fire Safety, supervision and Therapeutic Crisis Intervention (TCI).

Administrative files

This standard was well met. The centre had good systems of communication and recording, which inspectors found ensured good communication and information gathering in the centre. There was a good system of cross referencing across records. Records were kept up to date and stored in secure areas of the centre.

Monitoring

This standard was met. The HSE monitoring officer visited the centre regularly. The HSE monitoring officer had worked with the centre to produce a comprehensive audit of the centre that made recommendations under the national standards. This report was still in draft form at the time of the inspection. The HSE monitoring officer was working in partnership with the centre to ensure that the recommendations of this report were being implemented.

Contact with families

This standard was met. The young people told inspectors that they saw their families regularly and were happy with their access arrangements. The centre was at the very early stages of developing its model of care, which included increasing the work undertaken with families. This was a work in progress, and as such, inspectors formed no view on this except to advise that any such work should be conducted in accordance with the child's care plan and with the inclusion of the social work department. The centre held very good records of contact with families.

Care Planning and reviews

This standard was met. Each child was found to have an up to date care plan on their file, and each had had a child in care review within the statutory timescales. One child did not have their review minutes on file (see care files). Care planning for these young people was found to be good, and social workers worked in partnership with the young people; families and the centre staff to achieve identified targets. Some of these were also found to be presented in the care files as placement plans. The children told inspectors that they attended their care plan reviews, although two had chosen not to from time to time.

Individual living in group care

This standard was met. Three of the young people interviewed told inspectors that they had their own friends and wider social networks outside of the residential centre. They also told inspectors that they thought the centre was too far away from their local communities and friends, but that the staff compensated for this by driving them to and from home/friends houses on occasions. The young people regularly had a choice of activities outside of school hours, and these were usually co-ordinated by their individual key-workers, so they met the preferences of the individual young person. One young person was found to have little social outlets, and presented as quite dependent on the staff for friendship and company. This was being addressed by the staff team and social worker.

Provision of food and cooking facilities

This standard was met. The young person interviewed told inspectors that food was plentiful and varied. The kitchen was well stocked with healthy and nutritious food. The kitchen was accessible to the young people, and they told inspectors that they cooked from time to time. They also told inspectors that they could request certain foods they liked.

Restraint

This standard was met. There had been 12 physical restraints and 14 physical interventions (these referred to breaking up fights between young people) in the centre in the year prior to inspection. The centre had a policy of physical restraint as a last resort, and in accordance with the medical condition of the young person. Each child had an individual crisis management plan that included whether the child could be restrained or not. These were comprehensive and made use of external professional's reports and recommendations. All restraints were found to have been recorded and notified in accordance with centre policy. Inspectors advise that every effort is made to reduce the number of restraints in the centre.

Accommodation

This standard was met. The centre was a four bed-roomed semi-detached house situated in a private residential estate. It had a small front lawn and an average sized back garden with a decking area. Each young person had their own bedroom (one was en suite). The whole house was very nicely decorated and special attention was paid to having bedrooms decorated in a manner that reflected the ages of the young people. There was a good sized kitchen-come-dining area and living room. Although the house had limited living space, the staff had made the best use of all of the areas available, and this gave the house a bright, lived in and comfortable feel.

Maintenance and repairs

This standard was met. The centre was maintained to a good standard and inspectors found that there were no outstanding maintenance requirements.

Safety

This standard was met. The centre had a member of staff designated as the health and safety representative. The centre had an up-to-date health and safety statement and risks assessed in the centre were being addressed. (See also fire safety)

Practices that met the required standard in some respects only

Purpose and Function

This standard was partly met. The centre had a statement of purpose and function that said it catered for children and young people aged 12 to 18 years, on a short, medium and long-term basis. The statement was a generic one that was similar to those of other residential centres in the area.

One child, whose placement was appropriate at the time of admission (in that they met the required criteria), but was found to be inappropriately placed after a short period in the centre (due to their identified needs and challenging behaviours), remained in the centre for some months awaiting another placement. Inspectors found that the centre could not and did not meet the considerable needs this child had. He/she had significant behavioural problems from the time of their admission, and although an earlier diagnosis of his/her learning ability was inconclusive, a later diagnosis of a moderate learning disability (amongst other diagnoses) was made. Inspectors recommend that the HSEDNCA, in conjunction with the other HSE areas it provides residential services for/with:

- strategically review the provision of residential services in the area to ensure they meet the individual and collective needs of the children being referred for placements
- review and amend the statements of purpose and function for residential centres in the area following this strategic review, to ensure centres provide a level of care and expertise that is appropriate to the needs and age of the young people living in them.

Management

This standard was partly met. The centre was managed by a qualified and experienced acting centre manager. Inspectors found good evidence of the acting centre manager ensuring effective practice in the centre. She had introduced a new recording system, was promoting staff supervision in accordance with the national standards and HSE policy, and signed off on various documents/records generated by the centre staff. Inspectors found that the acting centre manager was respected

by the majority of the staff team and all professionals external to the centre that were interviewed.

Inspectors found that there were some tensions between the acting centre manager and a minority of the staff team. Proposed practice changes had also met with some resistance, and the acting centre manager was found to be addressing these in an appropriate and inclusive way. A facilitated team day was planned. It was the view of inspectors that positive outcomes from the team day would build on the strengths of an already strong and able staff team.

All of the staff interviewed told inspectors that they had experienced considerable violence and aggression from one child over a protracted period of time during 2009. Inspectors found that changes to the management of the centre and its purpose and function, contributed to minimal reflection by the centre managers on the impact this placement had had on the staff team (see also child protection). Inspectors were of the view that this required intervention by the acting centre manager and the ACM. This was acknowledged by the ACM and the acting centre manager at the time of inspection.

The centre manager was line managed by the ACM who visited the centre on occasion. Managers meetings took place between the ACM and all centre managers in the area, and these were found to be beneficial. The ACM had provided one supervision for the acting centre manager since she had taken up her position in September 2009.

Inspectors were informed of possible plans for the centre, and this was dealt with separately (by letter) with the local health office manager and general manager following the inspection fieldwork.

To meet this standard inspectors recommend that the HSEDNCA ensures that:

- the acting centre manager receives supervision in accordance with HSE policy
- management intervene appropriately to address the ongoing issues related to one placement in 2009.

Staffing and vetting

This standard was mostly met. Inspectors found that the centre had an allocation of 12.5 staff, including the centre manager post. The centre was functioning with 11.5 staff, as one person was on extended leave. The centre used agency staff when necessary, and inspectors found that their use was proportionate to the needs of the centre. There were no references on centre files for the centre manager and only two references on file for the acting centre manager. Sampling of the personnel files showed that all staff had been Garda vetted. Inspectors were satisfied that the ACM and acting centre manager had satisfied themselves that agency staff were appropriately vetted, however this was not noted on agency staff individual files. Inspectors advise that this is rectified as soon as possible.

The centre was staffed by a good team that was found overall, to be motivated and committed to the young people in the centre. They had embraced the fundamental changes to the purpose and function of the centre (from a sibling group home to a four bed mainstream residential centre) including the constraints and duties this had presented the team at times. They provided a good level of care to the children placed in the centre at the time of the inspection fieldwork. There were some areas

of practice that inspectors were of the view required re-visiting with the staff team, and these are dealt with under their respective headings (access to information; safeguarding and child protection).

To meet this standard, the HSEDNCA should ensure that all staff have three references on file.

Managing behaviour

This standard was partly met. Inspectors found that the centre staff team had managed behaviours by the young people on an individual basis and used sanctions in a proportionate and appropriate way. Risk assessments were used to determine potential and immediate risks associated with the young people's behaviours. One young person told inspectors that they sometimes received sanctions that did not work, and inspectors advise that sanctions that do not have the required effect are not used. The centre had a central log of all sanctions, and these were signed off by the acting centre manager. The centre had had a significant number (138) of incidences where children did not return to the centre by an agreed time, or on some occasions, overnight. Despite every effort of the staff to address this, and some success with one young person, the behaviour continued. The management of the challenging behaviour (verbal and physical aggression; absconding) presented by another young person (discharged in September 2009) was found to be ineffective at times, and inspectors acknowledge that this was an exceptional circumstance. (See absences without authority for recommendation).

Supervision and support

This standard was partly met. Supervision, when it occurred was of a good standard and was well recorded. Supervision notes were kept on individual staff member's files and in a secure area. Supervision of (four) social care team leaders was provided by the acting centre manager, and the social care team leaders shared the responsibility of supervising the social care workers. Supervision of all social care workers was not held frequently. Inspectors acknowledged that this was being addressed by the acting centre manager at the time of the inspection. Inspectors recommend that the HSEDNCA ensures that all staff are supervised in accordance with HSE policy. (See also management)

Children's rights

This standard was partly met. Inspectors found that the centre policies and practices promoted the rights of young people. The young people in the centre told inspectors they knew their rights, including who they could/would complain to if they had an issue.

The centre's complaints register showed that there had been four complaints made in a three year period prior to inspection, and records provided evidence that these had been dealt with appropriately. Inspectors found that there was a lack of clarity amongst the staff team as to what constituted a complaint and an allegation (see child protection).

The young people told inspectors that they felt respected and consulted by the centre staff. Young people's meetings were held regularly, and inspectors were of the view that they could be improved upon, to be more inclusive of young people in planning for the centre on a weekly basis and consultative with young people on

their experiences of living there. Inspectors found that their central focus was sanctions.

All of the young people told inspectors that they knew they could read their care files and daily report books, although some chose not to. Inspectors found that not all staff interviewed were aware of this right, and recommend this is addressed as a matter of priority by the acting centre manager. Inspectors recommend that:

- staff are aware of the rights of young people to read their care files and are proactive in encouraging children to have such access. (See also child protection)

Emotional and specialist support

This standard was partly met. Inspectors found evidence of specialist supports such as psychological and educational being provided for most of the young people that required it. There were concerns about the mental health of one young person, and although an appointment with a psychologist had been secured for him/her, he/she had refused to attend. This same young person had been assessed by an educational psychologist, and although a copy of the report had been provided to the child's parents, the centre did not have a copy. This was a young person who was experiencing considerable difficulty in attending education (he/she was over 17 years of age). Another young person required a psychological assessment and although this had been requested by the allocated social worker in early December 2009, it was not made available. Inspectors recommend that the HSEDNCA ensures that:

- one young person is psychologically assessed as a matter of priority
- the centre receives a copy of one child's educational psychological report
- one young person is actively encouraged to attend his/her psychological assessment.

Inspectors found from centre records and interviews with staff, that the staff team provided emotional support to the young people living in the centre. This was confirmed by the young people

Children's care records

This standard was mostly met. The centre had developed a recording system that was accessible young people and inspectors. Care files were divided into ten sections, which were clearly marked and well maintained. A system of cross referencing made access to reports referred to in various sections of the files easy to find. The centre kept records of visits to the young people, family access, individual work and the administration of medication. These provided accountability for the work being done with the young people and centre practices generally. Files were kept in a safe area of the centre. Each young person's file had a confidential section that was kept in a locked drawer by the acting centre manager. Inspectors advise that the categories into which the files were divided are thematic to allow for speedier access, such as education, health; care planning and reviews etc.

Care files did not hold all of the information on young people as required by the regulations, such as review meeting outcomes (one young person); evidence of care status (two young people) and birth certificates (two young people). Inspectors recommend that the acting centre manager reviews the care files for current residents and ensures that requests for information not on file are made to the social worker department. (See also *health*)

Absence without authority

This standard was partly met. There had been 138 absences from the centre in the year prior to inspection. 78 of these related to one young person, 47 to a second, and 13 to a third. The risks attached to absences were discussed at team meetings, and recorded on individual crisis management plans. One young person was placed in another centre due to their at risk behaviour, and absences by another young person had reduced. All absences were found by inspectors to have been notified in accordance with the centre policy. Inspectors recommend that every effort is made to reduce the overall number of absences from the centre.

Education

This standard was mostly met. Two of the four young people living in the centre went to school on a regular basis. One of them attended school in a High Support Unit and enjoyed this. They had received a student of the week award and this meant a lot to them. A third young person had an erratic attendance record, and despite all the efforts of the staff team, his/her poor attendance continued. This was a central focus of the placement planning meetings for this young person, which the allocated social worker attended. A fourth young person had recently been admitted to the centre, and was suspended from school before their admission. His/her school had indicated that his/her place continued to be available to the child, and it was envisaged that he/she would return to school shortly after the inspection. All of the young people told inspectors that they had hopes for themselves in the future including being a youth worker and being a beauty therapist. They all placed a high value on education. Centre records had an education section that held adequate information on the young people's education and exam results. Inspectors recommend that all young people are in education.

Safeguarding and Child Protection

This standard was partly met. The centre had a safeguarding policy. Staff interviewed were not aware of this policy, however, they had an acceptable level of understanding of what safeguarding meant. The young people told inspectors that they had an adult external to the centre with whom they could talk if they had a problem or a complaint. They told inspectors that they felt safe in the centre. Inspectors recommend that all staff are familiarised with the centre's safeguarding policy.

Inspectors found that practices in relation to child protection required improvement. The centre had a child protection policy, and all staff had been trained in *Children First: Guidelines on the protection and Welfare of Children*. There was one child protection notification in the year prior to inspection and this was being dealt with at the time of the inspection fieldwork.

Inspectors found that one young person (who was discharged from the centre in March 2010), displayed sexualised behaviours and spoke in a manner about sexual acts that were not age appropriate. These were not notified in accordance with systems based on *Children First* by the centre, but were detailed in the text describing the events within which they occurred (physically aggressive behaviours). On one such occasion the child made a serious allegation about a member of staff. Again this was not separated out from the event itself, but was part of the text describing it. The centre staff and the acting centre manager told inspectors that this allegation was dealt with in the context of a significant incident, and took nearly one year to be resolved by the social work team. No staff were interviewed (including the

staff member against whom the allegation was made) as part of the assessment of possible harm to the child by the social work department. This was unacceptable. Inspectors found that this same child had assaulted other children living in the centre at that time (they had been discharged at the time of inspection). These assaults were reported by the centre staff to the children's social worker. Inspectors were unclear as to how these assaults had been dealt with by the social work department.

Overall, inspectors found from interviews and records, that the staff team were unclear as to what constituted a child protection concern as opposed to a significant event, and that they did not have a clear understanding of what was a complaint as opposed to an allegation. To meet this standard the HSEDNCA should ensure that:

- all staff are aware of the difference between an allegation and a complaint; a significant event and a child protection concern
- all child protection concerns are notified and dealt with in accordance with *Children First: Guidelines on the Protection and Welfare of Children*
- it is satisfied that there are no outstanding child protection concerns related to three young people (now discharged from the centre). Any concerns that do arise are to be dealt with in accordance with Children First, and in a timely fashion
- the terms of reference of the significant incident review group for the centre include ensuring that all child protection concerns are identified and dealt with in accordance with Children First.

Supervision and visiting of young people/Social work role

This standard was mostly met. All of the young people had an allocated social worker. Centre records and interviews provided inspectors with evidence of regular visiting from most social workers to the centre and young people. The young people told inspectors that they saw their social workers frequently, had regular contact with them by phone, and had good relationships with them. They said they were confident that they could access their social worker whenever the need arose. All of the young people had an up to date care plan and child in care reviews were held within the statutory timescales. The centre staff reported good working relationships with the social work department.

Inspectors found generally, that social workers received and responded to significant events in an appropriate and timely fashion. Inspectors found that one allegation by a child about a member of staff was not dealt with appropriately or within an appropriate timescale (see child protection). Most social workers visited regularly and met with the young people privately if the young person wished. The acting centre manager said that one social worker did not visit on a regular basis. Inspectors found that social workers did not routinely read the young people's care files. Care files did not contain all of the regulatory information. Inspectors recommend that the HSEDNCA ensures that:

- children's care files contain all of the regulatory information
- all social workers visit young people regularly
- all social workers read young people's care files from time to time.

(See also child protection and aftercare).

Suitable placements, admissions and discharges

This standard was partly met. There had been six admissions in the year prior to inspection and three discharges. All of these had been planned. Inspectors found

that all of the young people living in the centre at the time of inspection were appropriately placed. One young person's (who was discharged in September 2009) placement was deemed unsuitable shortly after their admission and despite this the centre had made every effort to maintain the placement until another appropriate option was found and the discharge planned. This was commendable however the continued maintenance of this placement had had a negative effect on the welfare of other young people residing in the centre at that time (see child protection). Inspectors recommend that the HSEDNCA ensures that all placements are continuously risk assessed and that alternative arrangements are made when necessary in a timely fashion.

Health

This standard was partly met. The young people had a named GP and they could choose a different GP if they wished to. The centre held good records of any health concerns and also the administration of medication. Each child had a medical on admission to the centre and these were present on their files. Comprehensive medical records were not on file for all of the young people. Inspectors recommend that the HSEDNCA ensures that all young people's files contain a comprehensive medical history and record of immunisations.

Preparation for leaving care and aftercare

This standard was met in part. Inspectors found that one of the two young people over 16 years of age had been referred to the HSE aftercare service and one did not have an aftercare needs assessment carried out. Neither young person had an aftercare plan, but inspectors noted that this process had begun for one young person. One of the young people told inspectors of their plans for the future. These were at odds with the immediate plans of the social worker and centre and required some negotiation with the young person. This was being addressed at the time of the inspection. Inspectors recommend that the HSEDNCA ensures that all young people over the age of 16 are referred to the HSE after care service, and that the development of an after care plan begins as soon as possible after a young person's 16th birthday.

Fire safety

This standard was partly met. The centre had a fire register that was up to date. Fire drills were carried out approximately every three to four months and recorded. One staff member was the designated fire safety representative. The acting centre manager told inspectors that a risk assessment of the fire safety in the centre was conducted and requirements identified were not addressed. Inspectors were also informed that the centre did not have written confirmation from a qualified architect/certified engineer stating the centre was compliant with standard 10.19. To meet this standard the HSEDNCA should ensure that the centre:

- addresses issues identified by the fire safety risk assessment
- receives written confirmation from a qualified architect/ certified engineer stating the centre was compliant with standard 10.19.

Practices that did not meet the required standard

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

Findings

1. Purpose and function

Standard

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

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

Recommendations:

- The HSEDNCA, in conjunction with the other HSE areas it provides residential services for/with should ensure that it:
 - strategically reviews the provision of residential services in the area to ensure they meet the individual and collective needs of the children being referred for placements
 - reviews and amends the statements of purpose and function for residential centres in the area following this strategic review, to ensure centres provide a level of care and expertise that is appropriate to the needs and age of the young people living in them.

2. Management and staffing

Standard

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

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

Recommendation:

- 2. The HSEDNCA should ensure that:
 - the acting centre manager receives supervision in accordance with HSE policy
 - management intervene appropriately to address the ongoing issues related to one placement in 2009
 - all staff have three references on file,
 - all staff are supervised in accordance with HSE policy.

3. Monitoring

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

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

4. Children’s rights

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Consultation	√		
Complaints		√	
Access to information		√	

Recommendation:

- 3. The HSEDNCA should ensure that all staff are aware of the rights of young people to read their care files and are proactive in encouraging children to have such access.

5. Planning for children and young people

Standard

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

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

Recommendations:

4. The HSEDNCA should ensure that:
 - all placements are continuously risk assessed and that alternative arrangements are made when necessary in a timely fashion
 - one young person is psychologically assessed as a matter of priority
 - the centre receives a copy of one child's educational psychological report
 - one young person is actively encouraged to attend his/her psychological assessment
 - care files contain the regulatory information
 - all social workers visit young people regularly
 - all social workers read young people's care files from time to time.

5. The HSEDNCA should ensure that the acting centre manager reviews the care files for current residents and ensures that requests for information not on file are made to the social worker department. (See also *health*)
6. The HSEDNCA should ensure that all young people over the age of 16 are referred to the HSE after care service, and that the development of an after care plan begins as soon as possible after a young person's 16th birthday.

6. Care of young people

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

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

Recommendation:

7. The HSEDNCA should ensure that the centre reduces the number of absences without authority.

7. Safeguarding and Child Protection

Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection		√	

Recommendations:

8. The HSEDNCA should ensure that all staff are familiar with the centre's safeguarding policy.
9. The HSEDNCA should ensure that:
 - all staff are aware of the difference between an allegation and a complaint; a significant event and a child protection concern
 - all child protection concerns are notified and dealt with in accordance with *Children First: Guidelines on the Protection and Welfare of Children*
 - it is satisfied that there are no outstanding child protection concerns related to three young people (now discharged from the centre). Any concerns that do arise are to be dealt with in accordance with Children First, and in a timely fashion
 - the terms of reference of the significant review group for the centre include ensuring that all child protection concerns are identified and dealt with in accordance with Children First.

8. Education

Standard

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

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

Recommendation:

10. The HSEDNCA should ensure that all young people are in education.

9. Health

Standard

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

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

Recommendation:

- The HSEDNC should ensure that all young people's files contain a comprehensive medical history and record of immunisations.

10. Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

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

Recommendation:

- The HSEDNCA should ensure that the centre:
 - carries out any tasks requested by the fire officer and receives a fire certificate
 - receives written confirmation from a qualified architect/ certified engineer stating the centre was compliant with standard 10.19.

Summary of recommendations

1. The HSEDNCA, in conjunction with the other HSE areas it provides residential services for/with should ensure that it:
 - strategically reviews the provision of residential services in the area to ensure they meet the individual and collective needs of the children being referred for placements
 - reviews and amends the statements of purpose and function for residential centres in the area following this strategic review, to ensure centres provide a level of care and expertise that is appropriate to the needs and age of the young people living in them.
2. The HSEDNCA should ensure that:
 - the acting centre manager receives supervision in accordance with HSE policy
 - management intervene appropriately to address the ongoing issues related to one placement in 2009
 - all staff have three references on file.
 - all staff are supervised in accordance with HSE policy.
3. The HSEDNCA should ensure that all staff are aware of the rights of young people to read their care files and are proactive in encouraging children to have such access.
4. The HSEDNCA should ensure that:
 - all placements are continuously risk assessed and that alternative arrangements are made when necessary in a timely fashion
 - one young person is psychologically assessed as a matter of priority
 - the centre receives a copy of one child's educational psychological report
 - one young person is actively encouraged to attend his/her psychological assessment
 - care files contain all of the regulatory information
 - all social workers visit young people regularly
 - all social workers read young people's care files from time to time.
5. The HSEDNCA should ensure that the acting centre manager reviews the care files for current residents and ensures that requests for information not on file are made to the social worker department. (See also *health*)
6. The HSEDNCA should ensure that all young people over the age of 16 are referred to the HSE after care service, and that the development of an after care plan begins as soon as possible after a young person's 16th birthday.
7. The HSEDNCA should ensure that the centre reduces the number of absences without authority.
8. The HSEDNCA should ensure that all staff are familiar with the centre's safeguarding policy.
9. The HSEDNCA should ensure that:
 - all staff are aware of the difference between an allegation and a complaint; a significant event and a child protection concern

- all child protection concerns are notified and dealt with in accordance with *Children First: Guidelines on the Protection and Welfare of Children*
 - it is satisfied that there are no outstanding child protection concerns related to three young people (now discharged from the centre). Any concerns that do arise are to be dealt with in accordance with Children First, and in a timely fashion
 - the terms of reference of the significant review group for the centre include ensuring that all child protection concerns are identified and dealt with in accordance with Children First.
10. The HSEDNCA should ensure that all young people are in education.
11. The HSEDNCA should ensure that all young people's files contain a comprehensive medical history and record of immunisations.
12. The HSEDNCA should ensure that the centre:
- carries out any tasks requested by the fire officer and receives a fire certificate
 - receives written confirmation from a qualified architect/ certified engineer stating the centre was compliant with standard 10.19.