



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Social Services  
Inspectorate**

**A  
CHILDREN'S RESIDENTIAL CENTRE  
IN  
HSE DUBLIN NORTH EAST REGION**

**FINAL REPORT**

***INSPECTION REPORT ID NUMBER: 388***

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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 East region (DNE), Local Health Office Dublin North (LHODNA), under Section 69 (2) of the Child Care Act 1991. Bronagh Gibson (lead inspector) and Michael McNamara (co-inspector) carried out the inspection over a two day period from the 13<sup>TH</sup> – 14<sup>TH</sup> April 2010.

The centre was a five bed-roomed semi-detached house in a housing estate located in North Dublin. It had access to many local amenities such as schools, shops and public transport. The centre had been in the same location for approximately eight years prior to inspection, and had established itself in the local community. It required some decoration, however, this did not take away from the homely atmosphere within the house, and the good use of space, considering the number (five) of young people it catered for. The centre provided medium to long-term residential care for young people aged between 12 and 18 years, within a broad and generic purpose and function that had been developed for the majority of the centres in the HSE northern area. Inspectors found that the purpose and function reflected practice in the centre.

The centre was operating at full capacity at the time of inspection and there were two girls and three boys living there. All of the admissions had been planned. There were three discharges in the year prior to inspection, and although these were planned, one was not in keeping with the young person's long-term care plan. This discharge was planned due to dynamics within the group at that time, and child protection concerns related to bullying.

Overall, the standard of management was good, and where practices required improvement, inspectors found there was an enthusiasm and willingness to review and change them. The main areas of practice identified that required improvement related to the use of child protection notification systems, children's rights, education and managing behaviour.

The centre had a committed and stable staff team. The staff team placed a high value on working effectively with children and their families, and was striving to improve school attendance and reduce absences by the young people. The young people told inspectors that although they liked and felt safe in the centre, they wanted a change in approach by the team to the day to day issues related to living there, such as more consultation on house rules, input into how difficulties were dealt with and valuing their privacy. This was found by inspectors to have had an impact on how some of the young people perceived their relationships with the staff team and their overall attachment to the centre. All of the young people said they had a good relationship with their social worker.

## ***1.1 Acknowledgements***

Inspectors wish to thank the young people and staff members for the reception they received and their and other professional's co-operation during this inspection.

## ***1.2 Methodology***

Inspection judgements 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, a interviews with four young people, one parent, four social workers, the acting centre manager, three social care workers and the alternative care manager.

The following documents reviewed by inspectors during this inspection were:

- The centre’s statement of purpose and function
- The centre’s policies and procedures
- Young people’s care plans and care files
- Information about young people
- Census forms on staff
- Personnel files
- Administrative records
- The Monitoring Audit Report
- Previous SSI inspection report
- The centre’s health and safety documents.

### **1.3 Management structure**

The centre was managed by an acting centre manager. 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 Local Health Office 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***

<b>Young Person</b>	<b>Age</b>	<b>Legal Status</b>	<b>Length of Placement</b>	<b>No. of previous placements</b>
# 1	17 years	Voluntary Care	Two years eight months	10
#2	16 years	Full Care Order	One year	Two
#3	13 years	Full Care Order	Nine months	Three
#4	16 years	Voluntary Care	One month	Three
#5	15 years	Voluntary Care	One month	Two

## 2. Summary of Findings

The centre had previously been inspected by the SSI in 2006 (see report ID number 170). Inspectors found that primary care in the centre was of a good standard, and that the centre worked well with families. Inspectors found that the implementation of systems related to child protection; children's rights; education and management of behaviour were the *main* areas of practice that required improvement. Other areas of good practice and practices requiring improvement are highlighted throughout this report.

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

#### *Purpose and Function*

This standard was 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 medium to long-term basis. Inspectors found that the purpose and function was reflected in practice. The statement was a generic one that was similar to those of other residential centres in the area. Inspectors advise that the LHODN, 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

#### *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 were 248 significant incident reports by the centre in the year prior to inspection. These included the absence from the centre of young people, incidents of aggressive/violent behaviours of the young people, school refusals and hospital attendance. Inspectors found no notifications of achievements by the young people however they were assured by the Alternative Care Manager that such notifications were made. This is good practice.

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. Through interviews and centre records, inspectors found that the centre reviewed, on an ongoing basis, how significant incidents in the centre could be reduced. As a means of achieving a reduction in significant incidents and ensuring that each incident is reported in line with centre and HSE policy (see also child protection), inspectors advise that the centre establishes a significant incident review group.

#### *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). There was significant use of risk assessments in the centre, particularly in relation to absences and challenging behaviour, and inspectors were assured that two team members were trained in this

area. Inspectors advise that the LHODNA provides this training for the broader staff team.

#### *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. Systems for ensuring the centre records were of a good standard were found to be robust and effective. The acting centre manager was in the process of archiving information, and inspectors advise that this is completed as soon as possible.

#### *Children's care records*

This standard was met. The centre had developed a recording system that was accessible to 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 by social workers 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.

#### *Monitoring*

This standard was met. The HSE monitoring officer visited the centre regularly. He/she had worked with the centre to produce a comprehensive audit with recommendations under the national standards. This report was provided to the HIQA SSI. The acting centre manager had and was continuing to implement the recommendations made in the report.

#### *Provision of food and cooking facilities*

This standard was met. The young people interviewed told inspectors that the food was nice. The kitchen was well stocked with healthy and nutritious food. The kitchen was accessible to the young people. All of the young people interviewed told inspectors that meals were cooked by the staff members, and that they had limited involvement in mealtimes. Inspectors noted that during the inspection visit, the young people ate meals separately. Some ate dinner in front of the television and the staff members sat at the table alone. Inspectors advise that young people are included as much as possible in mealtimes and that this is addressed as part of the recommendation made under individual living in group care.

#### *Restraint*

This standard was met. There was one physical restraint in the centre in the year prior to inspection, and this was notified in accordance with centre policy. Following this restraint, inspectors found evidence in centre records of individual work that was carried out with the young person involved. This explained the use of restraint in the centre and the seriousness of this type of intervention. The staff team had a good knowledge of physical interventions generally and all were trained in Therapeutic Crisis Intervention. Centre staff told inspectors of incidents where they had intervened to restrict the movement of a young person (for example, blocking their path into another young person's bedroom) and these were recorded as significant incidents.

#### *Contact with families*

This standard was met. Two of the four young people interviewed told inspectors that they had regular and adequate contact with their family and other significant people in their lives. Another two told inspectors that they would like access with their siblings to be increased. The centre held good records on access visits and family contact, and were found to work closely with parents and other family members in an effort to reduce absences from the centre and ensure consistency in the care of the young people. Inspectors advise that access with siblings is reviewed for two of the young people.

#### *Social work role*

This standard was met. All of the young people had an allocated social worker. Four of the five young people had an up to date care plan, one did not (see care planning). All of the young people had had a child in care review in the year prior to inspection. Social workers visited young people in the centre and met with the in private. Significant incidents were found to have been responded to by social workers in a timely fashion. The centre staff reported good working relationships with the social work department. (See also child protection and aftercare).

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

This standard was 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.

#### *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.

#### *Fire safety*

This standard was met. The centre staff had a designated fire safety representative. Records showed that fire equipment was serviced regularly and the centre maintained a fire register. Fire drills were held monthly. The centre had written confirmation from an architect that stated it met the requirements under standard 10.19.

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

#### *Management*

This standard was partly met. The centre had had several changes in management in the year prior to inspection and it was managed by a qualified acting centre manager at the time of inspection. Despite these changes the centre was found to be stable and staff morale was good. Inspectors found good evidence of the acting centre manager ensuring effective practice in the centre, and she signed off on reports and other documentation generated by the staff team. The acting centre manager was line managed by the alternative care manager and received regular supervision from a member of the alternative care team. The alternative care manager had visited the centre on occasion in the year prior to inspection. Some of the practices in the

management of the centre were found to be institutional in character (such as communicating with young people through the use of a memorandum), and inspectors recommend that these are reviewed and changed.

#### *Care Planning and reviews*

This standard was mostly met. Four of the five young people were found to have an up to date care plan on their file and these were of a good standard. One had a care plan that was dated 2008 on file. All of the young people had a child in care review in the year prior to inspection. One child did not have minutes of their review on file and inspectors found that the centre had requested them from the allocated social worker. All of the young people interviewed knew what a care plan was, and two of them told inspectors that their social worker had gone through this document with them. The young people interviewed told inspectors that they knew the purpose of child in care reviews and that they could attend if they wished. Two had chosen not to, and one of these had never attended a review. Inspectors recommend that the LHODNA ensures that:

- One young person's care plan is updated and provided to the centre
- One young person's review meeting minutes are forwarded to the centre
- One young person is encouraged to attend his/her next review meeting.

#### *Individual living in group care*

This standard was partly met. Inspectors found that this was an area that would benefit greatly from the attention of the staff team, in partnership with the young people. On an individual level, all of the young people had friends and family outside of the centre, and most of them visited these regularly. The young people interviewed told inspectors that the centre was somewhere to sleep and be when there was nowhere else to go, as opposed to somewhere they lived and liked to be. None of the young people interviewed were found to have any connection with the local community, such as involvement in local sports groups or young people's youth groups, and they told inspectors that although they liked living in the centre, there was little to attract them to it. This was confirmed by social workers. Inspectors found little evidence of these individual young people coming together as a group, and this was found to be facilitated, for example, by the absence of practices such as encouraging the young people to get involved in the running of the house, or discussing as a group the impact on everybody of others behaviours. To meet this standard, the LHODNA should ensure that the centre staff, in partnership with the young people, explores ways to make the centre more attractive to young people and encourage young people to be more involved in how it functions. (See also children's rights).

#### *Staffing and vetting*

This standard was mostly met. The centre had an allocation of 10.5 whole time equivalents. There were no vacancies at the time of the inspection. The centre used agency staff when necessary. Inspectors found that of the staff files sampled all had been Garda vetted and had references on file that were verified by the acting centre manager. The acting centre manager had not checked that two agency staff were vetted appropriately and inspectors recommend that this is rectified immediately.

The centre was staffed by a good team that was found overall, to be professional and committed to the young people in the centre. The HSE monitoring officer's report made recommendations that the acting centre manager should address the issue of bringing all staff up to the required level of qualification, and inspectors

concur with this. 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 (children's rights; behaviour management; child protection notification system).

#### *Managing behaviour*

This standard was partly met. Risk assessments were used to determine potential and immediate risks associated with the young people's behaviours. The centre had a central log of all sanctions, and these were signed off by the acting centre manager. Inspectors found that the centre staff team managed behaviours by the young people on an individual basis and that sanctions played a key role in this. Some sanctions worked for some of the young people and these were reviewed by the acting centre manager. Sanctions used by the centre staff included restricted access to things such as the centre car, television and phone. Other sanctions included the postponement of an activity or a restriction on a young person's ability to earn extra money by doing a household chore. Inspectors found that there was an over-reliance on the use of pocket money as a behaviour management tool, and noted that some young people had their weekly pocket money reduced from €25 to €3.50 due to their behaviour. Inspectors also found that non-school attendance affected pocket money. All of the young people told inspectors that they received sanctions that did not work, and inspectors were of the view that sanctions that do not have the required effect are not used. The young people also told inspectors that they had little say on what would be considered a sanction and did not feel consulted on this. Inspectors found that sanctions were not always time limited and the young people said that they had no sense of when a sanction might cease and they could 'be trusted again'.

The centre had had a number of incidences where children did not return to the centre by an agreed time. Others had taken substances whilst out of the centre, placing them at further risk. Despite the efforts of the staff to address these behaviours, they continued. The young people told inspectors that there was little difference between the sanction associated with being absent from the centre overnight and non-school attendance. To meet this standard, inspectors recommend that the center managers ensure that how the centre manages behaviour is reviewed and changed, and minimises the risks associated with some of these behaviours, both inside an outside of the centre. Inspectors advise that this is achieved in conjunction with the recommendation made under individual living in group care.

#### *Supervision and support*

This standard was partly met. The acting centre manager provided supervision for the social care team leaders and they supervised the social care workers. All of those providing supervision had received supervision training. Inspectors found that supervision was not held frequently in the year prior to inspection. Inspectors also found that not all staff held supervision in high regard. The deficits in supervision were acknowledged by the acting centre manager who had put strategies in place to address these. This was welcomed by inspectors.

The team had regular staff meetings every two weeks. These were held off-site. The staff interviewed told inspectors that the meetings offered an opportunity for the team to support and challenge each other and this was reflected in the meeting minutes. Inspectors found that peer support was offered and valued in the centre. Inspectors recommend that the centre manager ensures that all staff are supervised

in accordance with HSE policy and that supervision is of value to the staff team members. (See also management)

### *Children's rights*

This standard was partly met. Inspectors found that the centre policies promoted the rights of young people, but that this was not evidenced in practice. The young people in the centre told inspectors they knew their rights, including who they could/would complain to if they had an issue. They had received information on the Irish Association of Young People in Care, but had little involvement with them.

The centre had a complaints register. These records showed that complaints made were dealt with appropriately, although one had exceeded a satisfactory timescale and had yet to be fed back to the young person. The records also showed that what was a child protection concern was dealt with through the complaints system (see child protection). The young people interviewed told inspectors that they were unhappy about some aspects of their care and also how difficulties were addressed in the centre. They were found to have little confidence in the complaints procedure in the centre. One young person told inspectors that he/she would not make a complaint as it 'would not get past the office desk'. This was of concern to inspectors. Other issues of concern to young people were found to have been dealt with as part of their statutory reviews, and this was welcomed by inspectors. 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 did not think they were consulted by the centre staff on issues related to living in the centre. Young people's meetings were not held in the centre, and therefore there was a lack of inclusion of young people in the development of centre practices and decisions. Inspectors were of the view that this was an area requiring considerable improvement, so as 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.

All of the young people told inspectors that they knew they could read their care files and daily report books, although most of them chose not to. Inspectors found that it was not routine in the centre to ask a young person to read their file. This was an activity that occurred only if a young person requested it.

To meet this standard, inspectors recommend that the LHODNA ensures that:

- Staff are aware of the difference between a complaint and an allegation
- Complaints are dealt with in a timely fashion, outcomes are fed back to young people as soon as possible and young people have confidence in the centre's complaints process
- Centre practices reflect HSE policy and best practice generally, on the inclusion and consultation with young people in day to day decision making and the development of centre practices
- staff are aware of the rights of young people to read their care files and are proactive in encouraging children to have such access.

### *Emotional and specialist support*

This standard was partly met. Inspectors found evidence of specialist supports such as therapeutic and educational being provided for most of the young people that required it. Inspectors were of the view that a psychological assessment of one young person would be beneficial, and this was acknowledged by the allocated social worker. The young people interviewed told inspectors that they received most of their emotional support from adults outside of the centre, including their social worker. Inspectors recommend that the LHODNCA ensures that:

- one young person is psychologically assessed as a matter of priority
- the role of the keyworking system in the provision of emotional support to young people is revisited by the staff team.

### *Absence without authority*

This standard was partly met. There had been a significant number of absences from the centre in the year prior to inspection. The risks associated with these absences were discussed at team meetings, in child in care reviews and placement planning meetings. The centre staff worked with families in an effort to reduce the number of absences and risks associated with them. One parent told inspectors of their concerns in relation to the risk their son/daughter was at when they were absent from the centre, and these were communicated to the allocated worker during the inspection fieldwork. Inspectors recommend that the LHODNA ensures that every effort is made to reduce the overall number of absences from the centre and the risks associated with them.

### *Education*

This standard was mostly not met. All of the young people living in the centre had a school or training placement, and the centre staff worked closely with the schools particularly in relation to non-school attendance and schooling programmes (such as reduced timetables). Centre records contained school reports and other educational material related to the young people. School attendance was very poor for four of the five young people living in the centre. Chronic non-school attendance was not routinely notified as significant to relevant parties. One young person was unhappy with the location of their school, and inspectors were satisfied to learn that this had prompted a professionals meeting. To meet this standard inspectors recommend that the LHODNA ensures that all young people in the centre attend school and that non-school attendance is recorded and notified to all relevant parties routinely.

### *Safeguarding and Child Protection*

This standard was partly met. The centre had a safeguarding policy. 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 (see also absences).

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 were several child protection concerns in the year prior to inspection, and these were not recorded in the child protection sections of the young people's files.

One young person had made an allegation of physical assault against a teacher and this was found to have been notified and dealt with through the centre's complaints system. Two girls (both discharged from the centre at the time of inspection

fieldwork) were pregnant during their time in the centre. Although inspectors were assured by the Alternative Care Manager that the circumstances surrounding the pregnancies had been assessed by the social work department to ensure no child protection concerns existed, this was not evident in centre records. There had been acknowledged incidences of bullying in the centre in 2009, and these did not prompt child protection notifications, but were dealt with through the notification of a significant event. 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 LHODNA 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 bullying in the centre in 2009
- centre records contain evidence social work assessments on two young people.

#### *Suitable placements, admissions/ discharges*

This standard was mostly met. Inspectors were satisfied that the centre was working at full capacity at the time of inspection. There had been four admissions and three discharges in the year prior to inspection. All of these had been planned, and collective risk assessments had been carried out as part of the admission process. One parent was unsure as to whether their son/daughter was appropriately placed and a case conference was scheduled at which time this concern was to be discussed. Two young people expressed a wish to be moved to another placement, as the centre was not located close to their friends and/or family, and for one young person, the school he/she wished to attend. This was confirmed by social workers. Inspectors recommend that the wishes of two young people in relation to their placement are reviewed.

#### *Health*

This standard was partly met. The young people were encouraged to attend a GP of their choice and they told inspectors that they did attend when they had a health concern. The centre held good records of visits to the doctor and each young person had a health check on their admission to the centre. Files contained medical records for the young people. One parent had concerns about his/her son/daughter's health. These related to their son/daughter refusing to take prescribed medication and medical consent. These concerns were communicated to the young person's allocated social worker during the inspection fieldwork and inspectors recommend that they are dealt with promptly.

#### *Preparation for leaving care and aftercare*

This standard was met in part. Inspectors found that one of the three young people over 16 years of age had been referred to the HSE aftercare service. Another was in the process of having an aftercare needs assessment carried out. One young person who was close to their time to leave care and he/she told inspectors that he/she was unsure what the future held for them, and how long more they would remain in the centre. This young person did not have an up to date care plan on file, so it was difficult for inspectors to assess how much planning had been done in relation to

leaving care. Inspectors also found that familiarising young people with the contents of their care files was not routine in the centre as part of the preparation for leaving care. Inspectors recommend that the LHODNA ensures that:

- all young people are adequately prepared for leaving care
- planning for leaving care begins as soon as possible for all young people and is adequately recorded on their file.

#### *Accommodation/Maintenance/Repairs*

This standard was partly met. The centre was a five bed-roomed semi-detached house situated in a residential estate in north Dublin. It was sufficiently spacious for the five young people that lived there and was adequately equipped and furnished. Some areas of the house required redecoration. Each young person had their own bedroom, and these were found to be sparse on personal features, but contained the basic requirements. Some rooms had graffiti on the walls, and this should be removed as soon as possible. Other areas that required attention were pointed out to the centre staff during a walk around the premises. Inspectors recommend that the LHODNA ensures that the house is decorated to a good standard, and that all maintenance requirements are addressed.

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

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

### 3. Findings

#### 1. Purpose and function

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

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

#### 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	√		

#### **Recommendations:**

1. The LHODNA should ensure that institutional practices in the centre are reviewed and changed.
2. The LHODNA should ensure that the centre manager is satisfied that all agency staff are vetted appropriately.
3. The LHODNA should ensure that all staff are supervised in accordance with HSE policy and that supervision is of value to the staff team members.

### 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:

4. The LHODNA should ensure that:
  - staff are aware of the difference between a complaint and an allegation
  - complaints are dealt with in a timely fashion, outcomes are fed back to young people as soon as possible and young people have confidence in the centre's complaints process
  - centre practices reflect HSE policy and best practice generally, on the inclusion and consultation with young people in day to day decision making and the development of centre practices
  - 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:

5. The LHODNA should ensure that:

- One young person's care plan is updated and provided to the centre
- One young person's review meeting minutes are forwarded to the centre
- One young person is encouraged to attend his/her next review meeting.

6. The LHODNCA should ensure that:

- one young person is psychologically assessed as a matter of priority
- the role of the keyworking system in the provision of emotional support to young people is revisited by the staff team.

7. The LHODNA should ensure that:

- all young people are adequately prepared for leaving care
- planning for leaving care begins as soon as possible for all young people and is adequately recorded on their file

8. The LHODNA should ensure that the wishes of two young people in relation to their placement are considered.

## 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		√	

### Recommendations:

9. The LHODNA should ensure that the centre staff, in partnership with the young people, explores ways to make the centre more attractive to young people and encourage them to be more involved in how it functions.
10. The LHODNA should ensure that the centre reviews and changes how it manages behaviour and manages risk, both inside and outside of the centre. (See also individual living in group care).
11. The LHODNA should ensure that absences from the centre are reduced.

## 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:

12. The LHODNA 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 bullying in the centre in 2009
  - centre records contain evidence social work assessments on two young people.

## 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:

13. The LHODNA should ensure that all young people in the centre attend school and that non-school attendance is recorded and notified to all relevant parties routinely.

## 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:

14. The LHODNA should ensure that concerns raised by one parent are reviewed and dealt with appropriately.

## 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:

15. The LHODNA should ensure that the house is decorated to a good standard, and that all maintenance requirements are addressed.

## Summary of recommendations

1. The LHODNA should ensure that institutional practices in the centre are reviewed and changed.
2. The LHODNA should ensure that the centre manager is satisfied that all agency staff are vetted appropriately.
3. The LHODNA should ensure that all staff are supervised in accordance with HSE policy and that supervision is of value to the staff team members
4. The LHODNA should ensure that:
  - staff are aware of the difference between a complaint and an allegation
  - complaints are dealt with in a timely fashion, outcomes are fed back to young people as soon as possible and young people have confidence in the centre's complaints process
  - centre practices reflect HSE policy and best practice generally, on the inclusion and consultation with young people in day to day decision making and the development of centre practices
  - 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. The LHODNA should ensure that:
  - One young person's care plan is updated and provided to the centre
  - One young person's review meeting minutes are forwarded to the centre
  - One young person is encouraged to attend his/her next review meeting.
6. The LHODNCA should ensure that:
  - one young person is psychologically assessed as a matter of priority
  - the role of the keyworking system in the provision of emotional support to young people is revisited by the staff team.
7. The LHODNA should ensure that:
  - all young people are adequately prepared for leaving care
  - planning for leaving care begins as soon as possible for all young people and is adequately recorded on their file
8. The LHODNA should ensure that the wishes of two young people in relation to their placement are considered.
9. The LHODNA should ensure that the centre staff, in partnership with the young people, explores ways to make the centre more attractive to young people and encourage them to be more involved in how it functions.
10. The LHODNA should ensure that the centre reviews and changes how it manages behaviour and manages risk, both inside an outside of the centre. (See also individual living in group care).
11. The LHODNA should ensure that absences from the centre are reduced.

12. The LHODNA should ensure that:
  - all staff are aware of the difference between an allegation and a complaint; a significant event and a child protection concern
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  - it is satisfied that there are no outstanding child protection concerns related to bullying in the centre in 2009
  - centre records contain evidence social work assessments on two young people.
13. The LHODNA should ensure that all young people in the centre attend school and that non-school attendance is recorded and notified to all relevant parties routinely.
14. The LHODNA should ensure that concerns raised by one parent are reviewed and dealt with appropriately.
15. The LHODNA should ensure that the house is decorated to a good standard, and that all maintenance requirements are addressed.