



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Social Services
Inspectorate**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE Dublin Mid Leinster Area

FINAL REPORT

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1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Services Executive Dublin Mid-Leinster (DML) Area. Sharron Austin (lead inspector) and Mary Tallon (co-inspector) conducted the inspection under Section 69 (2) of the Child Care Act 1991, on the 12th August 2008.

The centre had been previously inspected in October 2005 (Report ID No.136) and the majority of the recommendations arising from that inspection were met. It was evident to the inspectors that many of the positive findings in the previous report were still present during this inspection. The ethos and quality of care was very good. The centre was staffed by an experienced and well grounded team. All those interviewed spoke highly of the centre manager and staff.

The centre was a large seven bed roomed detached two storey house with ample ground on all sides of the property. It was located in a rural setting which was some distance from an urban area. The young people interviewed commented on the isolation aspect and distance to nearest amenities.

The written purpose and function provided to inspectors described the centre as providing medium to long term care for five boys and girls aged 12 – 18 years. At the time of inspection there were two young girls living in the centre.

1.1 Methodology

In this inspection, inspector's judgements are based on evidence of findings verified from several sources gathered through direct observation, interviews, examination of relevant records and documentation, and an inspection of accommodation. Details of sources of evidence are given below.

The inspector had access to the following documents:

- The centre's statement of purpose and function
- The centre's policies and procedures
- The centre's computer records
- The young people's care plans
- The young people's care files
- The young person's information booklet
- Administrative records
- Details of unauthorised absences for previous twelve months.

The inspectors interviewed the centre manager prior to the fieldwork as he was on annual leave during the inspection. In the course of the inspection, inspectors interviewed the two young people, the acting deputy manager, the regional co-ordinator of residential care with line management responsibility, two social care leaders, one social worker, two team leaders and the monitoring officer. A telephone interview was carried out with a clinical psychologist and a completed questionnaire was received from one of the parents.

1.2 Acknowledgements

The inspectors wish to acknowledge the co-operation of the young people, parent, the manager and staff of the centre, the social workers, external professionals and others who participated in this inspection.

1.3 Management structure

The centre manager reports to the regional co-ordinator for residential care who in turn reports to the local health manager.

1.4 Data on young people

On the day of the fieldwork the following young people were residing in the centre:

Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements
# 1 (female)	17	Voluntary care	8 months	0
# 2 (female)	13	Voluntary care	3 weeks	1 foster placement

2. Analysis of Findings

Practices that met the required standard

Primary Care

Inspectors found a good level of primary care. Both young girls had their own en-suite bedrooms and had personalised and decorated them to their individual tastes. They had free access to most parts of the house and had large, spacious living and recreational areas. They had choice of food, clothing, and activities, and received pocket money. Inspectors observed positive and relaxed interactions between the staff and the young people during the inspection.

Management & Staffing

The staff team comprised a centre manager, three child care leaders (one was an acting deputy manager), nine child care workers and one part time housekeeper. The staff team were qualified with the exception of one staff member who had no qualifications. They were experienced, well grounded and dedicated with a good working knowledge and understanding of the young people's needs. Those interviewed by inspectors spoke highly of the staff team's tolerance for young people with challenging behaviours, their maturity and sensibility regarding their work practices and most of all their commitment to good care. Inspectors noted a relaxed atmosphere and positive interactions between the staff and the young people during the inspection. The sounds of laughter and chatty conversations were heard and observed throughout the day. The young people were extremely positive about all the staff and felt safe and comfortable living in the centre.

Notification of significant events

This standard was well met and all relevant recipients were satisfied that this was carried out in a prompt manner.

Register

The centre maintains a register on the young people and meets all the requirements of the regulations.

Children's Rights

The centre had clear policies in relation to children's rights and access to information which were reflected in practice. Positive approaches to the rights of the young people were spoken about by the staff and young people interviewed. Reference to rights and organisations promoting the rights of young people were evident in the information booklet developed for the centre. As the centre had previously provided care for boys only, the reference to 'boys meetings' in the booklet should be amended to include both genders. Both young people interviewed were aware of their rights and knew that they could access their files if they wished to do so.

There have been no formal complaints made in the twelve months prior to the inspection.

Suitable placement and admissions

Given the purpose and function of the centre the placements were deemed suitable by staff and the supervising social workers.

Contact with families

The inspector found that staff had a positive relationship with the families of the young people and they encouraged and facilitated contact. One of the parents completed a questionnaire in relation to the care his daughter received. He was very positive about the level of care shown by staff and expressed his satisfaction at the work that has been achieved in order for his daughter to return home. One of the young people was facilitated to meet with a previous foster family on a weekly basis should she so wish.

Children's case and care Records

Care files and records were of a good standard and easily accessible.

Behaviour management

Each young person had an individual crisis management plan (ICMP) in place and one young person also had a risk management plan as a result of presenting behaviours. These plans were extremely detailed, regularly reviewed and staff were knowledgeable about their use.

There have been no instances of physical restraint in the twelve months prior to this inspection.

Unauthorised absences

There had been 33 instances of unauthorised absence from the centre in the twelve months prior to this inspection involving four young people. All relevant people were notified in line with HSE policy. Six of these related to one young person currently in the centre. Details were recorded and risk assessed. A comprehensive individual absences management plan was put in place as a result of these absences. The duration of these absences ranged from three to twelve hours. There have been no unauthorised absences since the end of June of this year.

Safeguarding and Child protection

The young people told the inspector that they felt safe in the centre. Staff interviewed were very clear about safeguarding and child protection. This was enhanced by the transparency of practice amongst staff. Each outlined their ability to challenge practice where necessary.

Education

One of the young people had been enrolled in a local secondary school and she told inspectors that she was looking forward to starting in September. The second young person had been attending a catering course and was due to start a computer course in September 2008.

Health

Each young person had a named GP. The health needs of each young person were attended to and inspectors viewed records of visits to doctors, dentists, etc.

Maintenance and repairs

Repairs to the centre were fairly prompt and a record was kept of all such repairs. An external project manager monitors the premises on a regular basis to ensure maintenance of standards and safety.

Practices that met the required standard in some respect only

Supervision

The centre manager was supervised by the regional co-ordinator on a monthly basis and had weekly phone contact. The entire staff team received formal supervision from the centre manager every six to eight weeks. While staff interviewed said that they received regular supervision which they found to be supportive, inspectors found evidence of inconsistent recording in some cases. Inspectors recommend that formal supervision contracts are drawn up with each staff member outlining, frequency and how sessions will be recorded and stored.

Training and Development

The majority of the staff had received training in key areas such as therapeutic crisis intervention (TCI), Children First and Fire Safety. Other training in the areas of first aid, risk assessment, health and safety and manual handling was received by a much smaller number of staff. Inspectors recommend that a formal training audit is carried out to assess the overall training requirements of each staff member and an implementation programme is put in place to meet these requirements.

Social work, care planning and statutory reviews

Both young people had an allocated social worker; however, one young person's placement was currently being supervised by a team leader until a new social worker was allocated. Given that the plan for this young person is to return home in the near future the inspector recommends that a social worker is allocated with immediate effect to ensure that the transition for leaving care and returning home is carried out appropriately. This will be discussed further in preparation for leaving care.

Staff spoke positively about the social workers level of contact and communication with the young people and the centre. Despite the fact that one of the young people was placed on an emergency basis, the centre manager and staff agreed that they received sufficient information just prior to admission and a care plan shortly afterwards.

Both young people had care plans. However, following a statutory review in March of this year an updated care plan had not been furnished to the centre. Staff had requested a copy of this for their files. Inspectors recommend that the supervising social worker furnishes the staff with an updated statutory care plan not evident on file immediately. One young person had a leaving care /after care plan drawn up in June of this year. A statutory review had been scheduled for the newest admission in September of this year within the regulatory timeframes. Placement plans on file were of a very high standard

Emotional and Specialist support

Staff were aware of the emotional and psychological needs of each of the young people. Each girl had two key workers and both informed inspectors that they felt comfortable to talk to them or anyone of the staff if they were worried or anxious about anything. Staff interviewed who were key workers, described the individual work that they carried out with the young person. Inspectors were informed that key working sessions were not formally recorded but will be following the introduction of a new administrative system. Inspectors recommend that the formal recording of key working sessions commences as soon as possible.

Young people have access to external specialist supports, such as psychiatry, psychology and counselling, but sometimes this has been difficult. Inspectors spoke with a clinical psychologist who had a consultative role with the centre. She spoke highly of the manager and staff and outlined her work with the staff team to manage risk.

Preparation for leaving care and aftercare

As mentioned above, one of the young people was due to return home in the near future. A leaving care/aftercare plan had been drawn up in June of this year. This young person's case was currently being held by a team leader in the absence of an allocated social worker. The inspector recommends that a social worker is allocated with immediate effect to ensure that the transition for leaving care and returning home is carried out appropriately. The young person told inspectors that staff were helping her to make the transition home and that she was being assisted to learn skills that will prepare her for this move. She acknowledged staff's commitment despite her initial difficulties and presenting behaviours and was glad that staff had helped her.

Accommodation

The centre was a large seven bed roomed detached two storey property with ample ground on all sides of the property located in a rural setting which was some distance from a major urban area. The young people interviewed commented on the isolation aspect and distance to nearest amenities. There are sections of the centre that are not in use on a regular basis. It was tastefully decorated and homely. It was suitable for its stated purpose and function. The patio area and pathways around the house need attending as they were a slip hazard. Inspectors were informed of possible plans to relocate. This would take some time if it was to go ahead. Inspectors recommend that given the size and location, serious consideration should be given to a possible move to more suitable premises and location.

Safety

A health and safety risk assessment was carried out in April of this year. The majority of the identified hazards have been addressed. The inspectors recommend that any outstanding hazards identified in the risk assessment are dealt with immediately.

Practices that did not meet the required standard

Vetting

The standard on vetting was not met on all staff. Five staff that had commenced work in the centre in the past two years had not been appropriately vetted. On file for one staff member was a note indicating that a garda clearance was held in the HR department. A copy of this should be obtained for the personnel files held in the centre. Testimonials were viewed by management as full references in each of the five cases. Inspectors recommend that the regional coordinator/centre manager obtains all outstanding references and /or verifies testimonials and in future ensures that all staff are vetted in accordance with the Department of Health and Children guidelines.

Monitoring

The monitoring officer visited the centre a week or two prior to this inspection. She could not recall how many times she had visited in the previous year. She had regular phone contact with the centre and was notified of all significant events. She had not written any formal reports for this centre to date. The monitoring officer told inspectors that she had to prioritise her work due to the number of centres that she has responsibility to monitor.

The role of the monitoring officer is an essential aspect of safeguarding and promoting the welfare of the young people in residential care. Inspectors recommend that senior management review the monitoring function with the monitoring officer so as to ensure compliance with the regulatory requirements and address any identified deficits.

Fire Safety

While the centre had a fire certificate it did not have written confirmation from a certified engineer that all statutory requirements relating to fire safety and building control have been complied with as required by standard 10.19.

A site assessment had been requested by the regional coordinator and project manager who had responsibility in this area. An external consultant was due to carry this out. Fire doors were a key element that needs urgent attention within the centre.

Fire drills took place regularly and details were recorded in a fire register. The inspector recommends that written confirmation is obtained with immediate effect certifying that all statutory requirements relating to fire safety and building control have been complied with in accordance with standard 10.19.

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 HSE DML must ensure that formal supervision contracts are drawn up with each staff member outlining, frequency and how sessions will be recorded and stored.
2. The HSE DML must ensure that the regional coordinator/centre manager obtains all outstanding references and/or verifies current testimonials and in future ensures that all staff are vetted in accordance with the Department of Health and Children guidelines.

3. The HSE DML must ensure that a formal training audit is carried out to assess the overall training requirements of each staff member and an implementation programme is put in place to meet these requirements.

3. Monitoring

Standard

The Health Service Executive, 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 Service Executive to monitor statutory and non-statutory children’s residential centres.

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

Recommendation:

4. The HSE DML must ensure that senior management reviews the monitoring function with the monitoring officer so as to ensure compliance with the regulatory requirements and address any identified deficits.

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	√		

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		√	
Discharge	√		
Aftercare		√	
Children's Case and care records	√		

Recommendations:

5. The HSE DML must ensure that the supervising social worker furnishes the staff with an updated statutory care plan that is not evident on file immediately.
6. The HSE DML must ensure that the formal recording of key working sessions commences as soon as possible.
7. The HSE DML must ensure that a social worker is allocated with immediate effect to ensure that the transition for the young person about to leave care and return home is carried out appropriately.

6. Care of young people

Standard

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

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

7. Safeguarding and Child Protection

Standard

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

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

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	√		

9. Health

Standard

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

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

10. Premises and Safety

Standard

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

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

Recommendations:

- The HSE DML must ensure that, given the size and location of the centre, serious consideration should be given to a possible move to more suitable premises and location.

9. The HSE DML must ensure that any outstanding hazards identified in the risk assessment are dealt with immediately.
10. The HSE DML must ensure that written confirmation is obtained with immediate effect certifying that all statutory requirements relating to fire safety and building control have been complied with in accordance with standard 10.19.

4. Summary of recommendations

1. The HSE DML must ensure that formal supervision contracts are drawn up with each staff member outlining, frequency and how sessions will be recorded and stored.
2. The HSE DML must ensure that the regional coordinator/centre manager obtains all outstanding references and/or verifies current testimonials and in future ensures that all staff are vetted in accordance with the Department of Health and Children guidelines.
3. The HSE DML must ensure that a formal training audit is carried out to assess the overall training requirements of each staff member and an implementation programme is put in place to meet these requirements.
4. The HSE DML must ensure that senior management reviews the monitoring function with the monitoring officer so as to ensure compliance with the regulatory requirements and address any identified deficits.
5. The HSE DML must ensure that the supervising social worker furnishes the staff with an updated statutory care plan immediately.
6. The HSE DML must ensure that the formal recording of key working sessions commences as soon as possible.
7. The HSE DML must ensure that a social worker is allocated with immediate effect to ensure that the transition for the young person about to leave care and return home is carried out appropriately.
8. The HSE DML must ensure that, given the size and location of the centre, serious consideration should be given to a possible move to more suitable premises and location.
9. The HSE DML must ensure that any outstanding hazards identified in the risk assessment are dealt with immediately.
10. The HSE DML must ensure that written confirmation is obtained with immediate effect certifying that all statutory requirements relating to fire safety and building control have been complied with in accordance with standard 10.19.