



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

A

CHILDREN'S RESIDENTIAL CENTRE

IN

HSE DUBLIN MID LEINSTER

INSPECTION REPORT ID NUMBER: 400

Fieldwork Date: 10th – 11th June 2010.
Publication Date: 5th October 2010.
SSI Inspection Period: 12
Centre ID Number: 53

ADDRESS: Health Information and Quality Authority
George's Court, George's Lane
Smithfield, Dublin 7
Phone: 01 814 7400 Fax: 01 814 7499

Contents

1. Summary of findings

Introduction

1.1 Methodology

1.2 Acknowledgements

1.3 Management structure

1.4 Data on young people

2. Findings

3. Summary of recommendations

1. Findings

Introduction

The Health Information and Quality Authority Social Services Inspectorate carried out an unannounced inspection of a children's residential centre in the HSE Dublin Mid Leinster Area. Kieran O'Connor (lead inspector) and Patrick Bergin (co-inspector) conducted the inspection under *Section 69 (2) of the Child Care Act 1991* on the 10th, 11th and 17th of June 2010.

The centre was located in an attractive four bed-roomed semi-detached house indistinguishable from any other home in a quiet estate in the suburbs of Dublin. The centre was near an open green area and had access to local amenities, such as schools, shops, sports fields and very good public transport. The centre's purpose and function was to provide long term residential care for three children and young people, boys and girls, aged between 13 and 18 years of age on admission with physical disability/illness, learning disability or combinations. It did not take emergency referrals.

A HSE DML admissions panel made decisions about admission, in consultation with the centre manager and the residential co-ordinator. At the time of the inspection there were two boys aged between 15 and 17 years living in the centre.

The centre was last inspected by HIQA SSI in October 2008 (report ID No.264). The inspector found of the total of 12 recommendations, that seven recommendations arising out of that inspection had been met, and five were partly met. Those which were partly met were in relation to purpose and function of the centre, training, resolution of a complaint and establishing links with the disability service. Those not met were in relation to staff vetting.

The previous inspection commended the good standard of care, and inspectors found the same good quality of care in this inspection. There was a warm and relaxed homely atmosphere in the centre.

Inspectors particularly commend the centre and social worker in relation to one young person with special needs for the level of understanding, insight and care he received and the strong advocacy role the centre staff and social worker took in relation to obtaining the best level of aftercare service enshrined in his care plan in his best interests. While this report outlines a number of recommendations in relation to staff supervision, unauthorised absences, and a fire safety letter of compliance, inspectors commend the management and staff for the quality of care provided to the young people in the centre.

1.1 Methodology

Inspector's judgements are based on an analysis of findings verified from several sources including evidence gathered through observation of practice, examination of records and documentation, an inspection of accommodation, and interviews with two young people, one parent, a foster carer, the manager, one child care leader, six child care workers, two social workers, the monitoring officer and the general manager.

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

- The centre's statement of purpose and function
- The centre's policies and procedures
- The young people's care plans and care files
- Census form on staff
- Census forms on young people
- Staff personnel files
- Questionnaires completed by, young people, care staff and social workers
- Administrative records
- Details of physical restraints in the past year (none)
- Details of unauthorised Absences in the past year
- The centre's fire register
- The centre register

1.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of the young people, parents, staff and all other professionals involved in this inspection.

1.3 Management structure

The centre is managed by an acting centre manager and line managed by the HSE regional residential services coordinator who in turn reports to the general manager in the HSE Dublin Mid Leinster.

1.4 Data on young people

At the time of inspection, the following young people were residing in the centre:

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>No. of previous placements</i>
1	17	Care Order	8 years	1 residential care
2	15	Care order	4 months	4 foster placements 4 residential care

Practices that met the required standard

Care of young people

There were written policies on all aspects of the care of young people and inspectors found that these were largely reflected in practice. The young people received a good standard of primary care and their health needs were well met. Another young person said that although he would prefer to be in foster care the “staff do their best to make you feel at home”. Inspectors observed that the staff related to the young people in a sensitive cheerful and relaxed manner. One young person who had been living in the centre since he was nine-years old told inspectors that he was happy with the way the staff team have been helping him to become an independent adult. Another young person was a highly skilled dancer and the staff team ensured that he attended dance classes and competitions and he won many prizes cups and medals which were conspicuously displayed in the centre. Other activities the young people liked included friends calling to the centre, going out to their favourite restaurants with key workers as a treat now and again.

All the young people told inspectors they felt safe in the centre. All could name a professional and staff member they would talk to if they felt unsafe or if they had any concerns. The young people knew how to make a complaint. There was a commitment to being involved in activities and leisure pursuits outside the centre. Another young person told inspectors that he loved going for walks in the country with his key worker, going to the cinema. This young person was a very good artist and his paintings were prominently displayed in the dining room. Exam results and birthdays were treated as occasions for celebration. All the young people had their own rooms which were personalised with family photographs and favourite bands. The young people also liked watching soaps on television and one young person was very good at cooking and this was encouraged by the staff team. Inspectors found that food was available, varied and nutritious.

Staff supervision and support.

The standard on supervision was met. The centre had a policy on formal supervision. Generally formal supervision was seen by the staff team as supportive and a vehicle for accountability. The centre manager was committed to formal supervision and it was occurring in practice. It was contracted and well organised. The manager held the view that it was essential for accountability, learning and professional development.

Other supports

Team meetings were occurring on a fortnightly basis, were well attended and very child centred. Some of the staff team had been in contact with the HSE employee assistance service after dealing with a stressful work situation in the year prior to inspection and found the service very supportive and helpful. The centre manager had formal supervision with the regional residential services co-ordinator monthly. He in turn kept the general manager informed about progress in the centre. The staff team were in weekly contact with a specialist service who told inspectors that they found the staff team combined their own expertise and the services specialist advice with flexibility and mutual professional respect that served the young people well. This level of interprofessional partnership is commendable.

Education

The standard on education was met. The management and staff team showed a high level of commitment to meeting the young people's educational needs, and placed a value on education as a way of enhancing self-esteem and future life chances for children in their care. One young person was attending a special school That catered for his individual needs and he had thrived there. There was excellent communication and coordination between the special school, the centre, and the

social worker. The young person told inspectors that he was proud of his achievements there. Another young person had missed some days in school and had some displayed behavioural problems there but the his social worker and the centre staff had been in regular contact with the school advocating for the young person and ensuring that he continued his education when school commences again in September 2010. Educational achievements were celebrated in the centre. It was centre practice that a staff member attended parent teacher meetings.

Notification of significant events

The standard was met. The centre had a clear system for the notification events and records of these notifications were maintained. External professional interviewed were satisfied that notifications were made in a prompt manner, in accordance with centre policy, the regulations, and the children's standards. In addition it was centre practice to give social workers monthly progress reports on each young person. This was a good practice.

Health and specialist support.

The standard on health was met. Each young person had a general practitioner. The staff team were aware of the health needs of the young people. Medical records were good.

Each young person had a key worker. From a review of case files and conversations with the young people, inspectors found evidence of a good quality key working sessions and staff covered areas such as sexual health, life story work and independent living. There was very good psychological and psychiatric specialist support available to young people. It was evident to inspectors from centre records, observation and interviews with staff and young people that a high level of care was required by one young person and this was occurring. The staff team and social worker are to be commended for sourcing and supporting the services required.

Aftercare planning.

Preparation for leaving care was very good. Inspectors reviewed key working sessions in the year prior to this inspection that displayed comprehensive training in independent living. The young person who was almost 18 years had an excellent aftercare plan which he fully comprehended and told inspectors it was in line with his wishes.

Vetting

A sample of staff files were viewed by inspectors and they found that the staff team at the centre had Garda clearance and the required references.

Insurance

The centre provided inspectors with documentary evidence that they were adequately insured.

Register

The centre had a register which contained the information required in the Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV Article 21.

Practices that met the required standard in some respect only

Inspectors found that standards were partially met in relation to purpose and function, monitoring reports, aspects of consultation and care planning and premises improvement.

Purpose and function and admissions

The centres purpose and function was to provide long term residential care for three children and young people, boys and girls, aged between 12 and 18 years of age on admission with physical disability/illness, learning disability or combinations. It did not take emergency referrals. At the time of inspection there were two boys living in the centre. One of the young people did not have any special needs. Inspectors found the building was unsuitable for young people with disabilities.

The documents supporting the purpose and function were generic for the HSE area and made no reference to how individual care needs are to be met considering the children's special needs and limitations. The purpose and function needs to be reviewed and changed to reflect the service in place.

Management and staffing

The standard was mostly met. The centre had a qualified and experienced acting manager, two social care leaders without staff supervisory responsibilities, seven full time members on the staff team and one agency staff who was known to the young people and was very knowledgeable about their needs.

Consideration should be given to giving the two social care leaders some managerial responsibilities.

Inspectors were concerned to find that there had been a change of management on four occasions since the last inspection. This had caused uncertainty among the staff team who told inspectors that this had affected staff morale up to the recent past.

Secondly when inspectors called to the centre during this unannounced inspection, the manager was on sick leave and there was effectively nobody in charge in the centre. Inspectors were told that another manager in a centre some miles away was available in case of emergency. As this is centre catering for children with complex needs this is not sufficient. Finally the current manager was employed in an acting capacity and this needed to be addressed.

However, notwithstanding these concerns, inspectors found that the centre was well managed. The acting manager had inherited some historical concerns that had affected morale among the staff team. She was in the process of dealing with these issues and had made a significant impact on staff morale despite the fact that she was only in post six months. She brought calmness, approachability and reflective practice to her work.

There was a good level of contact with the centre manager's line manager, who was well briefed on all aspects of centre practice, and had knowledge of the two young people. From interviews with some of the staff team, a parent of one young person and external professionals, inspectors formed a clear view that the manager was well respected by both the staff and young people, provided good vision and clear direction, and were accessible to both the young people and staff team. The manager was well informed on centre and HSE area policy and practice. She was seen as insightful and approachable by both the staff team and external professionals. When the young people were asked to list the positive things about the centre both said "the manager was the really good thing about the centre". All the

young people described her as kind. There was a practice of consultation, reflective practice, and staff self-confidence was generally high.

Generally, inspectors found a dedicated, cohesive, and professional staff group well qualified who together formed a skilled team. There was a good mix of male and female staff. The average length of staff service in the centre was six years. The fact that some staff had worked in the centre for many years gave stability and continuity to the care of the young people, in particular to a young person with special needs.

Professionals external to the centre spoke highly of the dedication, commitment, approachability and flexibility of the staff team and the high quality of care in the centre. Inspectors observed a warm, caring, and respectful approach in all aspects of care of young people in the centre.

Behaviour management

Inspectors found that the young people were well cared for and that staff related well to them. The staff team told inspectors that a good relationship with the young people, and an understanding of them and their families was the key factor in managing behaviour. This was done through listening to the young people and promoting positive values such as a sense of fairness and respect for others. Sanctions were infrequent, minor and proportional and experienced as fair by the young people. Inspectors were concerned about some aspects of the behaviour of one young person in relation to leaving the centre without permission and being at times disrespectful to some of the staff team.

Inspectors are of the view that it important that all young people are given good guidance on respectful relations with both staff and other young people in the centre with an emphasis on negotiation, mediation and listening when there are disagreements about centre rules. Inspectors recommend that staff receive further training in the management of behaviour.

There were no physical restraints in the year prior to the inspection. There was a strong emphasis on the therapeutic aspects of TCI and it was implemented with sensitivity.

Children's Rights

The standard on children's rights was mostly met. The young people had been informed of their rights on admission and they were given a booklet outlining these rights. This booklet was developed specifically by the HSE DW area and inspectors found that it was thorough in relation to information about residential care and children's rights. It was a very well produced and written in a sensitive and child friendly way.

The young people told inspectors that generally they were consulted about all aspects of their lives, and facilitated to give their views at care plan review meeting. They were consulted about school and training courses. They were also involved in drawing up a daily menu and could choose their own clothes and interests.

The young people and the staff team were aware that they could read their daily logbooks and their own case files.

Inspectors found that in the main the young people were confident that their complaints about matters in the centre would be taken seriously and dealt with effectively. Inspectors found that complaints they reviewed were resolved appropriately and promptly.

Inspectors found that one young person had consistently complained about his wish to be fostered and he believed that he was not being heard. He told inspectors that his faith in the complaints procedure was fading. This issue will be discussed further in the social work care planning section below.

The young people told inspectors that they were not aware of the organisation; *the Irish Association of Young people in Care (IAYPIC)*, who are inter-alia an advocacy group for children in care and they would like to meet with them. Inspectors recommend that IAYPIC are invited to the centre.

The young people did not have access to the internet in the centre. One of the young people told inspectors that all his friends had access and he doesn't like being different. He said he "wanted the same normal things as his friends". Inspectors recommend a review of centre policy in relation to access to the internet in the centre as required by Standard 6.

Although there was no written policy on addressing the spiritual needs of young people as required by the regulations, the young people were invited to a religious service of their choice once a week. Inspectors recommend that the centre develop written policy in relation to meeting the spiritual needs of young people.

Family contact

The centre had a positive relationship with families of the young people and encouraged contact in accordance with the standard. However one of the young people had poor contact with his siblings and although inspectors were aware of some difficulties in maintaining contact, inspectors recommend that contact with his siblings is reviewed.

Child safety and protection

The staff team interviewed by inspectors had a good knowledge of centre policies and national guidelines on child safety and protection and were vigilant and clear about how they would act in the event of concerns about the safety of children. All the young people said they would talk to staff if they were worried about anything. One of the young people made a complaint of a child protection nature external to the centre in the year prior to inspection and this was being investigated by the appropriate authorities. Inspectors recommend that a review of the complaint be undertaken so as to ascertain what learning can arise from it to inform future risk assessment.

Administrative files/ Children's case and care records

The standard was mostly met. The centre had a clear written policy on record keeping and file management. It emphasised the importance of clear factual recording of significant events which allows for ease of access for staff and young people. The content and organisation of care files, log books and other records was of a good standard. All required records and registers were appropriately used and up to date. Overall, there was coherent filing system. They were organised in a way that facilitated ease of access for effective management and accountability. All the files had copies of care plans. In addition all files had social history reports and copies of legal orders and birth certificates.

Inspectors found files of children who had previously stayed in the centre. These records were not stored in a secure enough area. Inspectors recommend that these are archived in line with HSE policy as soon as possible.

There was no independent section in the care records system for education and inspectors recommend that this occurs. This section should reflect a comprehensive view of the young person's abilities achievements and educational progress.

Monitoring

The standard on monitoring was met in part. The centre had been visited by the monitoring officer on one occasion in the year prior to inspection. She also had telephone contact. She met with the young people and staff and has requested the staff and management complete a centre audit.

The monitoring officer received notification of all significant events. She made herself available to the manager and staff mainly by phone for consultation as required. All the staff interviewed by inspectors found her supportive and her advice valuable. There was no written monitoring report for 2009 as required by the standards. While inspectors noted that the monitoring officer had 41 centres for which she was responsible, inspectors recommend that the monitoring officer provides an annual report on the centre in accordance with the standard.

Unauthorised absences

This standard was partially met. There were 12 absences of one young person. These were mainly of short duration. All absences had been notified in accordance with HSE protocol with the Gardai and every effort was made by the social work department and the staff team to persuade the young person to discontinue leaving the centre without permission. However this needed to be addressed and the absences need to cease.

Training and development

The standard was met in part. Inspectors viewed evidence that the staff team had received training in therapeutic crisis intervention (TCI) for behaviour management, fire safety children first, child protection and other relevant courses. Staff had also received training in "*Children First the National Guidelines for the Protection and Welfare of Children*" a number of years ago. However, they had not attended a refresher course since the last inspection. Inspectors recommend further training in child protection.

Some of team did not have the required social care qualifications and inspectors recommend that given that professional registration of care staff is immanent staff are given the opportunity to acquire it having regard for the contingencies of the centre. Some of the staff team expressed an interest in specific training in autism and inspectors recommend that a full training needs audit of the staff team is carried out as recommended in the last inspection. All newly appointed staff received formal induction.

Social work and care planning

Both young people had social workers who visited them regularly. Inspectors found a very good level of inter-professional work and interagency cooperation between the centre staff and social workers. The managers and the staff team spoke highly of their relationships with the social workers. The social workers told inspectors that communication was very good and they were notified of all significant events. All the social workers were clear about their responsibilities where they had concerns in relation to the safety and welfare of the young people. They recognised the importance of developing a solid trusting relationship with the young person as a core part of their responsibilities. They exercised their responsibility by visiting the young people regularly and seeing them privately. One young person was appropriately placed in the centre, had care plans and was regularly reviewed.

Inspectors consider the second young person inappropriately placed in the centre. This young person was previously placed with a foster parent for an eight month period. He was thriving in the placement but because of issues around accommodation and as it was an emergency placement he was placed in residential

care. Subsequently residential placements had broken down and he was subsequently placed in this centre. During this inspection, he returned to stay his former foster carer for five days. His social worker, all the staff team interviewed and his former foster carer, consider that his current placement was not appropriate and he would be better placed in foster care. Most importantly, the young person himself was very unhappy in the centre despite the best intentions of the staff team and wanted to return to foster care, where in the past there were no behavioural difficulties. He told inspectors that he never missed school or felt the house without the permission of this foster carer. He said "I was really happy there; my foster carer really understood teenagers and she thought me right from wrong; I felt normal there" While mindful of some practical but not insurmountable difficulties inspectors recommend a review of this placement in close consultation with the young person looking creatively for a solution to this to more adequately address his needs.

Fire safety

Inspectors found evidence that fire drills were occurring on a regular basis and fire extinguishers were checked in the year prior to inspection. The HSE DML did not have written confirmation from an architect or a certified engineer that all requirements in relation to fire safety and building control have been complied with as required by standard 10.19.

Premises

This standard was partly met. The centre was located in an attractive four bedroomed semi-detached house indistinguishable from any other home in a quiet estate in the suburbs of Dublin. The centre was near an open green and had access to local amenities, such as schools, shops sports fields and very good public transport. Inside the house was homely. The rooms were attractive if a little small and the corridors were narrow. Each young person had their own bedroom which they personalised with pictures of their families and posters of their favourite musicians. The front and rear garden was untidy. The grass lawn looked neglected and needed cutting. There was rubbish gathered at the side of the garden shed. This was not acceptable. The centre and its gardens need to be treated like any ordinary family home and should be of the same standard as other houses on the road so that young people have respect for and take pride in their surroundings. Inspectors recommend that these matters are addressed immediately and steps are taken by management to ensure this environmental neglect does not reoccur.

The centre needed the following to meet the standard

- the centre needed to be repainted internally and externally
- new kitchen cabinets
- new floor covering
- all windows needed curtains or blinds

Practices that did not meet the required standard.

All of the standards in this centre were either met or partly met.

2. Findings

2.1 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		√	

Recommendation:

1. The HSE DML should review its purpose and function.

2.2 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:

2. The HSE DML should ensure that the manager is made permanent.
3. The HSE DML should ensure that a training needs audit of the staff team is carried out.

4. The HSE DML should that members of the staff are facilitated to obtain the required child care qualification.
5. Inspectors recommend that care records of children who are no longer living in the centre are archived in line with HSE policy as soon as possible.
6. The HSE DML should ensure that is a discrete section for education in the care file.
7. The HSE DML should ensure that all staff receives a refresher course in Children First.

2.3 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		√	

Recommendation:

8. The HSE DML should ensure that the monitoring service provides an annual report as required under the standards.

2.4 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:

9. The HSE DML should ensure that a policy for internet access for young people in the centre is developed and implemented.

10. The HSE DML should ensure that the IAYPIC are invited to the centre.
11. The HSE DML should ensure that this young person's complaint is dealt with in a prompt manner.

2.5 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	√		
Aftercare	√		

Recommendations:

12. The HSE DML should ensure that the placement of one young person is reviewed.
13. The HSE should ensure that sibling contact is reviewed for one young person.

2.6 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:

14. The HSE should ensure that centre policy on spiritual needs of young people is further developed.
15. The HSE should review the absence without authority of one young person.
16. The HSE should ensure the staff team receive further training in the behaviour management.

2.7 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		√	

Recommendation:

17. The HSE should review the circumstances surrounding a complaint by one young person.

2.8 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	√		

2.9 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	√		

2.10 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		√	

Recommendations:

- The HSE DML should provide written confirmation from an architect or a certified engineer that all requirements in relation to fire safety and building control have been complied with as required by standard 10.19.

19. The HSE DML should ensure that the centre obtains the following:

- **The front and back garden is thoroughly cleaned the grass cut and planted with shrubs and trees.**
- **The centre needed to be repainted internally and externally**
- **A new kitchen fitting**
- **new carpets for the centre**
- **All windows needed curtains or blinds**

4. Summary of recommendations

- 1.** The HSE DML should review its purpose and function.
- 2.** The HSE DML should ensure that the manager is made permanent.
- 3.** The HSE DML should ensure that a training needs audit of the staff team is carried out.
- 4.** The HSE DML should ensure that members of the staff are facilitated to obtain the required child care qualification.
- 5.** Inspectors recommend that care records of children who are no longer living in the centre are archived in line with HSE policy as soon as possible.
- 6.** The HSE DML should ensure that there is a discrete section for education in the care file.
- 7.** The HSE DML should ensure that all staff receives a refresher course in Children First.
- 8.** The HSE should ensure that the monitoring service provides an annual report as required under the standards.
- 9.** The HSE DML should ensure that a policy for internet access for young people in the centre is developed and implemented.
- 10.** The HSE DML should ensure that the IAYPIC are invited to the centre.
- 11.** The HSE DML should ensure that this young person's complaint is dealt with in a prompt manner.
- 12.** The HSE DML should ensure that the placement of one young person is reviewed.
- 13.** The HSE should ensure that sibling contact is reviewed for one young person.
- 14.** The HSE should ensure that centre policy on spiritual needs of young people is further developed.
- 15.** The HSE should review the absence without authority of one young person.
- 16.** The HSE should ensure the staff team receive further training in the behaviour management.
- 17.** The HSE should review the circumstances surrounding a complaint by one young person.
- 18.** The HSE DML should provide written confirmation from an architect or a certified engineer that all requirements in relation to fire safety and building control have been complied with as required by standard 10.19.
- 19.** The HSE DML should ensure that the centre obtains the following:
 - The front and back garden is thoroughly cleaned, the grass cut and planted with shrubs and trees.
 - The centre needs to be repainted internally and externally

- A new kitchen fitted
- new carpets for the centre
- All windows need venetian blinds