



# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**A**

**HIGH SUPPORT UNIT**

**IN THE**

**HSE DUBLIN NORTH EAST REGION**

**FINAL REPORT**

***INSPECTION REPORT NUMBER: 411***

**Fieldwork Date: 17<sup>th</sup>, 26<sup>th</sup> & 27<sup>th</sup> August 2010**

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**SSI Inspection Period: 12**

**Unit ID Number: 266**

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# Contents

## **1. Introduction**

*1.1 Methodology*

*1.2 Acknowledgements*

*1.3 Management structure*

*1.4 Data on children*

## **2. Summary of findings**

## **3. Findings**

## **4. Summary of recommendations**

## 1. Introduction

The Health Information and Quality Authority (HIQA), Social Services Inspectorate (SSI) carried out an announced inspection of a high support unit (HSU) in the Health Services Executive Dublin North East Region (HSEDNE). Sharron Austin (lead inspector) and Bronagh Gibson (co-inspector) conducted the inspection under Section 69 (2) of the Child Care Act 1991, on the 17, 26 and 27 August 2010.

At the time of inspection this unit was providing a good service for the children. The managers and staff presented as a dynamic, confident and dedicated team providing good quality care. The unit was last inspected by the SSI in September 2008 with a follow-up inspection in June 2009. The majority of the inspection recommendations had been met at that time.

The purpose and function of the unit provided to the inspectors described the unit as providing care for up to 12 children aged between 12 and 18 years. The unit was a mixed gender facility and comprised two purpose-built units, an on-site school, a recreational building and two external flats for visitors on ample grounds on the outskirts of a large town. The statement outlined a programme of care which was based on several well researched and academically accredited care models. At the time of inspection there were seven children aged 15 to 17 years living in the units. One was on transition to home and due to be discharged and one child was on remand in a children detention school.

The standard on education was not assessed during the inspection as the on-site school was on its summer break. Twenty three FETAC level subjects had been achieved by the children in the twelve months prior to this inspection. The young people interviewed had various views on education but could describe the benefits of any achievements they had made in the school. Inspectors found school reports on the care files from the on-site school and previous educational placements prior to admission.

### 1.1 Methodology

Inspectors' judgements are based on evidence verified from several sources gathered through direct observation, an inspection of accommodation and interviews with the deputy director, two unit managers, two social care leaders, three social care workers, three children, two social workers, the HSE monitoring officer and the national manager for special care and high support who has line management responsibility for the service. Telephone interviews were carried out with one social work team leader, two social workers, one parent and one youth homeless project worker.

Inspectors also had access to the following documents:

- The unit's statement of purpose and function
- The unit's policies and procedures
- The unit's register
- The children's care plans and care files
- Census of staff
- Census of children
- Administrative records
- Staff rosters
- Supervision records
- Training records
- Fire safety and building control compliance documents
- Evidence of insurance
- Details of physical interventions for the previous twelve months(2)

- Details of unauthorised absences for the previous twelve months (117)
- Details of serious incidents for the previous twelve months (3)
- Questionnaires completed by social workers (5)
- Questionnaires completed by parents (1)
- Questionnaires completed by guardians-ad-litem (1)
- The monitoring officer's report (1)

### ***1.2 Acknowledgements***

The inspectors wish to acknowledge the co-operation of the children, parents, the directors, unit managers and staff, external professionals including social workers and others who participated in this inspection.

### ***1.3 Management structure***

The director reported to the national specialist for children and families with line management responsibility for special care and high support.

#### 1.4 Data on children

On the first day of fieldwork the following children were residing in the unit, listed in order of length of placement:

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>No. of previous placements</i>
# 1 (female)	16	Voluntary Care	1 year 2 months	None
# 2 (male)	17	Full Care Order	10 months 3 weeks	1 foster care 4 residential care 2 special care
# 3 (male)	16	Voluntary Care	10 months 2 weeks	3 foster care 1 residential care
# 4 (female)	15	Full Care Order	5 months 2 weeks	9 foster care 4 residential care
# 5 (female)	16	Full Care Order	4 months	1 residential 1 foster care 1 special care 1 detention
# 6 (female)	16	Full Care Order	1 month 3 weeks	7 foster care 1 relative foster care
# 7 (female)	16	Full Care Order	5 days	2 crisis intervention placements

## 2. Summary of Findings

### *Practices that met the required standard*

#### *Register*

The unit maintained a register on the children which contained all the required statutory information.

#### *Notification of significant events*

The standard on notification of significant events was well met. Social workers and the monitoring officer were satisfied that this was carried out in a prompt manner in accordance with the standard. Parents interviewed were also happy with the level of communication between them and the staff at the unit.

#### *Primary care*

The primary care of the children was of a high standard. Each child looked physically healthy and was well presented. They had access to a GP and a dentist and other specialist supports. They could exercise choice in food, clothing and activities. They received regular pocket money and money for clothes and toiletries.

#### *Contact with families*

This standard was met. Visits from family members were encouraged and facilitated and could take place in private. As the unit was a national resource, travel was an issue for some visitors. The unit had two self-contained flats available to parents, members of care teams and other persons. Where appropriate, parents were kept informed of events in their child's life. Parents interviewed, and those who responded to a questionnaire spoke positively about the care their children were receiving. They felt welcomed in the unit when they visited and could meet their child in private. They were satisfied with the level of communication and consultation and were kept informed on all matters regarding the children's care plans.

#### *Preparation for leaving care*

This standard was mostly well met. Two of the young people were in the process of leaving care and transferring home or to independent living in line with their statutory care plans. Inspectors found evidence of direct work carried out with these children on their care files.

#### *Training and development*

This standard was met. The deputy director had just gained a PhD in Therapeutic Child and Youth Care Interventions. Staff were trained in the core training requirements such as techniques in the management of behaviour, for example: Applied Behavioural Analysis, Response Ability Pathways (RAP) and Professional Management of Aggression and Violence (PMAV), Children First and fire safety. Staff development was the responsibility of the deputy director and a dedicated training officer. The unit kept a clear account of training completed and requested.

#### *Suitable placement and admissions*

This standard was met. The children resident in the unit were found to be suitably placed in the main and their placements met the unit's criteria. The children told inspectors that they were generally happy with their placements. Social workers, parents and other professionals interviewed told inspectors that the children were cared for in a safe manner and that the service provided to them was appropriate to their needs.

### *Care planning and statutory reviews*

Each child had a statutory care plan which was relevant to their current placement. There was evidence of a good quality of consultation in the drawing-up of the plans. For the most part, statutory reviews were held within the regulatory timeframes. In most cases there were copies of minutes of review meetings on file.

### *Restraint*

This standard was met. There were two physical interventions involving two children in the twelve months prior to this inspection. These were found by inspectors to have been consistent with PMAV, and appropriately recorded and notified to all relevant parties.

### *Fire safety*

The standard on fire safety was met. The unit had written confirmation that all statutory requirements relating to fire safety and building control have been complied with. No structural changes had taken place in the unit since the last inspection. Fire drills were carried out on a regular basis.

### *Staffing*

At the time of inspection, the unit had a total of 42.5 WTE posts filled by 46 staff:

- 1 director
- 1 deputy director
- 2 unit managers
- 9 social care leaders *(6 full-time and 3 part-time)*
- 26 social care workers *(21 full-time, 3 flexi-time and 2 relief)*
- 2 chefs *(full-time)*
- 3 administration staff *(2 full-time and one flexi-time)*
- 1 ancillary staff
- 1 training officer *(part-time)*

The managers and staff presented as a professional, dynamic, confident and cohesive team and this reflected positively on their care practice. Staff had qualifications in a wide variety of areas such as social care, social work, nursing, psychology, counselling and probation. The majority of the staff had worked in the unit since it opened in 2002, and there had been a low turnover of staff since then. Children, parents and other professionals interviewed spoke positively about staff members and managers. All staff were appropriately vetted.

### *Accommodation, safety, maintenance and repairs*

The facility comprised two adjacent detached residential units, an on-site school, administrative block and a large well equipped recreational building. The environment, grounds, accommodation units and other facilities on the campus were maintained to a high standard. The most recent health and safety assessment had been carried out in July 2010. A comprehensive health and safety statement for the campus had been revised in June 2010.

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

### *Purpose and function*

This standard was mostly well met. The purpose and function of the HSU described the unit as providing care for up to 12 children aged between 12 and 18 years. The HSU was a mixed gender facility and comprised two purpose built units, an onsite school, a gymnasium and two independent flats for visitors in ample grounds on the outskirts of a large town. The statement outlined a programme of care which was based on several well researched and academically accredited care models, and supported by a regional comprehensive set of policies and procedures. On review of these policies, which were prepared in 2006, inspectors found that the facility had become a national service within the past two years. Inspectors recommend that the policies be revised to reflect the national perspective.

### *Management*

The standard on management was mostly well met. The HSU was managed by a director and deputy director and the two units each had a unit manager.

The director, deputy director and unit managers of the HSU were appropriately qualified and well experienced. There were systems in place demonstrating a good quality of management of all aspects of care in the unit. The environment, grounds, accommodation and other facilities on the campus were maintained to a high standard, and there were well organised administrative systems in place. Inspectors found evidence that care practice had developed through a weekly reflective team process in clinical team meetings where placement plans were focused on the needs of individual children. Inspectors were told that the absence of a dedicated psychologist had impacted on this forum.

During interviews with staff and other professionals, inspectors found that while the management styles of the senior managers complemented each other, at times the decision-making processes created confusion as decisions made by one senior manager varied from those of the other which impacted on staff rather than the children. Inspectors recommend that senior managers develop a more transparent joint decision making process.

### *Social work role*

Each child had an allocated social worker who visited them regularly. There was good communication between the staff and social workers, who were promptly notified of any significant events. Social workers attended monthly placement planning meetings.

Social workers were contacted at the start of every week by staff and a weekly report was sent to them. There was a good standard of inter-professional work and inter-agency partnership between the unit and social workers. Those interviewed confirmed this and told the inspector that the placements were suitable and that the quality of care given to the children was good. The managers were satisfied that social workers' responses to significant events or other aspects of care were good. Inspectors could find evidence of only one social worker reading the unit log and child's file, as required by regulations. Inspectors recommend that all supervising social workers carry out their regulatory duty in reading care files from time to time.

### *Children's case and care records and Administrative files*

Each child had a secure care file. Inspectors found that the files contained all the relevant and statutorily required documentation. The quality of the recording was good. The chronological sequence of filing made it easy to access certain information. The records were comprehensive and well maintained.

Inspectors found that while there was a general HSE policy governing the use of computers, the HSU did not have a specific policy in relation to computer-generated information within the HSU. Inspectors recommend that a policy is developed in relation to computer-generated information within the unit.

### *Children's Rights*

Inspectors found clear evidence that children were aware of their rights. They received an information booklet about the HSU on admission.

#### *(1) Children's Rights - Consultation with children:*

Inspectors found the standard of consultation with children and their families in the preparation of care plans and participation in reviews good. However, there was little evidence of staff assigning an appropriate time or encouraging the children to meet as a group on a regular basis to discuss issues, as required by the standards. Inspectors recommend that more formal opportunities for consultation with children are explored and implemented.

#### *(2) Children's Rights – Complaints:*

The standard on complaints was mostly well met. The HSU had policy and procedures for dealing with complaints and child protection concerns. It included different stages to which the complaint could be taken, and an appeals mechanism. During interview with the monitoring officer, inspectors were told that the classification and management of complaints had been a concern and that sometimes staff did not follow the procedures because they were uncertain about the status of a complaint. The standards require staff to understand the purpose of a complaints procedure and treat complaints professionally. The HSU maintained a central electronic register of significant events which includes complaints. A complaints register was also held in each unit. However, during review of documentation and care files inspectors found complaints recorded in care files or daily report books. It was unclear as to the notification process or the outcome when they had been addressed by managers or staff. Inspectors recommend that:

- the complaints policy and procedure is reviewed to ensure the staff team understand, recognise, record and notify all complaints appropriately
- a member of the management team ensures there is consistency in the practice of responding to complaints
- staff receive training on the purpose of the complaints procedure so that their practice is compliant with the requirement of the standards.

#### *(3) Children's Rights - Access to Information:*

The inspectors found that the children read written accounts of their day and were kept informed of daily and longer-term plans for them. The children interviewed had a good understanding about how to access information held on their files and some said they read their daily report logs more than their care files. They read their review reports, and commented on them prior to reviews. When interviewed, staff confirmed that they understood that children had a right to access to information but they were unclear as to whether the children could write in their logs or contribute to their records.

Inspectors were told that each child had a 'memory book', that is, a child's daily diary of positive aspects of living in the unit, and were given the opportunity to examine one. This was a commendable practice. However, to meet the standard fully staff should be more proactive in promoting and facilitating access to information. Inspectors recommend that access to information is reviewed to ensure that staff understand that this is a child's right and actively promote and facilitate it.

### *Management of behaviour*

Inspectors were told that the HSE approved method of managing behaviour in the HSU was Professional Management of Aggression and Violence (PMAV). The unit had incentive programmes for the children which worked well. Each child had an up-to-date individual crisis management plan (ICMP) and serves as a risk assessment that guides staff in their response to crises, but these were of poor quality. Some of them did not specify whether physical restraint should be used given the individual's circumstances. Inspectors recommend that ICMP's are reviewed to ensure all safe behaviour management techniques are clearly indicated.

### *Unauthorised absences*

In the twelve months prior to the inspection there had been 117 unauthorised absences involving six children. In the previous inspection in 2008, absences totalled 253 involving 14 children. The ratio of absences to the number of children has not changed significantly, even though there had been an overall reduction of absences of 50% per capita in the few months prior to the inspection.

The risks while absent from the unit at the time of the 2008 report were of grave concern to inspectors as they included criminal behaviour, consumption of alcohol and association with adults known to the Gardai. The risks posed to children while absent without permission from the unit are always high. However, inspectors were informed that following the last inspection injunctions had been issued to four adults in the community and this was proving effective in protecting the children in the HSU. Notwithstanding the efforts made to address the risks, the majority of the 117 unauthorised absences related to four children. Staff were sometimes aware of where children were when they were absent without authority, and they made assessments of whether the child was absent at risk on a case by case basis and responded accordingly.

Thirty absences related to one child who was admitted to the unit in March 2010 and was on remand at the time of the inspection. This child had been missing from care and at risk for significant periods at a time and engaging in anti-social activities. The duration of these absences ranged from one hour to four hours with the longest absence ranging from two to six days at a time. Missing persons notifications were made appropriately in accordance with HSE protocol. Twenty-seven absences related to a second child and ranged from one to nine hours. Seventeen of these occurred from January to May 2010. At the time of the inspection this child had not returned to the unit following a visit to a relative carer. Twenty-nine absences related to a third child and ranged from one to eleven hours. Eight of these 29 absences took place in the early part of 2010 and at the time of the inspection this child was in transition to home. Sixteen absences related to a fourth child and ranged from one to four hours, the last one occurring in May 2010. All appropriate personnel were notified promptly of all absences. The children interviewed told inspectors of some of these absences and one child outlined how he tries to discourage anyone from running away or persuades them to return if they have. Staff confirmed this.

In the previous inspection, inspectors found that there was a reliance on Gardai to assist staff in the management of difficult behaviour. Inspectors found that this has reduced significantly and the managers and staff had developed good relationships with the local Gardai and encouraged visits to the unit to talk with the children rather than to manage the incidents. Inspectors recommend that managers make every effort to reduce the incidence of unauthorised absences and carry out an analysis of patterns of children missing from care so as to ascertain the effectiveness of the responses adopted.

### *Emotional and Specialist support*

During interviews it was evident that staff were aware of the emotional and psychological needs of the children. Each child had two key workers and the children interviewed said that they felt comfortable to talk to them or their social workers if they were worried or anxious about anything. There was evidence of good individual key working sessions and direct work on care files. Inspectors observed good, warm relationships between the children and staff. This was characterised by an open and friendly atmosphere where laughter and good humour was evident. Access to external services, such as psychiatry and psychology was good and children were being facilitated to attend specialist supports as part of their care plan. The unit had a dedicated psychologist in previous years. However, this post became vacant and has not been filled since. Interim personnel were sourced on a temporary basis, but the post was lost when it could not be filled on a permanent basis. It was evident during interviews that staff had seen the benefit of having a dedicated psychologist on the team, and this was confirmed by the external line manager. Inspectors recommend that the provision of a psychology service is re-established as a matter of priority.

### *Health*

Each child had access to a G.P, dental and other specialist services. Staff had a good awareness of the health needs of the children. Records of appointments were maintained. Medical assessments were carried out on admission to care. Immunisation records were absent on some files and medical histories were poor. Inspectors could not find evidence that efforts had been made to obtain the missing information. Inspectors recommend that the medical sections of the care files are reviewed and that efforts made to obtain medical information are recorded on file, in accordance with the standards.

### *Safeguarding and Child protection*

The unit had a safeguarding and child protection policy which was understood by all staff and realised in practice. Inspectors read six child protection notifications on four of the children's care files dated between March and August 2010. There was evidence that one notification had been acknowledged upon receipt from the principal social worker. However, there was no evidence as to the status of each of these notifications.

Inspectors recommend that:

- the supervising social workers discuss the respective notifications with their line manager and ensure that the director is formally written to outlining the status of the allegations, and
- the director upon receipt of the written status of each concern files it alongside the copy of the standard report form.

### *Monitoring*

The monitoring officer had visited the unit twice in the previous twelve months. She was notified of all significant events. The last monitoring report was dated August 2009 and she told inspectors that she had introduced a self-audit tool to the unit and was in the process of quality assuring it. She told inspectors that this was a new approach which she was using to carry out the monitoring functions. She felt that while the audit does not capture the 'experience of care' sufficiently; it enables the service to assess its own compliance with the regulations and standards. Although not ideal, the audit compensated for the monitoring officer's restrictions in visiting the HSU regularly on account of other work commitments.

She spoke positively of the managers and staff in the unit and was satisfied that the children were well cared for.

Inspectors recommend that external managers ensure that adequate arrangements are in place to enable the standard on monitoring to be fully met and urge them to consider all options in order to achieve this standard.

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

*Supervision and support*

HSEDNE had a regional policy for professional supervision of staff in children's residential units. The policy stated that staff supervision should occur every six to eight weeks. During interviews with the managers, inspectors were told that formal supervision was not occurring on a regular basis for various reasons. Notwithstanding the fact that all staff spoke about the informal supervision and support they received, which was viewed as available and regular, inspectors found that different values were placed on formal supervision. A sample of supervision records was reviewed. Inspectors found that supervision for many staff was not in line with policy. The monitoring officer had highlighted this in a report dated August 2009. Formal supervision had been subject of recommendations in past inspections and despite the fact that some action had been taken to address the deficiency, this standard was not met.

Inspectors recommend that:

- senior managers in the HSU receive regular formal supervision and understand fully the purpose and value of it,
- senior managers in the HSU re-establish a formal supervision structure which works for their service and is in line with the standards and regional policy, and
- the monitoring officer monitors the practice in this area to ensure that this standard is met.

### 3. Findings:

#### 1. Purpose and function

**Standard**

The unit has a written statement of purpose and function that accurately describes what the unit sets out to do for children 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 HSEDNE should ensure that the statement of purpose and function and supporting policies are amended to reflect the national perspective.

#### 2. Management and staffing

**Standard**

The unit is effectively managed, and staff are organised to deliver the best possible care and protection for children. 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 DNE should ensure that senior managers ensure a more transparent joint decision making process.
3. The HSE DNE should ensure that:
  - senior managers in the HSU receive regular formal supervision and understand fully the purpose and value of it,
  - senior managers in the HSU re-establish a formal supervision structure which works for their service and is in line with the standards and regional policy, and
  - the monitoring officer monitors the practice in this area to ensure that this standard is met.

**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 units.

	<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 DNE should ensure that external managers ensure that adequate arrangements are in place to enable the standard on monitoring to be fully met and urge them to consider all options in order to achieve this standard.

**4. Children’s rights**

**Standard**

The rights of children are reflected in all unit policies and care practices. Children and their parents are informed of their rights by supervising social workers and unit staff.

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Consultation		√	
Complaints		√	
Access to information		√	

**Recommendations:**

**5. The HSE DNE should ensure that:**

- more formal opportunities for consultation with children are explored and implemented,
- the complaints policy and procedure is reviewed to ensure the staff team understand, recognise, record and notify all complaints appropriately,
- a member of the management team ensures there is consistency in the practice of responding to complaints
- staff receive training on the purpose of the complaints procedure so that their practice is compliant with the requirement of the standards, and
- access to information is reviewed with staff to ensure that staff understand this is a child's right and actively promote and facilitate it.

**5. Planning for children and children**

**Standard**

There is a statutory written care plan developed in consultation with parents and children 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 children 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Suitable placements and admissions	√		
Statutory care planning	√		
Statutory care reviews	√		
Contact with families	√		
Supervision and visiting of children	√		
Social work role		√	
Emotional and specialist support		√	
Preparation for leaving care	√		
Discharge	√		
Aftercare	<b>Not assessed</b>		
Children's case and care records		√	

**Recommendations:**

6. The HSE DNE should ensure that the provision of a psychology service is re-established as a matter of priority.
7. The HSE DNE should ensure that supervising social workers carry out their regulatory duty in reading care files from time to time.
8. The HSE DNE should ensure that a policy is developed in relation to computer generated information within the unit.

**6. Care of children**

**Standard**

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</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 HSE DNE should ensure that individual crisis management plans (ICMP'S) are reviewed to ensure all behaviour management techniques are clearly indicated.
10. The HSE DNE should ensure that managers make every effort to reduce the incidence of unauthorised absences and carry out an analysis of patterns of children missing from care so as to ascertain the effectiveness of the responses adopted.

## 7. Safeguarding and Child Protection

### Standard

Attention is paid to keeping children in the unit 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Safeguarding and child protection		√	

### Recommendations:

#### 11. The HSE DNE should ensure that:

- the supervising social workers discuss notifications with their line manager and ensure that the director of the HSU is sent written information about the status of each concern, and
- the director of the HSU, on receipt of the written status of each concern, files it alongside the copy of the standard report form.

## 8. Education

### Standard

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

	<i>Practice met the required standard</i>	<i>Practice partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Education	Not assessed		

## 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Health		√	

### Recommendation:

12. The HSE DNE should ensure that the medical/health sections of the care files are reviewed and that efforts made to obtain medical information are recorded on file.

## 10. Premises and Safety

### Standard

The premises are suitable for the residential care of the children and their use is in keeping with their stated purpose. The unit 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Accommodation	√		
Maintenance and repairs	√		
Safety	√		
Fire safety	√		

#### **4. Summary of recommendations:**

1. The HSE DNE should ensure that the statement of purpose and function and supporting policies are amended to reflect the national perspective.
2. The HSE DNE should ensure that senior managers ensure a more transparent joint decision making process.
3. The HSE DNE should ensure that senior managers in the unit re-establish a formal supervision structure which works for their unit in line with the standards and regional policy.
4. The HSE DNE should ensure that external managers ensure that adequate arrangements are in place to enable the standard on monitoring to be fully met and urge them to consider all options in order to achieve this standard.
5. The HSE DNE should ensure that:
  - more formal opportunities for consultation with children are explored and implemented,
  - the complaints policy and procedure is reviewed to ensure the staff team understand, recognise, record and notify all complaints appropriately,
  - a member of the management team ensures there is consistency in the practice of responding to complaints
  - staff receive training on the purpose of the complaints procedure so that their practice is compliant with the requirement of the standards, and
  - access to information is reviewed with staff to ensure that staff understand this is a child's right and actively promote and facilitate it.
6. The HSE DNE should ensure that the provision of a psychology service is re-established as a matter of priority.
7. The HSE DNE should ensure that supervising social workers carry out their regulatory duty in reading care files from time to time.
8. The HSE DNE should ensure that a policy is developed in relation to computer generated information within the unit.
9. The HSE DNE should ensure that individual crisis management plans (ICMP'S) are reviewed to ensure all behaviour management techniques are clearly indicated.
10. The HSE DNE should ensure that managers make every effort to reduce the incidence of unauthorised absences and carry out an analysis of patterns of children missing from care so as to ascertain the effectiveness of the responses adopted.
11. The HSE DNE should ensure that:
  - the supervising social workers discuss notifications with their line manager and ensure that the director of the HSU is sent written information about the status of each concern, and
  - the director of the HSU, on receipt of the written status of each concern, files it alongside the copy of the standard report form.
12. The HSE DNE should ensure that the medical/health sections of the care files are reviewed and that efforts made to obtain medical information are recorded on file.