



# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Report on the Inspection**  
**of a**  
**CHILDREN'S RESIDENTIAL CENTRE**  
**in the**  
**Health Service Executive**  
**Dublin Mid-Leinster Region**

***INSPECTION REPORT ID NUMBER: 412***

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# 1. Introduction

On the 17<sup>th</sup> and 18<sup>th</sup> August 2010, the Health Information Quality Authority (HIQA) Social Services Inspectorate (SSI) carried out an unannounced inspection of a children's residential centre in the Health Services Executive (HSE) Dublin Mid-Leinster Region (DML) under *Section 69(2)* of the *Child Care Act 1991*. The inspection was carried out by Michael Fox (Co-inspector) and Michael McNamara (Lead Inspector). The centre was last inspected in July 2009 (*Inspection report 352*) as a follow-up to the previous full inspection in February 2009 (*Inspection report 296*).

## 1.1 Methodology

In this inspection the inspectors' judgements are based on analysis of findings verified from more than one source of evidence gathered through: observation of the environment and interactions in the centre; interviews with relevant HSE staff members and managers, four young people, three social work team leaders, and four supervising social workers; an inspection of accommodation; and examination of the following records and documentation:

- the centre's statement of purpose and function,
- the centre's policies and procedures,
- a description of the planned changes to the local children's residential service
- four questionnaires completed by children in the centre
- questionnaires completed by social workers,
- questionnaires completed by external professionals,
- census forms with details of the young people,
- census forms with details of staff,
- a sample of the staff roster,
- details of significant events in the year prior to the inspection,
- the centre's health and safety statement,
- a health and safety assessment,
- evidence of insurance,
- an audit report of the monitoring officer dated February 2010
- children's care files, and
- administration records.

## 1.2 Acknowledgements

The inspector wishes to acknowledge and express appreciation for the co-operation of the centre manager, the residential services manager, the children, social work department personnel, staff of the centre, and other professionals involved in this inspection.

## 1.3 Management structure

The centre was managed by a person who was appropriately qualified and who reported to the children's residential care services manager. At the time of the inspection she was also part-time acting manager for another centre in the service.

## 1.4 Data on children

At the time of the inspection there were five children in the centre, all of whom were placed by the local health area social work department. Details of their length of placement, status and previous placements are provided in the table below.

<i>Young Person</i>	<i>Age</i>	<i>Legal Status</i>	<i>Length of Placement</i>	<i>Number of previous placements</i>
#1 (male)	15	Care Order	8 years 2 months	3 foster care placements 1 residential care
# 2 (female)	16	Voluntary Agreement	1 year 2 months	Respite placements
# 3 (female)	15	Voluntary Agreement	5 months	1 emergency foster care 2 residential care
#4 (female)	16	Care Order	1 month 2 weeks	20 foster care placements
#5 (female)	16	Voluntary Agreement	1 month	7 foster care placements 1 mainstream residential centre

## 2 Recommendations of the previous inspection report

There were 11 recommendations arising from the inspection in May 2009. At the time of the follow-up inspection in July 2009, seven of these were fully met, three were partly met and one was not met. The recommendations partly met were: 8 - that the HSE Dublin Mid-Leinster region (DML) should ensure that each young person's care file contains a medical history, 9 – that outstanding recommendations of the health and safety audit should be implemented as soon as possible, 10 – that the centre the centre is repainted and the sinks in the young people's bedrooms are repaired or replaced.

Inspectors found that there were no medical histories on children's care files. To meet the requirement of recommendation 8 fully the centre should ensure that it has medical histories for all the children living in the centre. Where histories are absent there should be a formal record outlining the efforts made to obtain the information, in accordance with standard 9.2.

The implementation of recommendations 9 – 11 was underway at the time of the inspection. A substantial budget had been allocated to the works in this and other children's centres in the local health area. Work was nearing completion on the drainage system and the garden, the oil tank was screened off, and new seating for the games room had been obtained. In the children's bedrooms the mattresses had been replaced, but sinks had yet to be repaired or replaced. The plan outlined to inspectors was that the essential work necessary outside the building would be completed first, and then work needed inside the building, such as the installation of fire doors and redecoration, would be undertaken. Written confirmation of compliance with fire safety and building regulations (*recommendation 11*), as required by standard 10.19, would be sought once all the work was completed and forwarded to the inspectorate in accordance with the recommendation.

## 3. Analysis of Findings

The centre, a purpose-built detached house on its own grounds was situated along a country lane a small distance outside a rural town. It was indistinguishable from the surrounding homes. It was established 24 years ago in response to the needs of a sibling group. At the time of the inspection builders were present on the premises carrying out works on the exterior of the centre.

As in previous inspections, inspectors found a good standard of care in the centre, with most standards met or mostly met. Practice was child-centred, and promoted appropriate engagement with families and the local community. The centre was well managed and the staff team were committed to promoting effective relationships with the young people, and had a professional approach to the challenges presented to them. The young people's individual needs were carefully assessed, and their care and placement plans were subject to frequent review. The standard on the supervising social worker role was mostly well met.

Areas where practice needed to improve included: staffing and staff supervision, suitable admissions and placements, the assessment and management of risk, safeguarding, and the management of behaviour and risk. There was only one standard not met, - fire safety.

### ***Practice met the required standard***

#### *Purpose and function*

The standard on purpose and function was met. The centre had a statement of purpose and function, and relevant policies. Inspectors were shown written plans for the reform the residential services in the area, which included giving the four children's residential centres differential functions. The overall plan is to reconfigure the service in its four centres so that it has an assessment unit, a transition unit and two long-term residential centres, of which the centre subject of this inspection would be one. The reforms have been subject to an extensive consultation process with staff. Inspectors were told by managers and staff that staff welcomed the changes but had some anxiety about how they would be realised. The residential services manager explained to inspectors that wide-ranging consultation had taken place outside the local area, and much had been learned from doing so. As a consequence, it is intended that the service adopts the policies and procedures already in place in the HSE Dublin North East region. These have been reviewed recently in the light of practice, and since their introduction they have been found to be of high quality in the inspectorate's inspections of children's residential services in that region.

#### *Notification of significant events*

The standard on notification of significant events was met. The centre had a monitor's file that had reports of significant incidents. It held records of eight incidents between September 2009 and May 2010, one of which was an absence without authority. The record should be reviewed as other documentation indicated that there had been 11 unauthorised absences in the year prior to the inspection. Supervising social workers were happy with the level and quality of communication from the centre. They told inspectors that they received weekly reports from the centre. The local health manager also received weekly reports on compliance with some of the standards, for example, education.

#### *Vetting*

There had been no new appointments since the previous inspection, and information provided to inspectors indicated that the deficiencies in vetting identified in the previous inspection report had been remedied.

### *Training and development*

All staff had received training in Therapeutic Crisis Intervention (TCI), *Children First: National Guidelines for the Protection and Welfare of Children*, and fire safety training.

### *Monitoring*

The standard was well met. An audit of compliance with standards was carried out in November 2009. The process is clearly child centred, and the audit was detailed. The audit highlighted several aspects of the physical condition of the house, including cleanliness repairs and general housekeeping. It also referenced the recommendations of the previous HIQA SSI inspection report, and commented on progress in implementing them. The monitoring officer was notified of all significant events in accordance with the standard, and regularly provided information to the local health manager about the centre's compliance with standards. She met with the social work management team every two months.

### *Children's rights - consultation*

Overall, the standard on children's rights was well met. Young people were consulted about their lives and decisions affecting them. Two of the young people were involved with the Irish Association of Young People in Care (IAYPIC) which advocates the rights of children in care. Two of the five young people had copies of the children's version of the National Standards.

Young people were consulted about their day-to-day lives. They knew their care plans, and were invited to their care plan review meetings. Two chose not to attend. Only two of the five young people thought that they had a say in decisions made about them at the meetings. One thought that this was the case sometimes. Overall the standard was well met, but given the age of the young people it is important that this right be constantly promoted so that they value being consulted since it encourages them to take on more responsibility for their lives and to engage age-appropriately with those who are responsible for their development towards independence.

### *Children's rights - complaints*

The centre had a simple system for responding to complaints. It was well understood by all the young people in the centre at the time of the inspection, none of whom had used it to make a formal complaint. In the year prior to the inspection there had been three complaints which were dealt with promptly according to the centre's procedures.

### *Children's rights – access to information*

The right of access to information was understood by staff and young people. Some of the young people had read their files, but one had not been allowed to when she requested access. Inspectors commend the centre for its practice in facilitating access to information, but advise that more work needs to be done to promote the right, encourage young people to exercise it, and successfully facilitate it.

### *Care of the young people*

The inspector found that the day-to-day care of the young people was of a high standard. The house was spacious with a large garden, and staff provided a homely environment for the young people. Young people had age-appropriate choices of food, clothing and engagement with activities off site. They each had their own bedroom, and held a key that enabled them to lock the room when they were out. As a consequence they were able to leave their personal belongings out. They also had

mobile phones. Generally, their daily lives were age-appropriate. Several people interviewed by inspectors spoke of warm relationships between the staff and young people, and young people were encouraged to develop their individuality and pursue their interests. Staff spoke respectfully of the young people and their families. Overall, there was a child-centred ethos in the centre for which the centre manager and staff are commended.

#### *Contact with families*

The standard on contact with families was well met. Young people had regular frequent contact with their families and friends. One young person had contact three times a week. Another was able to meet up with friends in the local town, and bring friends back to the centre. The standard of communication between centre staff and families was good.

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

The standard on supervising and visiting of young people was well met. All of the young people in the centre had an assigned social worker. Even though the inspection was unannounced, all the social workers responded promptly to the inspectors and attended the centre for interviews. The frequency of visits varied from weekly to three monthly, but all were within statutory timescales. Inspectors found that in the cases of young people placed in the centre who had transferred to other placements earlier in the year prior to the inspection, visits were not as regular. Young people spoke well of their social workers. They had their telephone numbers, were able to phone them if they needed to, and were seen in private by social workers when they visited the centre.

#### *Individual care in group living*

The overall standard of primary care was good. The young people were well presented, and had choice in food and clothing. They received between €15 and €20 pocket money per week. They went shopping with staff, and with keyworkers when they were buying clothes. Three of those interviewed by staff spoke well of their keyworkers, indicating that they were treated kindly by them and that they would talk to them if they were concerned about anything.

Young people were able to participate in activities of their choosing. At the time of the inspection these included: football, basketball, badminton, swimming, walking, camping, surfing, dancing, going to the gym, horse-riding, tae-quan-do, learning to play the guitar, art, X-box, and watching DVDs. One of the young people had been facilitated to go abroad to take part in an international dancing competition, and won a key prize.

Young people also told inspectors that at times there was little to do in the centre, although some valued having a large garden, and that there were limits on activities owing to a shortage of funds. Inspectors brought this to the attention of the manager, who said that she had addressed with staff the issue of how limitations on the budget for activities, a reality for everyone, should be discussed with young people. The young people themselves had varying expectations, but an overall view among those interviewed by inspectors was that there needed to be more to do in the centre itself. Further comment is made about this in the section on preparation for leaving care below.

### *Restraint*

Practice in the use of physical restraint was good. All staff were appropriately trained, and restraint was not routinely used. A register of restraints showed that the last time it was used was in June 2009. The register was last signed by the monitoring officer in July 2005. Inspectors suggest that it is examined more frequently and signed by the monitoring officer each time she sees it.

### *Absence without authority*

Practice in respect of unauthorised absences was good. There had been 11 absences in the year prior to the inspection. All of them were appropriately managed and notified. In two cases, where absences were risk assessed, they were referred as child protection concerns under *Children First: National Guidelines for the Protection and Welfare of Children*, and multi-disciplinary case conferences were held to address the concerns identified.

### *Child protection*

The standard on child protection was good. In the year prior to the inspection the centre notified a child protection concern regarding a person external to the centre through the child protection reporting system under *Children First: National Guidelines for the Protection and Welfare of Children*. In accordance with local procedures the centre had absence at risk assessments, and in two cases reports were forwarded to the social work department under *Children First* guidelines and child protection case conferences were held. Inspectors noted in one instance that the form used by the centre still had the Midland Health Board logo, five years after the establishment of the HSE. There were two other incidents that involved young people threatening self-harm. These were appropriately managed and notified.

### *Education*

The standard on education was well met. The centre manager and staff are commended for the improvements made in meeting this standard the creative responses they have used to address problems that arose in schools and attendance difficulties. One measure that the centre put in place to achieve this was to designate one member of staff as a school liaison officer with a role of maintaining daily contact with schools and educational facilities attended by the young people, and troubleshooting problems as they arose. This included liaising with an education welfare officer about one case, with the result that mixed package of attendance at school and at a local youth service was put in place. Three of the young people attended school regularly, and one was awaiting junior certificate results at the time of the inspection. One was attending a special post-school educational provision and was receiving support hours to assist her in catching up with lost educational opportunities. For another, who had been admitted shortly before the inspection, a training programme in an adult learning centre had been arranged.

### *Health*

The standard on health was mostly well met. Young people's health needs were well met. Most attended a local GP, but one was able to maintain contact with her home GP. Some of them had particular chronic conditions. They were referred to specialist medical services as required, and received other services such as occupational therapy and physiotherapy. There was evidence in the care files that the centre provided the young people with sex education. Two of the young people smoked. Staff told

inspectors that they encouraged them to quit, but there was no specific programme in place to support them in quitting. Inspectors advise the HSE to develop programmes specifically designed to support young people in care in quitting the habit.

### ***Practice partly met the required standard***

#### *Management*

The centre was managed by a qualified person with a management qualification and considerable experience in residential child care. She reported to the children's residential services manager, who had responsibility for the administration of the centre's budget. She provided an evening and weekend on-call service in turn with the managers of the other centres.

The centre had no internal management structure. At the time of the inspection the centre manager was overseeing another centre as well as managing her own, and there was no deputy in either of them. Inspectors were told that this situation had continued for eight months from January 2010.

While there was stability in the centre at the time of the inspection, it had gone through a period of turbulence during the year prior to the inspection, when young people presented highly challenging, at times high risk behaviours which staff the staff team struggled to respond to. Inspectors recommend that in the course of the intended reform of the service, external managers review this particular arrangement and the role of child care leaders within the centres.

#### *Register*

The centre had a register in compliance with the Child Care Regulations, 1995. It recorded that since the previous full inspection there had been five admissions and four discharges. The quality of the register needs to improve. For example, the register should have the full addresses of the centre and of the place, whether residential or foster care, to which a child is discharged. Inspectors also suggest that an extra entry is put in the register at the time when a young person is discharged from the centre indicating where relevant care files have been archived.

#### *Staffing*

Including the manager there was a total of 21 staff in 20.8 whole time equivalent posts. There were four full-time and three part-time child care leaders, and 13 child care workers. All but one of the posts was permanent. Seventeen staff had social care qualifications. Other qualifications represented in the staff group included therapeutic child care, nursing, teaching and psychology. The staff group had considerable life and professional experience with an average age of 38 and an average length of service of over 11 years. There were only two male members of staff.

Inspectors were provided with a sample of the roster. Centre staff worked varying hours per week accruing 156 hours over a month. Inspectors noted that in the period of one month there had been 134 changes made to the original roster published for that month, - an average of nearly five a day. There were some absences for sickness, but only a minority of changes were attributable to those. The stability of the staff in terms of turnover counterbalanced to some extent the problems in providing consistent care presented by the size of the team. Inspectors also found that staffing was insufficient

on some shifts. Inspectors recommend that external managers review the deployment of staff with a view to: ensuring that it is compliant with working time legislation, improving its stability, and ensuring that the children in the centre experience consistency in their day-to-day care.

#### *Supervision and support*

The centre had a policy of providing supervision to staff every six weeks. In practice this did not happen at the intended frequency. Inspectors were told that in part this was owing to the fact that the manager was overseeing another centre as well as managing her own. The centre did not have a deputy manager and the obligation to provide supervision fell to the manager, who did not receive supervision herself. Inspectors recommend that policy and practice in supervision be reviewed in order to ensure that they are congruent with each other and compliant with the standards.

#### *Administrative files*

The centre had good systems of administration, and kept comprehensive care files which were in good order with easily accessible, up-to-date information. There was evidence that the records were monitored by the centre manager. The files contained most of the statutorily required information. However, there was no birth certificate on one of them, and medical and social histories were required on others. Inspectors also found that there was no evidence on some of the care files for actions agreed in statutory reviews, so it was difficult to determine whether they had been implemented or not. Inspectors were told that the centre has made representation to social workers to provide the statutorily required information. They recommend that the managers of the local health areas that refer children to the service ensure that the provision of information by social workers conforms with the requirements of the regulations and standards.

#### *Suitable placements and admissions*

Most placements, made in the period since the previous inspection, were appropriate to the purpose and function of the centre. However, some of the placements did not succeed owing to the nature of the challenging behaviour and high levels of risk they entailed, and some of the placements were of young people whose placements had been in crisis in other parts of the service.

The reforms of the overall service are intended to address what has been a long-established difficulty in maintaining stability in the centres while having a service flexible enough to respond to differing needs. In past inspection reports, the movement of young people between the centres in response to crisis has been highlighted as poor practice.

At the time of the inspection, there was some stability in this particular centre, but the difficulties in sustaining placements when presented with serious challenges need to be addressed, and management and staff practices, as well as appropriate processing of referrals and management of risk, should be given priority in the reforms. In particular, the potential for abuse or threats to the safety of children currently resident in a centre from a new admission, should be considered carefully in accordance with the standards, and crises within the centre should be analysed in order to facilitate learning and improve care practices. Several of the young people had supports in place in the community prior to placement, and their role should also be considered when examining the onset and management of crises. Inspectors recommend that the

managers of the service review the system for referrals and placements in order to prevent continuance of movement between centres in response to crisis.

#### *Statutory care planning and review*

The standard on care planning was mostly well met, and overall care planning practice was of a good quality. The inspectors examined the care plans for four of the young people. Three of the young people had care plans prepared before or on the day of admission. Two had been prepared outside the statutory timescales. One was three and a half months and the other six months after admission. In most cases, care plans were regularly modified to reflect the reviews, but the last care plan on one young person's file was modified in 2007.

The care plans examined by the inspectors were detailed and relevant to the current placement. All but one of the care plans were reviewed frequently, and one was reviewed annually. All reviews were carried out within statutory timescales. In accordance with the standards, care plans were supported by detailed placement plans produced by the centre staff. Details of the plans were well known to the young people.

In one review report inspectors noted that an incorrect first name for the young person was used intermittently. There was also evidence that some decisions were not followed-up. For example, in one young person's review it was decided to refer for a psychological educational assessment and a Child Assessment Team (CAT) assessment. There was no evidence on the care file that either assessment had taken place. Similarly, there were repeated decisions in reviews that life story work should commence for one young person, but there was no evidence that action had been taken to implement the decision. A reservation inspectors had about practice in care planning was that the delay in producing minutes of review meetings for care files made it difficult to track the implementation of agreed actions. Inspectors recommend that the local health managers of the areas that use the residential service ensure that social work departments remedy this deficiency.

#### *Social work role*

The standard on the social work role was well met for the most part. Inspectors found care files without medical histories and social histories, as required by the standards. Inspectors also found that while the centre and young people prepared reports for reviews, social workers did not. Some of the social workers read records from time to time and signed off the records they read, but there was no evidence in one care file that the social worker had read any of the records. A recommendation was made in the last inspection that social workers should provide medical histories, and it is reiterated in this report along with a recommendation that social workers also provide the centre with social histories as required by the regulations.

#### *Emotional and specialist support*

There was a good, accountable system of keyworking and an approach to daily care that gave primary consideration to the individual needs of each child. Young people spoke well of their keyworkers, describing them as friendly and kind. Specialist and emotional needs were met through access to external services as needed. Some of the young people in the centre had been prescribed psycho-tropic medication. At the time of the inspection the service was on the point of engaging the services of a child and adolescent psychiatrist to provide managers and staff with consultation.

Inspectors found that social workers encountered considerable difficulties in getting priority access to local specialist services for children in the centre. In one instance this was resolved by engaging an adult consultant psychiatrist privately. In another case inspectors found evidence of repeated correspondence and communication from the social worker to the local child and adolescent psychology services asking for a young person, who was engaging in self-destructive behaviour, to be given a priority assessment. In total, the social worker had written and spoken to the services eight times. The lack of response in this case is unacceptable. The HSE should ensure that children in care are given priority access to services in accordance with the standards.

#### *Preparation for leaving care*

The standards require the centre to provide a programme of preparation for leaving care<sup>1</sup> for each young person when they reach the age of 16 years. Inspectors found that preparation for leaving care was not systematic. Contact with family had increased for two young people in preparation for leaving, and one young person was engaged in a summer job. However, inspectors were of the view that a more systematic programme of preparation for leaving care should be provided in the centre, and that this might help counter the young people's view that there is little to do there.

#### *Aftercare*

Three of the young people were aged 16. The standards require the supervising social worker to ensure that they have an aftercare plan. Inspectors found that one of the young people had a formal aftercare plan, and had involvement in drawing it up. Two others were aware of where they would be moving on to after placement in the centre, but did not have a formal plan. In one case this was because the plan was to return home to the care of a parent. Inspectors recommend that social workers ensure that they are compliant with the standards and that all young people aged 16 and over have a written aftercare plan.

#### *Race, culture, religion, gender and disability*

There had been young people from different racial and cultural backgrounds in the centre. Inspectors found that practice in the centre in respect of race, culture religion, gender and disability was good. One young person attended mass regularly. However, the structure of the accommodation would present difficulties for a young person with a physical disability.

Young people told inspectors that, in common with their peers in the community, they wished to have access to the internet but could not do so in the centre. Being able to use the internet is a given for young people of this age range, and a common expectation of schools when teachers assign homework. Inspectors were told that the centre did not have a computer and that while broadband access was problematic in the local area, it was available to neighbours. The young people were taken to the library in the nearby town to use computers there.

The standard on non-discrimination requires centres to treat children in their care in a way that does not stigmatise them or disadvantage them in comparison with their peers in the community.<sup>2</sup> Inspectors recommend that the HSE endeavours to provide appropriate internet access for the young people in the centre.

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<sup>1</sup> Standard 6.8 of the *National Standards for Children's Residential Centres 2001*

<sup>2</sup> Standard 6.12 of the *National Standards for Children's Residential Centres 2001*

### *Managing behaviour*

At the time of the inspection people interviewed by inspectors, young people, staff, and social workers, reported warm relationships between staff and young people, and a good quality of interaction between the young people themselves. The young people knew the standard of behaviour that was expected of them, and had little concept of rules or sanctions. They all felt that the rules were reasonable and fair. It had not been the same earlier in the year. Young people told inspectors that their lives had been made miserable by the extreme unmanageable behaviour of some of the young people present in the centre at the time. One young person said that being out in the garden was preferable to being in the house when shouting, destruction of property and challenges to staff were taking place.

One practice that concerned inspectors was the frequent checks on bedrooms at night. This is an institutional response to potential behavioural problems, and should be replaced by a system based on risk assessment and only used when necessary. The centre staff should endeavour to provide care that resembles standard family life appropriate to the ages and needs of the young people as much as possible.

Inspectors commend the manager and staff for the quality of the relationships with the young people in the centre. However, they recommend that policy and practice in the management of behaviour, including behaviour that entails risk, be reviewed.

### *Safeguarding*

Generally, the young people felt safe in the centre, and trusted the staff to look after them well. They identified the centre manager, keyworkers, social workers and family members as people they would talk to if they felt unsafe, although one said that she would tell no one. Social workers interviewed by inspectors also said that the young people were safe. Young people told inspectors of situations in the previous year when they did not feel safe owing to the seriously disruptive behaviour of peers. This is referred to above in the section on the management of behaviour. Inspectors found, through reading the records and in the course of more than one interview, that there was need to review the centre's practice on safeguarding, particularly in respect of professional boundaries, for example, staff not giving young people their personal mobile phone numbers. They recommend that managers of the service review safeguarding practice, develop appropriate policies, and monitor their implementation.

### *Accommodation*

Inspectors inspected the accommodation and found that the young people's bedrooms required repair work to bring them up to standard. In particular, the sinks in the bedrooms needed to be replaced. This had been reported in the previous inspection and was included in a recommendation, but no action has been taken to fulfil that part of the recommendation. Inspectors recommend that the replacement of the sinks be given priority when the intended programme of redecoration of the property is undertaken.

### *Maintenance and repairs*

There was a system in place for routine maintenance and repairs, but at the time of the inspection there were major works in the grounds around the house to address problems with drains. The centre itself was shabby, and décor needed to be brought up

to standard. However, inspectors were told by managers that this would not be done until the major works were complete. Until the necessary work is completed the standard on maintenance cannot be met.

### *Safety*

The inspectors examined health and safety documentation. The most recent health and safety assessment had been completed in October 2009. The centre had a health and safety statement in accordance with the standard. The majority of staff had signed a sheet indicating that they had read the statement. Inspectors noted that the signatures of some staff were still required, and that some of the hazard control sheets had not been signed. The health and safety statement was clearly adopted from another setting. It should be revised to suit a children's residential centre. Inspectors were provided with documentation on the centre's insurance. The found that since 1<sup>st</sup> January 2010 the State has provided indemnity for public liability, employers liability, products and motor liability. Insurance for building and contents remains with the Irish Public Bodies Ltd.

### ***Practice did not meet the required standard***

#### *Fire safety*

Inspectors examined the centre's fire register and found that there had been 30 evacuations from the building in response to the fire alarm in the year prior to inspection. Several of these were the result of children smoking inside the building, and 19 were caused by children smoking in bedrooms. Between June and August 2010 there was only one evacuation when the alarm was activated by a kitchen appliance.

All the staff had received training in fire safety in July 2009. The alarm system was regularly serviced and the last check took place in June 2010. In the course of the year the fire brigade was called to deal with a fire in a hedge adjoining the grounds of the centre. There were two incidents where children deliberately set small fires within the house. The HSE fire safety officer carried out an inspection of the premises in March 2010.

Inspectors were advised that part of the programme of refurbishment of the property included the installation of 20 fire doors, and that the HSE fire safety officer will assess the safety of the centre after work is completed. The HSE should provide HIQA SSI with a copy of this assessment on its completion. As reported in the previous inspection, the centre did not have written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with, as required by standard 10.19. Inspectors recommend that this is sought without further delay and that a copy of the document is forwarded to the inspectorate.

## 4. Findings

### 4.1 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Purpose and function	√		

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

**Recommendations:**

1. The HSE should review the management of the local health area's children's residential centres, including the role of the child care leaders, and establish a system whereby suitable persons may deputise in the absence of the centre manager.
2. The HSE should ensure that the centre register contains all the details required by regulations.

3. The HSE should review the deployment of staff with a view to: ensuring that it is compliant with working time legislation, improving its stability, and ensuring that the children in the centre experience consistency in their day-to-day care.
4. The HSE should review policy and practice in supervision of staff in the centre to ensure that they are congruent with each other and compliant with standards.
5. The HSE should ensure that centre's care files contain all the information required by the regulations and standards.

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

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

## 4.5 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 partly met the required standard</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		√	

### Recommendation:

6. The HSE should review the system for referrals and placements in order to prevent continuance of movement between centres in response to crisis.
7. The HSE should ensure that local health managers of the areas that use the centre improve the quality of practice in care planning.
8. The HSE should ensure that supervising social workers provide the centre with social and medical histories in accordance with the regulations.
9. The HSE should ensure that all children in care are given priority access to specialist services, and that services work in partnership with social workers in the best interests of the child.
10. The HSE should ensure that the centre produces a programme of preparation for leaving care.
11. The HSE should ensure that all children aged 16 and over in the centre have a written care plan, in compliance with the standards.

## 4.6 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 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:

12. The HSE should endeavour to provide appropriate internet access for the young people in the centre.
13. The HSE should review policy and practice in the management of behaviour and risk in the centre.

## 4.7 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Safeguarding		√	
Child protection	√		

### Recommendation:

14. The HSE should review the training and guidance to centre staff on safeguarding and protecting young people.

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

#### 4.9 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	√		

#### 4.10 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 partly met the required standard</i>	<i>Practice did not meet the required standard</i>
Accommodation		√	
Maintenance and repairs		√	
Safety		√	
Fire safety			√

##### Recommendations:

15. The HSE should given priority to repairing or replacing the sinks in the young people's bedrooms.
16. The HSE should ensure that all centre staff sign the health and safety statement.
17. The HSE should revise the health and safety statement to make it suitable for a children's residential centre.
18. The HSE should provide the inspectorate with a copy of the fire safety officer's assessment on completion of the installation of fire doors.
19. The HSE should ensure that, in accordance with standard 10.19, the centre has written confirmation from a certified engineer or qualified architect that all statutory requirements relating to fire safety and building control have been complied with and that the relevant document is forwarded to the Inspectorate.

## **5. Summary of recommendations**

1. The HSE should review the management of the local health area's children's residential centres, including the role of the child care leaders, and establish a system whereby suitable persons may deputise in the absence of the centre manager.
2. The HSE should ensure that the centre register contains all the details required by regulations.
3. The HSE should review the deployment of staff with a view to: ensuring that it is compliant with working time legislation, improving its stability, and ensuring that the children in the centre experience consistency in their day-to-day care.
4. The HSE should review policy and practice in supervision of staff in the centre to ensure that they are congruent with each other and compliant with standards.
5. The HSE should ensure that centre's care files contain all the information required by the regulations and standards.
6. The HSE should review the system for referrals and placements in order to prevent continuance of movement between centres in response to crisis.
7. The HSE should ensure that local health managers of the areas that use the centre improve the quality of practice in care planning.
8. The HSE should ensure that supervising social workers provide the centre with social and medical histories in accordance with the regulations.
9. The HSE should ensure that all children in care are given priority access to specialist services, and that services work in partnership with social workers in the best interests of the child.
10. The HSE should ensure that the centre produces a programme of preparation for leaving care.
11. The HSE should ensure that all children aged 16 and over in the centre have a written care plan, in compliance with the standards.
12. The HSE should endeavour to provide appropriate internet access for the young people in the centre.
13. The HSE should review policy and practice in the management of behaviour and risk in the centre.
14. The HSE should review the training and guidance to centre staff on safeguarding and protecting young people.
15. The HSE should given priority to repairing or replacing the sinks in the young people's bedrooms.

16. The HSE should ensure that all centre staff sign the health and safety statement.
17. The HSE should revise the health and safety statement to make it suitable for a children's residential centre.
18. The HSE should provide the inspectorate with a copy of the fire safety officer's assessment on completion of the installation of fire doors.
19. The HSE should ensure that, in accordance with standard 10.19, the centre has written confirmation from a certified engineer or qualified architect that all statutory requirements relating to fire safety and building control have been complied with and that the relevant document is forwarded to the inspectorate.