



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

A

**CHILDREN'S RESIDENTIAL CENTRE
IN THE
HSE DUBLIN MID LEINSTER AREA**

FOLLOW UP INSPECTION REPORT ID NUMBER: 413

Follow-up Inspection Date: 12th August 2010.

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SSI Inspection Period: 12

Centre ID Number: 225

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Introduction

The Health Information and Quality Authority Social Services Inspectorate (HIQA/SSI) carried out a one day unannounced follow-up inspection (see inspection ID 294) of a community children's residential centre in the HSE Dublin Mid Leinster Local Health Area under Section 69 (2) of the Child Care Act 1991. The centre was located in South County Dublin and had access to local facilities and good public transport. It provided medium to long term residential care for up to five children boys and girls, aged between 12 and 17 years on admission. The inspector, Kieran O'Connor, returned to the centre on 12th August 2010 to follow up on the level of compliance with recommendations made.

The inspector met with the acting centre manager, two of the staff team, the house keeper and the two young people in living at the centre at the time of this follow up inspection. Since the last inspection one of the young people had successfully transitioned to after care and was reported by the acting centre manager to have progressed well. The other young person was still living at the centre and was making good progress.

In the last inspection this young person was not attending school, and a key recommendation was that this serious issue would be comprehensively addressed. This inspector found evidence that this was addressed. There was evidence that the staff team had made comprehensive efforts to find a school suitable for the young person's needs. In the short term home schooling had occurred. In the medium term a specialist school placement was secured and the young person went to school on a regular basis albeit with less than full school attendance. However, this was done in consultation with a child psychiatrist and was deemed to be in the young person's best interests in the short to medium term. The young person's current educational plan is to return to full time education in a more mainstream school in September 2010.

There were some difficulties in managing some of the young people's behaviour in the recent past. Inspectors recommend that allowing for the needs and rights of all young people living in the centre, every effort is made by senior management, and the staff team, including involving specialist support to continue with the placement of one vulnerable young person.

Recommendations in relation to a letter of compliance with fire safety and aspects of monitoring, needed to be addressed as a matter of priority.

Overall, the inspector found the centre continues to be well managed and homely.

Findings

Recommendations were met in relation to the following:

(1) Management and staffing: All staff including agency staff are formally supervised on a regular basis as required by the standards and centre policy. All staff were vetted, personnel files were in good order, and centre policies were available to the staff team.

(2) Computer access: There was a policy in place on the use of computers for information purposes and education in parity with the young peoples peers.

(4) Aftercare and updated care plans: Aftercare and updated care plans had been in place for two young people.

(5) The birth certificate for one young person was rigorously pursued however the young person moved on before it arrived.

(6) Safeguarding Policy: A comprehensive safeguarding policy is now in place.

(7) There was a child protection notification system in place that was consistent with *Children First: National guidelines for the protection of children*.

(8) Education. There was comprehensive evidence that serious efforts had been made to encourage a child to return to education and a plan was in place for commencement in more mainstream education in September 2010.

(9) Medical history: It was now centre policy and practice to obtain medical histories on children in the centre as far as is practicable.

Recommendations have been partly met in relation to:

(3) Monitoring, a new audit system has been introduced, however no annual report issued in the year prior to this follow up inspection.

Recommendations have not been met in relation to:

(10) Fire Safety: All fire equipment was checked regularly by a competent agency, However the SSI needs to be provided with written confirmation from a qualified engineer/architect that the centre complies with standard 10.19.

The inspector commends the centre manager for the swift implementation of recommendations in her power to implement but is concerned about recommendations made external to the centre in relation to fire safety and the monitoring function made over 16 months ago that have yet to be implemented.

Social Services Inspectorate

Action Plan for Inspection No. 294/413

Centre ID: 225
HSE Area: HSE Dublin Mid Leinster

Date Action Plan Dispatched: 11th June 2009
Date Action Plan Updated: 11th October 2010.

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date	SSI Response
2	The HSE (DML) should ensure that the centre has a policy on the use of computers for information purposes.	<p>The I.C.T. Department have provided the centre with policies and a procedure governing the use of p.c.'s and email in the centre.</p> <p>The above will be reviewed by all staff and discussed at a staff meeting and further in supervision with all staff.</p>	<p>Coordinator – Residential Care</p> <p>I.C.T. Services Centre Manager</p>	<p>1st September 2009</p> <p>1st October 2010</p>	Recommendation Met.
3	The HSE (DML) should ensure that monitoring officer provides an annual report on the centre in accordance with the standards.	The current Monitoring Officer is leaving post. The replacement will schedule Monitoring Visits to all Centres and reports on those visits will be forwarded to the SSI on an annual basis.	Local Health Office Manager D.S.C.	1 st October 2010	<p>Recommendation Met in Part.</p> <p>A new self-audit system had been put in place; However no annual report issued in the year prior to inspection.</p>
4	<p>The HSE (DML) should ensure that:</p> <ul style="list-style-type: none"> The aftercare arrangements for two young people are recorded in a written care plan and made available to the young people, Updated care plans are available to the centre promptly. 	<p>Both young people referred to have now moved onto independent/semi- independent living arrangements. Before they moved, both young people were consulted about their aftercare plans, which were recorded by the team.</p> <p>Up-dated care plans are currently on file for both resident young people.</p>	Centre Manager Aftercare Worker	1 st September 2009	Recommendation Met.

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5	The HSE (DML) should ensure that a birth certificate is on the care file of one young person.	The Centre Manager has been requested to write to the resident young person's Social Worker to request that the birth certificate is provided, to be placed on young person's file. <i>Note: This Birth Certificate could not be sourced by the allocated Social Worker. Evidence of efforts is on file.</i>	Centre Manager Social Worker	17 th December 2009	Recommendation Met.
6	The HSE (DML) ensures that the centre has a comprehensive safeguarding policy.	An interim Safeguarding Policy has been implemented across the service.	Coordinator – Residential Care	1 st September 2009	Recommendation Met.
7	The HSE (DML) should ensure that the centre has a child protection notification system that is consistent with Children First.	A Child Protection Policy devised by was implemented in April 2010.	Coordinator – Residential Care All P.S.W.'s All C.C.M.'s	1 st April 2010	Recommendation Met.
8	The HSE (DML) should ensure that one young person is engaged in formal education.	The young person has commenced in full time education.	Centre Manager Social Worker	6 th September 2010	Recommendation Met.

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9	The HSE (DML) should ensure that centre care files contain a medical history for all young people.	<p>The Centre Manager made written requests were sent on 3rd September 2009, and again on 12th October 2009. The manager will continue to follow this up.</p> <p>A medical history has since been sourced for one young person; a second resident's history is awaited; and the third resident's history cannot be located by a young person's Social Worker. Written evidence of efforts made requested.</p>	Centre Manager Social Workers	6 th September 2010	Recommendation Met.
10	<p>The HSE (DML) should ensure that:</p> <p>a. The SSI is provided with written confirmation from a qualified architect/engineer that the centre complies with standard 10.19,</p> <p>b. Apart from daily staff checks, all fire equipment is checked regularly by a competent agency.</p>	<p>A Fire Safety Assessment has been conducted and a schedule of works has been developed.</p> <p>Funding to implement this schedule of works will be applied for in the 2011 Capital Allocation.</p> <p>All fire equipment is checked regularly by a qualified contractor from Apex/Aqua and all such checks are recorded and evidenced in the fire register.</p>	L.H.M. D S.C.	T.B.C.	<p>Recommendation Not Met.</p> <p>HIQA SSI needs to be provided with written confirmation of fire safety compliance as required by standard 10.19.</p>