



# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**A**  
**HIGH SUPPORT UNIT**  
**IN**  
**HSE DUBLIN MID-LEINSTER**

***INSPECTION REPORT ID NUMBER: 414***

**Fieldwork Dates: 1<sup>st</sup>, 2<sup>nd</sup> and 15<sup>th</sup> September 2010**

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## **Contents**

- 1.** Introduction
  - 1.1 Methodology*
  - 1.2 Acknowledgements*
  - 1.3 Management structure*
  - 1.4 Data on children*
- 2.** Analysis of findings
- 3.** Findings
- 4.** Summary of recommendations

## 1. Introduction

The Health Information and Quality Authority Social services Inspectorate (HIQA SSI) carried out an unannounced inspection of a regional High Support Unit (HSU) for children in the Health Service Executive HSE Dublin Mid-Leinster area. Kieran O'Connor (lead inspector), Michael Fox and Michael McNamara (co-inspectors) conducted the inspection under Section 69(2) of the Child Care Act 1991 from the 1<sup>st</sup> to the 2<sup>nd</sup> and 15<sup>th</sup> of September 2010.

The unit was located in a detached house surrounded by attractive countryside near a small town some 30 kilometres from Dublin. The unit had a very large front garden, with enough space for a small soccer pitch which was constantly used by the children.

The unit was established for up to five children between the ages of nine and eleven years on admission, who experienced emotional or behavioural difficulties and who needed a high level of support. The admission criteria required evidence that there was no suitable alternative placement available to the child. The unit included a special school providing education based on individual education plans. At the time of inspection there were four children registered as living in the centre. However, one child was in a planned transition home and was only in the unit one day a month.

The unit was previously inspected by the HIQA SSI in a follow up in April 2009. That inspection found that of the 15 recommendations made, nine were met in full, three were partly met, and three were not met.

The previous inspection report commended the good standard of primary care, and it is noteworthy that inspectors found the same commitment to high quality care and dedication to the children on this inspection.

### 1.1 Methodology

Inspector's judgements are based on analysis of findings verified from several sources including evidence gathered through observation of practice, examination of records and documentation, an inspection of accommodation, individual interviews with three children, the acting manager, the deputy manager, a new acting manager, six social care leaders, three team coordinators, a child care worker, the school principal and teacher, three social workers, the staff consultant psychotherapist, a consultant psychiatrist, the local health manager, the monitoring officer, the regional services co-ordinator, and a grandparent of one of the children.

The inspector had access to the following documents during the inspection.

- The unit's statement of purpose and function
- The unit's policies and procedures
- The young peoples care plans and care files
- Census form on staff
- Census form on children
- Staff personnel files
- Questionnaires completed by the children, their parents, guardians and care staff, social workers and other professionals external to the unit
- Details of physical restraints in the past year
- Details of unauthorised absences in the past year
- The unit's fire register
- The unit's occupancy register

### **1.2 Acknowledgements**

Inspectors wish to acknowledge the co-operation of the children, their relations, staff and all other professionals involved in this inspection.

### **1.3 Management structure**

The unit was managed by an acting unit manager and a deputy unit manager. The acting unit manager reported to the HSE regional residential services co-ordinator who in turn was line managed by the local health manager with lead responsibility for Childcare and Child Health Services in the Dublin Mid Leinster Region.

### **1.4 Data on children**

Listed in order of length of placement:

<i>Child</i>	<i>Legal status</i>	<i>Age</i>	<i>Length of placement</i>	<i>Number of previous placements</i>
# 1	Care Order	13 years 4 months	3 yrs 3 months	2 foster care placements 1 residential placement
# 2	Voluntary Care	12 years 7 months	1 year 7 months	None
# 3	Care Order	12 years 6 months	5 months	1 foster care placements 1 family placement 1 residential placement
# 4	Voluntary Care	13 years 8 months	5 months	3 residential placements

## **2. Analysis of Findings**

A High Support Unit differs from a special care unit in not requiring a court order for access and not having authority to detain children.

Practice was child-centred, and links with families, friends, schools and the community were strongly promoted. Children's individual needs were sensitively met, and staff worked together to provide a secure and nurturing home. The unit had a long-serving staff team who provided the children with stability, security, stimulation and opportunities for growth and development.

At the time of inspection the unit was transitioning to a mainstream centre and there was uncertainty about the future of the unit amongst the children, the staff team and other professionals external to the unit. Inspectors found whilst the children felt safe and cared for in the unit, one child felt not listened to but this was resolved before the completion of the inspection fieldwork. Key recommendations are made in relation to children's rights, purpose and function, management, social work, some aspects of behaviour management, and premises.

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

### *Primary care of the children*

The care of the children in the unit was of a high standard. This was one of the unit's biggest strengths. The unit had a clear policy that emphasised the importance of building good relations with the children and affirming them in their daily achievements. There was a culture of actively seeking out the children's particular talents and then ensuring that they get the opportunity to develop in areas such as music and sport. All the children looked healthy and well. The provision of food was excellent and the children enjoyed a varied and nutritious diet in the unit. All the children played sport, mainly soccer and there was a sense of fun and activity during the inspection.

All the children interviewed were generally positive about the care they received in the unit. One child told inspectors that "staff are really nice and look after you well and they're lovely to my mum and there's loads to do here, you're never bored". Another child said "the staff are really interested in us kids" There was an atmosphere of fun between staff and children. Inspectors observed interactions between the staff and children and noted the interpersonal skills and very good rapport between them characterised by warmth and respect for each other. All the children told inspectors they felt safe in the centre. They all had a room of their own which they personalised with family photos and posters of their favourite teams. They could all identify a staff member they would confide in if they were upset or worried about anything.

External professionals valued the service the unit provided and spoke of a committed and child centred team. In general the children had key workers who met with them individually and inspectors found evidence of good key working sessions. Generally communication with the children was of a high standard. The standard on primary care was met.

### *Emotional and special support*

All the children had access to appropriate specialist services in the community. Their specialist and emotional needs were well met through prompt and continuing access to external services as needed. There was strong local links and a very good working relationship with the local child and adolescence psychiatric service. There was excellent key working sessions with the children. The staff team also had access to a psychotherapist who met with the staff team on a fortnightly basis and was available to any staff member on a one to one basis including management to discuss all aspects of their work. She was highly valued by the unit and seen as supportive and skilled at enhancing staff insight into the needs of the children. Inspectors commend the HSE for the ongoing provision of this resource.

### *Contact with families*

Inspectors found that family contact was excellent. In its policy document and demonstrated in practice the unit recognised the importance of both family contact and contact with significant others. The unit produced a reader friendly booklet specifically for parents giving guidance to their service. The unit was spacious and had a visitor's room in which access between the children and their parents or significant others could take place. The unit had a policy of consulting parents or the child's guardian's in all aspects of the children's care. They were included in birthdays, Christmas celebrations and other religious celebrations such as communion and confirmation.

Parents and guardians interviewed spoke of the warmth of the welcome they received from staff when they visited the unit. They told inspectors that the staff team were devoted to the care and welfare of the children and treated them and their opinions with great respect. Parents and significant others are facilitated to attend review meetings. One of the children's relations said that the staff gave her confidence to express her opinion in case reviews. In written questionnaires professionals rated their relationship with unit staff as excellent. One child said

"staff are really nice to my family." Inspectors commend the centre staff for their approach to the families of the children.

One child had insufficient contact with his parent and they lived many miles from the unit. The child told inspectors that he would like more contact. Inspectors recommend that this occurs.

#### *Staff vetting checks*

Inspectors received written information that all staff, including ancillary and agency staff, had garda clearance and the required three references. Inspectors perused a sample of personnel files and found that they complied with the standard.

#### *Education*

The standard on education was well met. The HSU had a Department of Education and Science Special School on campus staffed by a principal and one full time teacher. Inspectors judged that the school had well qualified staff with wide experience of special education. The HSU had a policy that provides for an intensive individualised programme based on the needs of each child and the national curriculum. In practice inspectors found that education was highly valued as a vehicle for enhancing self esteem and in securing the best future for the children. It was recognised by the school that some of these children had difficulties in the past and there was a high level of commitment to make education positive and relevant for them. There was a culture within the school that attended to every aspect of the children's educational needs. Central to this was that children maximise their educational opportunities while living in the unit.

There was a strong emphasis on positive relationships between the staff and children. The school liaised with the schools that the children attended prior to admission to the unit and after discharge from the unit. The school worked closely with the care team and other schools to ensure that the educational programme formed an integral part of the child's care plan. There was a policy of assisting the children to return to school in the community as soon as possible. The children who had experience of attending said they really liked going to school in the unit. The principal and the teacher had a very good knowledge of the young people not limited to their educational needs only. At the time of inspection one child was transitioning from the HSU school to a local school and the other two children were attending schools in the community.

Inspectors commend the school for the innovative and responsive way they have dealt with the children's educational needs.

#### *Register*

The unit had a register that included all details required under the regulations and standards. However they were held in a loose-leafed folder. Inspectors advise because of the regulatory requirement that this information is held in perpetuity, it would be more secure in a bounded document.

### ***Practices that met the required standard in some respects only***

#### *Management and staffing*

The standard was met in part. Up to the recent past the centre was managed by an acting unit manager and a deputy unit manager. However, three weeks prior to the inspection the acting manager stepped down to his substantive post and the deputy unit manager and the acting deputy manager in turn returned to her substantive post as one of four unit staff coordinators. The unit had been externally managed by the Local Health Manager but six months prior to this inspection the regional coordinator for children's residential services commenced the line management of the unit.

Inspectors found that the unit was in a period of serious transition and uncertainty. Inspectors found that the manager was in the early days of adjustment and the transition needed to be bedded down. Inspectors found that the staff team's adjustment to the new management had not occurred at the time of inspection. Inspectors found in interviews with the staff team that there was some confusion about the role of the new manager. It was not clear to the staff team if the new manager was appointed to project managing the transition from high support or a short term arrangement pending the appointment of a permanent manager. When inspectors conducted a further visit two weeks later another new manager was in situ. This had an unsettling effect on the children and the staff team. Inspectors recommend in the interests of stability that the position of manager is made permanent and no further management changes take place for the foreseeable future.

The staff team comprised 22 posts as follows: an acting unit manager, a deputy unit manager, 12 social care leaders, of which four are unit co-coordinator, and three of whom were job sharing, five social care workers, a clerical officer, a cook and a housekeeper. The average age of the staff group was 39, and the average length of service in the unit was eight years. Generally inspectors found a dedicated, cohesive well qualified and experienced staff team. The fact that some staff had worked together for many years gave stability to the unit. There was a good mix of male and female staff. At the time of inspection, morale was mixed and this was caused by the many uncertainties already alluded to. However, professionals external to the centre spoke highly of the dedication commitment and communication skills evident in the unit. Most professionals rated their relationship with the unit as excellent in their written questionnaire about the service. All social workers placed great value on the provision of this service.

#### *Staff supervision and support*

There was a commitment in the unit to staff supervision and support. Inspectors examined a sample of records in the year prior to inspection and found that supervision was of high quality and well recorded. It was occurring on a six weekly basis with all staff. There was an emphasis on the needs of the children and development of the staff team. Given the planned changes in the unit's purpose and function inspectors advise that the level and quality of supervision is maintained.

The acting centre manager had formal group supervision with the regional residential children's services co-coordinator monthly in conjunction with other centre managers in the HSE DML area. Inspectors judged that this is valuable but insufficient. The unit manager needs to receive regular individual formal supervision with her line manager as required by the standards and best practice. The line manager in turn, kept the Local Health Manager informed about progress in the unit.

#### *Other Supports*

Staff meetings occurred weekly. They were child centred and focused on the needs and plans for the children. There was a multidisciplinary team on site consisting of teachers and care staff as well as ancillary staff.

The standard on training was mostly met. All the staff team the required qualifications. Some of the staff team also had a wide variety of qualifications to degree and post graduate and doctoral level in psychology, Chinese medicine, addition counseling. This enriches the provision of child care services. Inspectors found evidence that inter alia, staff had been trained in *Children First: National Guidelines on the Protection and Welfare of Children*, Therapeutic Crisis Intervention (TCI), first aid training, training in staff supervision, and fire safety training. All new staff received induction training. The staff team also has access to the HSE employee assistance service. Inspectors have taken into consideration both the proposed changes in the purpose and function of the unit and recent frequent changes of unit management and therefore recommend training in Change Management for the management and staff team.

### *Statement of purpose and function*

The unit's statement of purpose had a description of the children who needed high support, and identified the unit as being for children with emotional and behavioural difficulties between the ages of nine and eleven years on referral. The admission criteria required that there should be no alternative placement available for the child.

The unit had commenced a model of care namely "attachment work" with one child yet this was not referred to in the purpose and function. If attachment work is part of the policy and practice of the unit it needs to be clearly stated in the statement of purpose of the unit.

At the time of inspection fieldwork inspectors were told that there was a HSE DML senior management decision that the unit was to be transitioned to a main stream centre. There was a lack of clarity about this among the staff team, the school, the supervising social workers parents or the children. This was causing a great deal of unrest in the unit. Inspectors recommend that the purpose and function is clarified and communicated to all relevant parties as a matter of the highest priority. The transition needed to be managed well. The managers and staff team need to form a coalition in the strategic and planned management of this transition. Inspectors recommend that management and the staff team undertake training in the management of change.

### *Behaviour management*

Inspectors found that by and large the children were well cared for and that the staff related well to them. The staff members interviewed by inspectors said that a consistency in the team approach, and a good relationship with the children were the key factors in managing behaviour. Inspectors observed that the staff team using good authority appropriate to adult child relationships and the children responded well. Sanctions were infrequent, minor and proportional and the children saw them as fair in most respects.

However, there was a practice of "thinking time" in which if there was unacceptable behaviour, sometimes the children would be asked to go into the computer room on their own to reflect on their behaviour. Inspectors were told the door was never locked.

Inspectors perused a sample of the recordings of the use of "thinking time". Inspectors were concerned that some of the behaviour sanctioned was of a very minor nature at times, such as "using bad language", "sulking after being given direction", "child became annoyed because staff changed the TV channel" or "giddy behaviour". All the children told inspectors that "thinking time" or "time away" as they called it was one thing they were all unhappy about. One child said "I don't like being left on my own and looking at plain walls." Another child said "the doors not locked but you can't come out". There was a total of forty five thinking times recorded in the year prior to inspection. The length of time the children were alone was not recorded on each occasion. This is a regulatory requirement. Given the level of skill, creativity and experience amongst the staff team; inspectors recommend the review of this practice as a method of managing behaviour.

All the staff team had been trained in Therapeutic Crisis Intervention up to and including physical restraint. There were eight physical restraints involving one child in the past year. They were appropriately handled and all relevant parties were informed in line with unit policy.

### *Health*

The standard on health was mostly met. The centre was registered with a local GP practice. The administration of medicine was good. However, inspectors could not locate medical examination documentation the children may have undertaken on admission. If it was deemed unnecessary to have a medical examination this decision should be expressly stated on file. There were no histories of immunisations. The children had very good access to specialist services. They had

access to dental and ophthalmic assessments and treatment and there was no delay in accessing appropriate services. Inspectors found records of good key working sessions covering self care, fitness and sexual health. Inspectors recommend that medical examinations on admission and histories of immunisations are obtained and placed on file and where a decision is made not to obtain a medical examination this is expressly recorded on the care file. One child needed to complete an educational assessment and inspectors recommend that this occurs.

#### *Notification of significant events*

The standard on notification of significant events was mostly met. The monitoring officer and social workers said that they were promptly notified in accordance with the standard. The unit staff said that social workers made contact by telephone or visited the unit to check on situations once they received notifications. However while inspectors judged that all relevant parties were receiving notifications it was not clear from the records what the outcome of the notifications were. Some older notifications did not appear to be closed. The monitoring officer had not been notified of the change of management in the unit. Inspectors recommend that the recording of notifications is reviewed.

#### *Social work and care planning*

The standard in relation to social work and care planning was met in part. All the children had social workers who visited them regularly. All the children had a care plan and they were regularly reviewed. The children really valued contact with their social workers. One child said "my social worker takes a great interest in me". All the social workers who were interviewed recognized the importance of developing a solid trusting relationship with the children as a core part of their responsibilities. All the social workers said that the children were safe in the unit. Inspectors were concerned that one child was unhappy with aspects of his placement but believed his social worker was unable to be of assistance to him on this matter. This will be further discussed under children's rights.

All the social workers read centre files from time to time as required by standards. Generally there was a good level of inter-professional work and interagency cooperation between the unit and social workers in the majority of cases and they were notified of significant events in a timely manner. At the time of inspection social workers were concerned about the future placement of their children because of the proposed changes in the unit's purpose and function. Inspectors recommend in the interests of care planning for the children that this be clarified as a matter of priority.

#### *Children's rights*

The standards on children's rights were met in part. Children were informed of their rights on admission. They received a booklet written specifically for children outlining unit policies and children's rights. They also attended weekly children's meeting where they could express their opinions and wishes. They were consulted about school courses given a wide choice of hobbies and leisure activities and could choose their own cloths. The children were also encouraged to attend religious services and participate in school activities of a religious nature in consultation with their parents.

Generally, the children had confidence that their concerns and wishes were listened to and dealt with. The children said they could talk to their key worker or the manager if they were worried about anything. Inspectors found evidence of very good key working sessions where high quality consultation was taking place.

The unit had a well developed complaints procedure that up to the recent past had worked well especially in minor day to day issues. In the year prior to inspection there were four formal complaints. Inspectors judged that they were resolved appropriately and promptly in line with unit policy. Most of the staff team interviewed by inspectors were aware that the children could read their log books and care files if they wished but some of the staff team were unsure about

how this right was implemented and some of the children themselves were unsure about their right to information. Inspectors recommend a refresher course in children's rights. The children told inspectors that they were not aware of the organisation; The Irish Association of Young People in Care (IAYPIC) and they would like to meet them. Inspectors learnt subsequent to inspection that there had been contact with the IAYPIC and a proposal was made to the children that they be invited to the unit but the children did not consider it necessary at the time. Inspectors recommend that the IAYPIC invitation to the unit is discussed with the children again.

However, inspectors had serious concerns about the resolution of some complaints by one of the children. As previously mentioned this entailed the ongoing involvement of staff from a previous centre in this child's care as part of a model of care he was subject to entitled "Attachment work". The child had said on numerous occasions that he wanted contact with the previous centre care staff to cease. The contact continued despite his wishes. This led to further complaints by the child about the consequences of ongoing attachment work. By way of illustration he told inspectors that he could not get a haircut without the consent of the attachment workers or could not get to buy a bargain he spotted in a clothes shop without their permission and they were not with him on that day. The child expressed dissatisfaction with this arrangement on many occasions. He could not make sense of the therapeutic intervention. However inspectors could not find a record that this complaint had been addressed openly on his behalf.

There was further confusion among some professionals as to what constituted a complaint. Some staff told inspectors that the child did not call his concern a complaint and did not issue a formal complaint. Inspectors advise that it is the responsibility of adults to interpret and not the child to decide whether a child's concern is a complaint or not.

When the child was asked by inspectors whether he told care workers or social worker about his unhappiness he replied "sometimes but what the point in making complaints about big things when they cannot do anything about small things". Crucially he told inspectors that there was no point in complaining anyway because staff could not do anything about it.

While the acting manager and the deputy manager and social work department supported the ongoing attachment work, inspectors could find no member of the staff team or other professionals external to the unit who supported this approach as in the child's best interest. These concerns were brought to the attention of the social work department by staff in the centre and the school on numerous occasions over a four month period but no action had taken place to talk to, and listen to the child, and remedy the situation.

Finally, after a meeting between SSI inspectors and senior HSE managers external to the centre the attachment work ceased. Inspectors commend the unit team and other professionals for their persistence in expressing their concern about this child's complaint. It is the responsibility of all staff to listen to children to ensure the safety and wellbeing of children in their care. It is also the responsibility of the supervising social work department to listen to children and inter alia ensure that the child's voice is heard. Ultimately the expectation of the Regulations and National Standards is that the statutory responsibility for a child's placement rests with the supervising social worker whose role is to ensure that the child is safe and that the care provided promotes his/her development and well-being. They also have a key advocacy role in representing the child. This did not occur on this occasion.

Inspectors recommend that this child's view is given primary consideration in all future meetings attended by the child including statutory care reviews. This will be reviewed in the follow up inspection. Inspectors recommend that a written review is undertaken in this case to ensure learning occurs that will inform future interventions in both a model of care and social work.

### *Therapeutic interventions: Models of care*

As already referred to above, inspectors were concerned at the introduction of a model of care for one child. Inspectors are of the view that the model was put in place by managers in the HSE in good faith in the hope that it would provide a more effective way of caring for an extremely vulnerable child. A child was moved from a mainstream centre to the high support unit but it was decided to maintain key staff from the mainstream centre for consistency and care. Two very committed and experienced members of the mainstream centre team were assigned to the child. The plan was that this attachment work would continue with the same staff. After a number of months trial it was the view of care staff, the school principal and most professionals external to the unit that it was not having the desired therapeutic effect not least because it was becoming increasingly evident that the child was not going to be returning to the mainstream centre his carers were based in.

In addition to the child's own views, when a significant cohort of people including care staff, key workers, doctors, other therapist's, relations and latterly the SSI inspectors are all expressing serious reservations about an intervention it is important for managers and social workers to listen and respond.

When introducing a model of care the HSE is required to follow Department of Health and Children's policies and guidelines on therapeutic interventions published in November 2009. It requires the following features; A Clear purpose, Clear management, Carers Training Supervision and support, Appropriate consultancy, Partnership, Clarity of boundaries, Children's Rights, Safeguards, Care planning, timescales for intervention, and added value. Overriding all this is the happiness and welfare of the child. Inspectors judged that set against these criteria this model of therapeutic intervention did not succeed in this case. The HSE DML senior managers interviewed, assured inspectors that these guidelines would be adhered to in future.

### *Administrative and care files*

The standard on record keeping was met in part. Inspectors examined the children's care files and a sample of administrative files. Most of the files had the documentation required by regulation. All files had copies of care plans and reviews. Most of the records were clear and factual. There was no medical assessment or medical history on two care files. The volume of information was considerable. Recording needed to be more economical. Some staff told inspectors that there was a new practice of statutory review and key working reports being edited. While it was good practice to edit reports for consistency of house style, social care staff who authored the report told inspectors that some of the changes made changed the meaning of the report in some cases. Secondly, inspectors could not get access to some log books because they were brought to the external line manager for review and evaluation. Inspectors recommend a review of the filing system and a review of the practice of removing log books from the unit and editing professional reports.

### *Monitoring*

The standard on monitoring was mostly met. The monitoring officer visited the unit on four occasions in the year prior to this inspection. She met with staff, management and the children. She initiated a self audit of the centre and provided a written report evaluating the self audit to the centre manager and HSE DML external line managers had received a written report of her findings. She made recommendations in relation to management and staffing, care records, visits from friends to the centre, and notifications of significant events to the monitoring service. She also visited the unit and interviewed staff and a child since this SSI inspection to ensure that this child's complaint had been listened to and acted upon. Her finding was that the child was satisfied with the outcome of the complaint. This was good monitoring practice.

However, inspectors were concerned that eight of the 10 recommendations arising out of her audit of the unit initiated in February 2010 had not been implemented. Inspectors recommend that all recommendations made by the monitoring officer be implemented expeditiously. Progress made in relation to action taken will form part of the HIQA SSI follow up inspection.

### *Safeguarding and Child Protection*

The standard on safeguarding and child protection was mostly met. The staff interviewed by inspectors had a good knowledge of unit policies and national guidelines on child safety and protection and were vigilant and clear about how they would react in the event of concern about the safety of children. When different and difficult scenarios of a child safety nature were put to them they answered confidently and correctly. There were four unauthorised absences in the year prior to inspection involving two children of which one was the same overnight involving two of the children. The HSE Garda protocol was followed and all relevant parties were notified in line with HSE DML policy. Inspectors recommend that given the very young age of the children and the accompanying risk, the manager and staff team are unrelenting in their efforts to ensure that unauthorised absences cease.

### *Premises and Maintenance*

This standard was mostly met. The unit was located in a large attractive six bed roomed detached house with a long well maintained front garden surrounded by country side, near a small town some miles from Dublin. The children told inspectors that garden was one of the best things about the unit and they played football on it every day. There was a small building near the house used as a school. It was bright and spacious inside the unit. The staff team had made strenuous efforts to make the unit homely and warm. The children's bedrooms were upstairs. The bedrooms were spacious and well-ventilated but needed refurbishment and some of the rooms needed larger wardrobes. There was a room like a nurse's station where waking staff supervised the unit at night. This station gave the centre an institutionalised appearance and was in contrast to the homely appearance of the unit downstairs. There was also a room next to the children's bed rooms used as an office by the school. This was not in harmony with the unit policy of making the unit as homely as possible. The use of these rooms needed to be reviewed.

### *Health and Safety*

The unit had a health and safety statement as required by the standards. The exit from the unit's driveway leads on to a dangerous and busy road. The HSE DML risk assessed this in January 2009 and concluded that "it posed a serious risk of collision with oncoming vehicles". There had been minor remedial action taken but the entrance remained unchanged. As recommended in the last inspection report, inspectors recommend that managers of the unit arrange substantial remedial action as a matter of urgency.

### *Fire safety*

Fire drills were occurring on a regular basis and but always occurred as part of children's induction to the unit. The staff team were trained in fire safety. While the unit had a fire certificate, it did not have written confirmation from an architect or certificated engineer of compliance with fire safety and building control regulations as required by standard 10.19.

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

There were no practices that did not meet the required standards.

### 3. Findings

#### 3.1 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 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 HSE should review and approve the statement of purpose and function of the unit as a matter of urgency.

#### 3.2 Management and staffing

##### Standard

The centre 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 ( <i>including vetting</i> )	√		
Supervision and support		√	
Training and development		√	
Administrative files		√	

##### Recommendations:

2. The HSE should ensure that the recording of notifications of significant events is reviewed.
3. The HSE should ensure that the monitoring officer is notified of all significant events including changes in centre management.
4. The HSE should ensure that there is consistency in the management of the unit and staff undergo training in the change management.
5. The HSE should ensure that there is a review of administrative practices including removing documentation from the unit
6. The HSE should ensure that the unit manager receives regular individual formal supervision with her line manager as required by the standards and best practice.

### 3.3 Monitoring

#### Standard

The health board, for the purposes of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the health board to monitor statutory and non-statutory children's residential centres.

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

#### Recommendation:

- The HSE should ensure that recommendations made in the monitoring report submitted in July 2010 are expeditiously implemented.

### 3.4 Children's rights

#### Standard

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

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Consultation		√	
Complaints		√	
Access to information		√	

#### Recommendations:

- The HSE should undertake a review of the process of dealing with the child's complaint referenced in the report and determine any lessons to be learnt.
- The HSE should ensure that the Irish Association of Young People in Care (IAYPIC) are invited to the unit.
- The HSE should ensure that the views of the child referenced in the report are given primary consideration at future meetings including statutory care reviews.

### 3.5 Planning for 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 met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Suitable placements and admissions	√		
Statutory care planning and review	√		
Contact with families		√	
Supervision and visiting of children	√		
Social work role		√	
Emotional and specialist support		√	
Preparation for leaving care	√		
Aftercare	√		

#### Recommendations:

11. The HSE should ensure that that a review is undertaken of the model of care used in the unit and a written report issued to the Inspectorate.
12. The HSE should ensure that guidelines issued by the department of Health and Children in relation to the introduction of therapeutic interventions are followed.
13. The HSE should ensure that social workers receive further training in children's rights
14. The HSE should ensure that family visits are reviewed at the care planning.

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

#### Recommendations:

15. The HSE should ensure that the management of behaviour through the practice of time out alone is reviewed.
16. The HSE should ensure that given the very young age of the children and the accompanying risk, the manager and staff team are unrelenting in their efforts to ensure that unauthorised absences cease.

### 3.7 Safeguarding and Child Protection

#### Standard

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

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

### 3.8 Education

#### Standard

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

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

### 3.9 Health

#### Standard

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

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

#### Recommendation:

17. The HSE should ensure that medical histories and examinations are recorded in the care file.
18. The HSE should ensure that one child obtains an educational assessment.

### 3.10 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 centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

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

#### Recommendations:

19. The HSE should review the use of one of the bedrooms as a school office.
20. The HSE should reconsider the use of the night station.
21. The HSE should ensure the health and safety recommendation about the entrance to property to be addressed as a matter of urgency.
22. The HSE should ensure that the unit provides written confirmation from a qualified architect/engineer that the unit complies with standard 10.19.

#### **4. Summary of Recommendations**

1. The HSE should review and approve the statement of purpose and function of the unit as a matter of urgency.
2. The HSE should ensure that the recording of notifications of significant events is reviewed.
3. The HSE should ensure that the monitoring officer is notified of all significant events including changes in centre management.
4. The HSE should ensure that there is consistency in the management of the unit and staff undergoes training in the change management.
5. The HSE should ensure that there is a review of administrative practices including removing documentation from the unit
6. The HSE should ensure that the unit manager receives regular individual formal supervision with her line manager as required by the standards and best practice.
7. The HSE should ensure that recommendations made in the monitoring report submitted in July 2010 are expeditiously implemented.
8. The HSE should undertake a review of the process of dealing with the child's complaint referenced in the report and determine any lessons to be learnt.
9. The HSE should ensure that the Irish Association of Young People in Care (IAYPIC) are invited to the unit.
10. The HSE should ensure that the views of the child referenced in the report are given primary consideration at future meetings including statutory care reviews.
11. The HSE should ensure that that a review is undertaken of the model of care used in the unit and a written report issued to the Inspectorate.
12. The HSE should ensure that guidelines issued by the department of Health and Children in relation to the introduction of therapeutic interventions are followed.
13. The HSE should ensure that social workers receive further training in children's rights
14. The HSE should ensure that family visits are reviewed at the care planning.
15. The HSE should ensure that the management of behaviour through the practice of time out alone is reviewed.
16. The HSE should ensure that given the very young age of the children and the accompanying risk, the manager and staff team are unrelenting in their efforts to ensure that unauthorised absences cease.
17. The HSE should ensure that medical histories and examinations are recorded in the care file.
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- 19.** The HSE should review the use of one of the bedrooms as a school office.
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- 22.** The HSE should ensure that the unit provides written confirmation from a qualified architect/engineer that the unit complies with standard 10.19.