



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Social Services  
Inspectorate**

## **Follow up Inspection Report**

***ID NUMBER: 391/418***

**Follow-up Inspection Date: 6 October 2010**

**Publication Date: 11 October 2010**

**SSI Inspection Period: 12**

**Centre ID Number: 61**

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## **Introduction**

The Health Information and Quality Authority Social Services Inspectorate (HIQA/SSI) carried out a one day announced follow-up inspection (see inspection ID 391) of a community children's residential centre in the HSE Dublin North Local Health Area under Section 69 (2) of the Child Care Act 1991. The centre was located in a small housing estate in a county Meath coastal town. It provided long term residential care placements for three young people, two boys and one girl. A follow-up inspection was carried out by Bronagh Gibson (inspector) on 6<sup>th</sup> October 2010 to assess the level of compliance with recommendations made.

The centre had had no new admissions or discharges since the last inspection. All of the young people living there continued to be in education and were doing well. There were two child protection notifications made about two young people since the last inspection. These were in relation to bullying, and the matter was found to have been responded to appropriately and resolved at the time of the follow-up visit.

There were seven recommendations made in relation to the centre in the previous inspection report and where the areas that required improvement were in relation to practice, the centre manager and the staff team had successfully addressed them. The physical building and its up-keep had not met the required standard, and despite some work being carried out since the last inspection, this remained unmet.

The inspector found that six of the seven recommendations were successfully addressed, and that one was not. The action plan attached outlines the findings of this inspection for each recommendation.

# Social Services Inspectorate

## Action Plan for Inspection No. 391 / 418

Centre ID: 61  
HSE Area: HSE Dublin North Local Health Area

Date Action Plan Dispatched: 6 July 2010  
Date Action Plan Updated: 11 October 2010

| No. | Recommendation  | Action to be taken  | Person Responsible   | Implementation Date | SSI Response   |
|-----|---|---|--|---------------------|--|
| 1   | The HSEDNLHA should ensure that the deficiencies in evidencing vetting are remedied and that the centre files clearly show that the centre manager is satisfied that all agency staff are vetted appropriately. | The Centre Manager now reviews and ensures that all agency staff working in the centre are vetted appropriately. Centre files are up to date now show that agency staff have been appropriately vetted.   | Social care Manager.   | Completed           | <b>This standard was met.</b><br><br>The centre manager had remedied this and a new process was introduced to ensure that the centre manager viewed agency files regularly, and recorded this on personnel files.  |
| 2   | The HSEDNLHA should ensure that the centre manager provides practice guidance to staff and to ensure that they are more pro-active in promoting this right.   | The Centre Manager has provided practice guidance to staff to ensure that they are more pro-active in assisting young people access information held on their files through discussion at staff meetings and supervision sessions. The Centre Manager has met with the Child Care Training & Development Unit with a view to identifying/developing any training to assist in this regard. In addition consultation has taken place between the centre manager and IAYPIC to ensure the appropriate information is given to young people in the Centre regarding rights in accessing information. A copy of "Your Guide to Living in Residential Care" has been circulated to young people in the Centre. | Social care Manager.<br>Childcare Training and Development Unit. | Completed           | <b>This standard was met.</b><br><br>The centre manager and the team had spent some time looking at how practice could be improved in this area, training had been carried out, and several new practices had been introduced. The centre had also developed a policy of recording where a child had been asked if they would like to read their file and refused. Although young people's meetings did not take place, the inspector was satisfied that all of the young people were consulted on issues related to their care and their everyday life in the centre. |

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| 3   | The HSEDNLHA should ensure that only essential files are stored in the centre and that all others are suitably archived.   | The Centre Manager ensures that only essential files are stored in the centre. All relevant files have been suitably archived externally.  | Social Care Manager.   | Completed                             | <b>This standard was met.</b><br>The centre had archived all records dated up to 2006. The centre manager was in the process of archiving the rest and although this recommendation was met, archiving will be one area that will be re-assessed in the next inspection.   |
| 4   | The HSEDNLHA should ensure that: <ul style="list-style-type: none"> <li>Young people are medically assessed on admission to the centre.</li> <li>An incident related to an error in the administration of medication to a young person is brought to a satisfactory conclusion.</li> </ul> | <p>All future admissions to the Centre will be medically assessed in line with the HSE Policies and Procedures.</p> <p>This incident occurred when a young person was being returned to the Centre after a period of absence in another setting. An audit tool is being devised to assist with the monitoring and administration of medication in circumstances where young people are leaving/returning to the Centre. Training for staff on this tool is scheduled to be delivered on 29<sup>th</sup> September, 2010.</p> | <p>Social Care Manager</p> <p>Alternative Care Manager<br/>Social Care Manager</p> | <p>Ongoing</p> <p>September, 2010</p> | <b>This standard was met.</b><br>There had been no new admissions to the centre since the last inspection. Therefore the inspector could not assess whether this practice had changed. This will be assessed during the next inspection.<br><br>The centre and the social worker involved had investigated the incident related to the administration of medication. As a result, new measures had been introduced and training given to the staff team on the administration of medication. |

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| 4<br>contd | <ul style="list-style-type: none"> <li>Centre practice in administration of medication complies with policy.</li> </ul> | The centre has reviewed its current practice in the administration of medication to ensure the centre is in compliance with the standardised Policy and Procedures for Children's Residential Centres HSE Dublin North East on the administration of medication.  | Social Care Manager | Completed           |  |
|            | <ul style="list-style-type: none"> <li>Self Care is addressed to a satisfactory level in the centre.</li> </ul>         | Centre management has liaised with the Health Promotion Unit with a view to assisting staff in the promotion of basic self-care skills, personal development and independent living skills amongst the residents. Staff will continue to support young people in their own self care as is age-appropriate. | Social Care Manager | Completed           | <p><b>This standard was met.</b><br/>Every effort had been made by the team to include and emphasise the importance of self-care with the young people. Individual plans were developed for young people that required them, and external professionals were included in addressing this with individual young people.</p> |

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| 5   | The HSEDNLHA should give urgent attention to the physical condition of the centre and ensure that it is brought up to a satisfactory standard, with systems to maintain it. | A schedule of maintenance works for completion and systems to maintain the physical condition of the building are to be agreed with owner of property and maintenance department to ensure that it is brought up to a satisfactory standard. This maintenance schedule will be reviewed and updated every four weeks. | Alternative Care Department<br>Social Care Manager<br>Maintenance Dept.<br>HSE Estates | Ongoing             | <b>This standard was not met.</b><br><br>Some work had been carried out in relation to the physical building. For example, the outside of the house had had some paint work done and a tree that was causing a wall to be unsafe was in the process of being removed.<br><br>However, the inspector found that there were outstanding maintenance requirements that included redecoration, attending to damaged walls and light fittings. More importantly, a health and safety audit carried out in June 2010 had indicated that the HSE should assess the electrics in the house on a routine five yearly basis. This had not been carried out by the HSE prior to the inspection. The inspector recommends again that any and all maintenance requirements are addressed and that any and all areas of work identified in the health and safety audit are addressed as a matter of priority. |

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| 6   | The HSEDNLHA should ensure that All fire checks are completed in accordance with centre policy, and that the fire officer is informed of any changes to the location of fire fighting equipment. | The centre will ensure that all fire checks are completed in accordance with centre policy, and that the fire officer is informed of any changes to the location of fire fighting equipment. | Social Care Manager             | Ongoing             | <b>This standard was met.</b><br>The centre manager and the staff team had developed a system to ensure that all checks were carried out, and that all records were routinely checked by the fire representative on the team and the centre manager. |
| 7   | The HSEDNLHA should ensure that a health and safety audit is carried out by the centre as a matter of urgency.   | A health & safety audit of the premises has recently been completed 17/06/2010.  | ACM Dept. Health & Safety Dept. | Completed           | <b>This standard was met.</b><br>The centre had a health and safety audit carried out on 17 June 2010 and a report was received by the centre on 24 June 2010.<br><br>[See also recommendation 5].   |