A HIGH SUPPORT UNIT

in the

HSE DUBLIN NORTH EAST REGION

FOLLOW-UP INSPECTION REPORT

ID NUMBER: 442

Follow-up Inspection Date: 20th October 2010
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SSI Inspection Period: 12
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Introduction

On 20th October 2010 the Health Information and Quality Authority (HIQA) Social Services Inspectorate (SSI) carried out a follow-up inspection of a high support unit (HSU) in the Health Services Executive (HSE) Dublin North East (DNE) region under Section 69 (2) of the Child Care Act 1991. The purpose of the inspection was to assess the implementation of the action plan presented by the HSE in response to the recommendations of the report of the last inspection that had taken place in October and December 2009. (Inspection report no. 344). This inspection was carried out by Michael McNamara, inspector.

The inspector met with the HSU director, two unit managers, and two monitoring officers. They were in the course of meeting on the HSU's register of welfare concerns, and the monitoring self-audit of one of the units and the monitors' quality assurance report, which followed visits to the HSU in March and May 2010. The inspector joined the meeting and went through the action plan and received information about its implementation both from the managers of the service and the monitoring officers. The inspector also examined the HSU register, documentation regarding the changes of governance and management underway at the time of the inspection, care files of children present in the HSU, and staff supervision records. He had lunch and engaged in informal discussions with staff and young people on one of the units.

Findings

The inspector found that there continued to be an overall high standard of care in the HSU, and there remained a strong emphasis on the quality of day-to-day relationships between staff and young people, therapeutic intervention, children's rights, and the maintenance of a suitable and safe environment. The buildings and grounds were maintained to a high standard, as were the systems for care planning, administration, recording and supervision of staff. The most notable improvement was in the infusion of good practice in children's rights into the care provided in the units.

The inspector also found that considerable work had been undertaken to respond to the recommendations of the inspection report, in spirit as well as in the letter. Of the 14 recommendations, eight were met, five were partly met, and one (12) was unmet. Details of the implementation and the inspector's responses are given in the table below.

For those recommendations that had been only partly met, there was evidence of actions taken towards their implementation. The review of staffing levels (1) was dependent on developments in the wider HSE high support and special care service. The director provided the inspector with information indicating that the deployment of staff in the HSU and in one of the special care units will be interlinked, but the plan was not due to be realised in practice until at least January 2011. The children's right of access to information (5) is well understood by staff and young people. However, practice should reflect this more, and access to care files, as well as log books, should become the norm. Practice will be assessed at the next inspection. The HSU has experienced difficulties since the last inspection in moving young people on (6) from the unit to other placements, in part because proposed placements prove to be unfeasible, and in part because, in some cases, social work departments are unresponsive to requests to attend

to the needs of the young people who wait in the HSU for a decision about where they might be placed. Statutory care planning is the responsibility of placing social workers, and there is a need for national managers of the high support and special care service to continue to support the HSU in resolving this difficulty. In the implementation of recommendation 7, which requires a review of the HSU's policy and practice in the management of risk, some local actions have been taken, but the national committee established to develop an HSE policy on the use of non-routine measures in the management of risk has yet to complete its task. In the implementation of the recommendation on medical histories being provided to the unit by placing social workers (13), progress has been slow. The inspector was told that a change in the standard referral form was considered but not adopted. The HSE, at national level, should ensure that referring social workers meet this requirement of the standards. Practice in the provision of medical histories will be fully assessed at the next inspection.

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Social Services Inspectorate

Action Plan for Inspection No. 344

Name of Centre: Crannog Nua HSU
HSE Region: Dublin North East
Date action plan dispatched: 25th May 2010
Date of follow-up inspection: 20th October 2010

No.	Recommendation	Action to be taken	Person(s) Responsible	Implementation Date	SSI Response
1	The HSE should review staffing levels at the HSU, both in terms of its ability to operate to capacity currently, and in light of proposed changes to its purpose and function.	The National Manager of Special Care and High Support has undertaken an audit of staffing in the centre. Additional staff have been approved and are being reassigned to the service. This will support the proposed changes to the services purpose and function likely to occur from September 2010.	National Manager High Support and Special Care	September 2010	**This recommendation has been partly met.** The review of staffing levels takes into account the formal request of the HSE for Crannog Nua to provide staffing in part of a Special Care Unit. The first phase of this plan will be implemented in January 2011, and the overall plan to combine the running of the HSU and the SCU will take 18 months to 2 years.
2	The HSE should ensure that managers review the HSU's policy and practice on staff supervision to ensure that there is congruence between them.	The policy with regard to staff supervision is confirmed as that outlined in the HSE DNE P & P's no 8.4. Managers are ensuring the practice of supervision is in line with this policy.	Director of Services and Crannog Nua Management Team	May 2010	**This recommendation has been met.** The recommended review has been carried out. The inspector advises close monitoring of the frequency of supervision, as in one or two cases, even after the review, there have been significant gaps.
3	The HSE should develop strategies to increase the number of qualified staff in the HSU.	The HSE is committed to resourcing an appropriate number of staff to undertake the In Service course in social care in September 2010.	HSE National Manager High Support and Special Care	May 2010	**This recommendation has been met.**
4	The HSE should ensure that the director, deputy director and one unit manager without full training in *Children First* receive it as soon as possible. It should also arrange for those staff who still require training in fire safety to receive it as soon as possible, and ensure that the HSU has sufficient staff trained in First Aid, as required by the standard.	The Child Care Training Development Unit (CCTDU) confirm they will provide training in 2010 covering : ➢ Children First - 27th August ➢ Fire safety training - 26th August, 23rd Sept ➢ First Aid – 17th & 18th August, 13th & 14th Sept	CCTDU Director of Services and Crannog Nua Management Team	August/ Sept 2010	**This recommendation has been met.**

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5	The HSE should ensure that practice in access to information in the HSU be developed to include access to care files within the regional HSE policy and procedures framework.	The policy with regard to young people's access to information is confirmed as that outlined in the HSE DNE P & P's no 2.7. young people and their parents/guardian's are advised of their rights in this regard by the keyworker prior to admission as part of the Journey through Placement tasks. During placement support is given to access information in line with the policy.	Director of Services and Crannog Nua Management Team	May 2010	**This recommendation has been partly met.** To meet the standard fully the unit managers and staff should ensure that practice includes access to care files as well as log books and daily diaries. Practice to be assessed at the next inspection.

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6	The HSE should ensure that the admissions and discharge committee supports the HSU in requiring all referrals for high support to be accompanied by an up-to-date care plan, and all care plan reviews to give priority to plans for moving on from high support.	**1** The Admissions & Discharges Committee will ensure that all new referrals are accompanied by an up to date care plan which gives detail about moving-on plans.	Chairperson Admissions & Discharges Committee	July 2010	**This recommendation has been partly met.** Inspectors found that the HSU is receiving care plans, but the moving-on plans contained in them are not realised in some cases. Inter-agency agreements are drawn up, but onward placements do not materialise. Practice, in care planning and in monitoring the movement of young people out of the HSU, will be assessed at the next inspection.
		2 CN managers will support Social Work teams to ensure the important matter of moving on plans is placed on the agenda all care plan reviews.	Crannog Nua managers and social work teams	Ongoing	
		3 Additionally CN managers will give specific attention to moving on plans at placement review meetings and ensure such attention is recorded in review minutes.	Crannog Nua managers	Ongoing	
		4 Where it has not been possible for centre management and the social work team to bring about a resolution to a blockage or delay arising in a young person's moving on plan, this will be reported to the National Manager for Special Care and High Support with a view to seeking support to resolve the issue.	Crannog Nua Director of Services Social Work Teams National Manager High Support and Special Care	Ongoing	
		5 The HSE monitor will be requested to include comment on this area in their regular reports.	HSE Monitoring Officers	October 2010	

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7	The HSE should ensure that the HSU reviews its policy and practice on the management of risk, and that approval for non-routine measures to manage risk is given at director level.	**1** The HSU will conduct a review of policy and practice on the management of risk. **2** In 2009 and again in May 2010 the centre conducted a further review of guidelines relating to maintaining a young person in a particular area for protective reasons/in order to ensure their or another's safety. Updated 'interim' guidelines were issued to staff (these were to augment those guidelines relating to behaviour management and safeguarding of young people covered in the HSE DNE P & P's 2009). [1] **3** The HSU will continue to provide additional training to staff members regarding the current/local guidelines. **4** Recording and review of this practice has been enhanced. **5** Coaching of young people in self-directed 'time out' practice generally in being supported and the centre will consult with young people who have experienced the practice of maintaining a young person in a particular area for protective reasons/in order to ensure their or another's safety with a view to hearing their opinions and viewpoints as well as their ideas about enhancing safety when there is serious immediate risk to themselves or others.	Director of Services, Crannog Nua Management Team, and HSE Monitoring Officers Chairperson Serious Incident Review Group (SIRG) Crannog Nua Management Team and IAYPIC.	September 2010 May 2010 May/.June 2010 and before Oct 2010 Oct 2010	**This recommendation has been partly met.** A national HSE committee has been established to review the policy and practice in respect of non-routine measures for managing risk. The deadline for the review has been extended to the end of December 2010. A review of practice in the HSU has been carried out. The inspectorate awaits the outcome of the deliberations of the committee.

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8	The HSE nationally should provide the HSU and other open units in which particularly vulnerable and volatile children are placed with a clear policy and practice guidance on the management of serious immediate risk.	On behalf of the HSE the National Manager Special Care and High Support will convene a Working Group to consider this area and make recommendations.	National Manager Special Care and High Support	September 2010	**This recommendation has been met.**
9	The HSE should ensure that the unit managers and MST review the co-relation between physical restraint and unauthorised absences in cases where their incidence is high.	A review of the co-relation between physical restraint and unauthorised absences in cases where their incidence is high has commenced.	Crannog Nua Manager, with MST and HSE Monitoring Officers	September 2010	**This recommendation has been met.**
10	The HSE should ensure that the HSU develops the practice of escalating the notice of matters for which there has not been a timely response to a higher level in the social work department, and that the unit's own system is monitored to ensure that there is no delay in notifying concerns.	**1** The HSU has commenced escalating the notice of matters in line with this recommendation. **2** Local policy will be updated to provide clear reference to the additional processes and these will be communicated to placing SW's prior to an admission.	Deputy Director and CPC at Crannog Nua Deputy Director and CPC at Crannog Nua	May 2010 September 2010	**This recommendation has been met.**
11	The HSE nationally should develop strategies and practices that ensure the maximum possible continuity in education across placements.	The National Manager High Support and Special Care will develop a strategy in co-operation with the School Principal, SWs and Education Welfare Board (EWB).	National Manager High Support and Special Care, School Principal Crannog Nua SW's EWB.	October 2010	**This recommendation has been met.**

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12	The HSE should ensure that the HSU reviews its provision for children over the compulsory school age who still require remedial and continuing education.	The School Principal will lead a review in this area. This will involve liaison with the National Manager High Support and Special Care and the EWB.	School Principal Crannog Nua SWs EWB National Manager Special Care and High Support	November 2010	**This recommendation has <u>not</u> been met.** A copy of the review is to be sent to the inspectorate on its completion at the end of November 2010.
13	The HSE should ensure that placing social workers provide information on the medical history of each child, including immunisations, to the residential centre, as required by the standards; or should furnish the centre with written evidence of efforts made to obtain the information if it is unknown.	**1** The requirement to provide such information will now form part of the formal referral process. **2** The Admissions & Discharges Committee will ensure that all new referrals provide details of this information or ensure SW's furnish the centre with written evidence of efforts made to obtain the information if it is unknown. **3** The HSE monitoring officers will be requested to include comment on this area in their regular reports.	Director of Services Crannog Nua Chairperson Admissions & Discharges Committee HSE Monitoring Officers		**This recommendation has been partly met.** The HSE, at national level, should ensure that referring social workers meet this requirement of the standards. Practice will be assessed at the next inspection.

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14	The HSE should ensure that the HSU revises its health and safety statement.	**1** The HSU has conducted a comprehensive revision of its health and safety statement in conjunction with the health and safety section of the HSE. **2** Additional training has been provided to staff in this area.	Director of Services and Crannog Nua Management Team	June 2010	**This recommendation has been met.**

[1] **Recommendation 7** The HSU response included this statement:
The review also took into account related sections of the Best Practice Guidelines in the Use of Physical Restraint (Child Care: Residential Units) April 2006 SRSB where it is acknowledged:
'Each residential unit will have policies for managing challenging behaviour. No policy can foresee every circumstance in which challenges will be presented.' 'In open settings ….. Where a child may be placed at imminent and serious risk ……there is a clear duty of care for care staff and managers to make a professional judgement about how to safeguard the child or young person.' 'In exceptional circumstances this may involve the decision to prevent a child or young person from leaving the residential unit (or a particular area - added by Crannog Nua).' 'When an exceptional circumstance arises where there is a serious risk of harm and where it is assessed that the existing range of interventions cannot be used, in such circumstances the guiding principle must always be:

- ◊ *Any action deployed uses maximum care and minimum of force necessary.*
- ◊ *It should be for the shortest period of time.*
- ◊ *The actions of staff should be proportionate to the circumstances.'*

'Staff members will have used their professional judgement to make a risk assessment in any instance. They are accountable for any action they take and will always be required to explain their actions afterwards.' (SRSB 2006 abridged)
The review considered the actuality of the rhythms and routines of residential High Support care and concluded the requirement to have approval of a director in 'real time' for every instance of the practice of maintaining a young person in a particular area for protective reasons/in order to ensure their or another's safety unfeasible. The necessity for such decisions arise in 'real time' where staff are in situ and required to use their professional judgement, provide authoritative caring and ensure safety. Since a director can never always be either present or available the review concluded that safeguarding could be achieved by the requirement for approval of the Duty Manager/On Call and the full team on shift in 'real time' and this approach has been included in the 'interim' guidelines.