



# **INSPECTION OF A CHILDREN'S RESIDENTIAL CENTRE IN THE HSE DUBLIN NORTH EAST AREA**

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# 1. Introduction

The Health Information and Quality Authority (the Authority or HIQA) Regulation Directorate carried out an unannounced inspection of a children's residential centre in the Health Services Executive (HSE) Dublin North East (DNE) Area under section 69(2) of the Child Care Act, 1991. Maureen Burns carried out the inspection over a two day period from 29 to 30 August 2013. The centre had been inspected last in January 2011. The report can be accessed on the Authority's website [www.hiqa.ie](http://www.hiqa.ie) as inspection report 448.

The centre was a four bedroom detached bungalow located in a suburb of Dublin. The house was comfortable, nicely decorated and there was ample space for recreation. It was close to local amenities, schools, shops, churches and had access to public transport links. At the time of inspection there were four young people living at the centre, two of whom were siblings. The centre aimed to provide short to-long-term care for up to four girls aged between 13 and 18 years of age.

The inspector found that young people were well cared for by a team of committed and experienced staff managed by a centre manager. The centre was operating within its stated purpose and function. Young people's care plans were of a good quality. Young people's rights were promoted and young people were consulted with. The centre focused on building relationships and this approach had resulted in considerable improvement in the lives of the young people living there.

This report makes a number of recommendations in relation to the staffing, supervision and support, social worker role and supervision and visiting of social workers, monitoring, absence without authority, health, education and fire safety.

## 1.1 Methodology

The judgments of the inspector in relation to this inspection were based on an analysis of findings verified from a number of sources of evidence gathered through:

- observation of practice
- examination of records and documentation, including:
  - policies and procedures
  - the centre's statement of purpose and function
  - young people's care plans and care files
  - details of unauthorised absences
  - details of physical interventions
  - staff supervision and training records
  - administrative records
  - significant event notifications
  - previous HIQA inspection reports
  - HSE monitoring report
  - health and safety documents
  - fire register

During the inspection, the inspector met individually with three of the four young people living in the centre. The inspector interviewed the following:

- the centre manager
- the deputy centre manager
- the health and safety officer
- four social care staff

Telephone interviews were conducted with one parent, four social workers, the HSE monitoring officer and the alternative care manager.

## **1.2 Acknowledgements**

The inspector wishes to acknowledge the hospitality and cooperation of the young people, staff members and other professionals involved in this inspection.

## **1.3 Management structure**

The centre was managed by a Centre Manager who was supported by a Deputy Centre Manager and four Child Care Leaders. All staff reported directly to the Centre Manager. The Centre Manager reported to the Alternative Care Manager who in turn reported to the Regional Manager for Residential Childcare Services, Children and Family Services HSE DNE.

## **1.4 Data on young people**

*Listed in order of length of placement*

<b><i>Young Person</i></b>	<b><i>Age</i></b>	<b><i>Legal Status</i></b>	<b><i>Length of Placement</i></b>	<b><i>No. of previous placements</i></b>
#1	16	Care Order	1 year, 1 months	7 foster care placements, 4 residential placements
# 2	17	Care Order	8 months	5 foster care placements
# 3	17	Interim Care Order	5 months	1 residential placement
# 4	16	Interim Care Order	5 months	1 foster care placement

## 2. Summary of Findings

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

#### *Purpose and Function*

*This standard was met.*

The centre had a written statement of purpose and function that accurately described what the centre set out to do for young people and the manner in which care was provided. It was accessible to young people and their families. Young people confirmed this and told the inspector that the centres purpose and function had been discussed with them and their families. The statement of purpose and function stated that the centre aimed to provide short to-long-term care for up to four girls aged between 13 and 18 years of age. It listed the key policies under which the centre operated. The inspector found that the day-to-day practice at the centre reflected the statement and its ethos. The centre manager reported that she/he was responsible for ensuring that the statement was kept up-to-date and reviewed at regular intervals.

#### *Management*

*This standard was met.*

The centre was well managed by an appropriately qualified and experienced manager who was supported by a deputy manager. The inspector found that there were clear lines of accountability across the service and that staff understood their responsibilities. The manager, deputy manager and staff were well informed about the needs of the young people living at the centre.

The centre manager routinely monitored practices through formal supervision and ongoing review of day-to-day practices. The inspector found that the centre manager and deputy manager routinely reviewed a range of records and reports prepared by staff and observed day-to-day care practices, so as to identify areas for improvements. For example, the centre manager reviewed and signed off on individual work reports detailing care practices. The inspector found that written directions for staff on areas for follow up were given, where the centre manager identified that a care practice could have been improved. This managerial oversight and ongoing assessment of the quality and effectiveness of services lead to actions being taken by staff which promoted better outcomes for young people.

The alternative care manager visited the centre every four to six weeks. Young people and staff told the inspector that she/he met with the young people and staff during some of these visits. Staff also said that she/he monitored the premises and reviewed various reports, risk assessments and care files. The alternative care manager told the inspector that these visits provided him/her with assurances that appropriate and suitable care practices and operational policies were in place to meet the needs of the young people living in the centre.

The centre manager reported that a local significant event review group reviewed all significant events, and their management, to identify trends and quality improvement opportunities. Staff from the centre were represented on this group. Through interview and documentation review the inspector also identified that significant events were monitored and routinely discussed at team meetings. This provided an opportunity for discussion and learning for staff regarding factors that contributed to significant events and the appropriateness of actions taken.

### *Register*

#### *This standard was met.*

The centre had a register of all admissions and discharges that met the requirements of the Regulations. The inspector reviewed the register and found that there were three admissions and three discharges in the preceding 12 month period. Records reviewed detailed the date of discharge and the address to which the young person was discharged. The inspector observed that the register was up-to-date, well maintained and all entries were clear and legible.

### *Notification of significant events*

#### *This standard was met.*

Significant events were notified promptly to the appropriate external professionals. External professionals told the inspector that significant events were notified promptly and contained sufficient detail so as to allow follow up assessment and action to be taken. On review of records, the inspector found that there were 50 significant events recorded in the preceding 12 month period. The inspector reviewed a sample of these notifications and found that they had been reported, recorded and dealt with in accordance the HSE DNE policies on significant events which informed the centres practices.

### *Administrative files*

#### *This standard was met.*

The recording systems in place were effective and supported the management and accountability of the service. The inspector reviewed administrative files and found they contained good quality information that was accurate, valid, timely, legible and complete. The inspector found that the centre manager routinely monitored the quality of centre records and there was evidence of actions taken to address deficiencies. The inspector found that management and staff were knowledgeable about the systems in place to manage information. All information requested was provided promptly to the inspector.

There were clear financial management systems and records in place. These included the management of petty cash and the management of larger financial transactions. The inspector found that an external account manager was responsible for overseeing an effective checking and reconciliation system.

### *Children's Rights*

#### *This standard was met.*

The rights of young people were upheld and reflected in centre policies and care practices. The centre had an information booklet for young people that detailed rights and responsibilities. Young people told the inspector that they were aware of their rights, had received the booklet and felt included in decisions made about them and the running of the centre. The inspector reviewed minutes from young people's weekly meetings and found they provided an opportunity for young

people to give their opinions about day-to-day life at the centre. Each of the young people had up to three key workers assigned and an allocated social worker to whom they could voice concerns. The centre was implementing the HSE DNE policy on consultation with young people.

The inspector found young people knew how to make a complaint, understood how they were dealt with. The centre had a policy on complaints and grievances and an information booklet for young people that provided information on the complaints process. Young people told the inspector that they knew how to make a complaint and had received a copy of the information booklet. Social workers told the inspector that they were satisfied that all complaints and grievances were notified to them.

There was only one complaint recorded in the last 12 months on the centre's complaint log. The inspector reviewed the log and found that it was sufficiently detailed. The complaint had been notified promptly to external professionals and dealt with locally in an appropriate manner. The young person involved told the inspector that she/he was happy with how the complaint had been managed. The inspector reviewed the log of grievances and noted that only six had been recorded in the preceding 12 month period. All of these had been dealt with appropriately. There was documentary evidence that complaints and grievances were discussed at team meetings and opportunities had been taken to learn from these incidences.

Young people told the inspector that they could access their individual care files. However, only one of the young people had chosen to do so and this was recorded in the young person's daily log. The centre was implementing the HSE DNE policy on access to information. Young people told the inspector that they had received an information booklet that detailed their rights to access their records. One parent told the inspector that she/he had been provided with information about their child's placement by the young person's social worker and centre staff.

### *Suitable placement and admissions*

#### *This standard was met.*

The young people living at the centre were suitably placed and their needs were being met. The inspector found that admissions to the centre within the preceding 12 months had been planned and that adequate information about the young people had been provided to the centre in advance of the placement. The centre was implementing the HSE DNE policy on admissions and policy on placement planning. All referrals to the centre were made through the HSE referral committee. The inspector found that an induction plan had been put in place for each young person which included visits to the centre prior to moving in. Young people told the inspector that this had really helped them to make the transition.

The inspector found through interview with young people that they were provided with a booklet which provided information on the centre. This included information about activities and services, allowances, family contact, visiting, key working, care plans and the centres policies and procedures. Young people told the inspector that they were fully aware of the reason for, and purpose of the placement.

### *Statutory care plans and reviews*

#### *This standard was met.*

Each of the young people had individual up-to-date and comprehensive care plans. This meant that there was a clear plan in place for each young person. Care plans reviewed by the inspector contained an assessment of social, health, educational, emotional and behavioural needs. The inspector found that these were reviewed in-line with the regulatory requirements for each young person. There was documentary evidence that parents and young people attended care plan review meetings and that they were consulted with, about plans for the young persons care. Young people told the inspector that their parents received copies of their care plans. The inspector found, through interview with staff and review of documentation, that there were delays, on occasions, in the centre receiving care plans and the minutes of care plan review meetings from the social workers. This meant that the centre did not always have the most up-to-date plan or information available as to how decisions were reached regarding a young person's care. However, at the time of inspection up-to-date care plans and minutes of review meetings were on file. There was documentary evidence that the centre manager and on occasions the alternative care manager followed up with the relevant social work department to obtain the most recent copy.

Each young person had a placement plans which reflected their care plan. The inspector found that placement plans were comprehensive and drafted by a key worker in consultation with young people. There was documentary evidence that placement plans were reviewed every six weeks by the assigned key worker.

### *Contact with families*

#### *This standard was met.*

The centre promoted and facilitated contact between young people and their families in accordance with their care plans. Two of the young people living in the centre were siblings. Young people told the inspector that their parents visited the centre on a regular basis and cooked meals for them and their siblings. Staff outlined to the inspector ways in which they supported young people to have contact with their families which included driving young people to and from access visits. The inspector found that the centre was adhering to the HSE DNE policy on contact with families.

### *Emotional and specialist support*

#### *This standard was met.*

Overall, young people were referred and in the majority of cases accessed the emotional and specialist support they required. The inspector found that the centre provided care in accordance with the HSE DNE policy on emotional and specialist support. Staff told the inspector about the needs of the young people and the emotional support which they provided them. The inspector found, through interview with staff and review of care records, that specialist supports had been identified and sourced for young people to meet specific needs. The inspector reviewed care plans which reflected the findings and recommendations of professionals. Young people told the inspector that staff had facilitated and encouraged them to attend these services. The inspector



found that one young person had attended some but not all appointments. However, the inspector found that staff and the young person's social worker had encouraged the young person to attend these appointments. The young person verified this to the inspector.

### *Preparation for leaving care and aftercare*

#### *This standard was met.*

The centre prepared young people for leaving care in a timely and age appropriate way suited to their individual needs. The inspector found that the centre adhered to the HSE DNE policy on planning for leaving care and the national aftercare policy. At the time of inspection the four young people living in the centre were aged 16 and over. The care plans for each of the young people detailed the preparation and supports in place for leaving care. Each of the young people had a leaving care needs assessment completed. The inspector reviewed key worker programmes on files devised to address identified leaving care needs. Two of the young people had a named aftercare worker assigned and an aftercare plan on file. The inspector found that these plans were appropriate to the needs of the young people and of a good quality.

The inspector found that young people preparing to leave care were given additional responsibilities, were encouraged to be responsible for managing their own finances and to help out with cooking, laundry and household chores. Through file review and interviews with staff, the inspector found that young people had partaken in the 'skills for life programme' in the centre with their key worker. Topics covered included: budgeting, health, cooking, form filling, stay safe, bullying, smoking and relationships. Two of the young people were engaged in an independent budgeting programme being run by the centre, whereby they were given a budget to manage which was being reviewed on a weekly basis. This was verified through file review and interviews with staff and young people. Young people told the inspector that they found each of these programmes helpful in preparing them for leaving care.

### *Discharges*

#### *This standard was met.*

The inspector found that young people were discharged from the centre in a planned manner. The centre register showed there were three planned discharges from the centre in the 12 months prior to inspection. This was confirmed by the centre manager. There were no unplanned discharges in the past 12 months. Staff told the inspector that the centre generally maintained contact with young people after their discharge and that many young people returned for visits and maintained ongoing phone contact with centre staff.

### *Children's care records*

#### *This standard was met.*

Each young person had individual care files, with records of their history and progress which were well organised, complete and securely stored. The inspector reviewed each young person's care files and found them to be of a good standard, clear and written in a respectful tone. The centre adhered to the HSE DNE policy on report writing and record keeping. Care files held a copy of birth certificate and care order. There was evidence that young people's views were sought and

recorded as part of their daily log book. The inspector found, through interview with staff and the centre manager, that the centre had a formal arrangement in place with an external archiving company and all young people's records were archived off site.

### *Individual care in group living*

#### *This standard was met.*

The centre provided a stable home environment that respected the preferences and wishes of the young people living there and promoted their individuality.

The inspector found, through interview with staff and young people, that young people's wishes and preferences had been considered and arrangements put in place to meet them. For example, following requests from young people a television package was secured for the unit and the timeline by which young people were allowed to cook in the kitchen in the evening was extended. Young people told the inspector that they chose their own clothes and makeup but that they would seek advice from staff regarding their appearance.

The inspector found that an assessment was completed for each young person prior to their admission which took account of their preferences and individuality. It also considered the impact of the admission on the other young people living in the centre. There was documentary evidence of individual key working sessions with young people that focused on the development of the skills and knowledge necessary for adulthood. Young people told the inspector that they felt the key working sessions were beneficial to them.

The inspector found that staff encouraged young people to develop their individual interests and hobbies and facilitated them to participate in a range of leisure and recreational opportunities of their choice. Young people interviewed spoke enthusiastically about their hobbies such as singing, drama, make-up and hair dressing. Birthdays and other significant events were celebrated at the centre in line with the young people's wishes

### *Provision of food and cooking facilities*

#### *This standard was met.*

The inspector found that young people had access to nutritious food and shared meals together with the staff. The inspector observed warm and relaxed interaction at mealtimes. Young people told the inspector that healthy meals were encouraged and that they had access to healthy snacks, such as fruit, between meals. There was evidence that each young person was consulted on the food bought and the meals prepared in the centre. One young person told the inspector that meals were sometimes not to her/his taste but that alternative meal options were always available.

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

#### *This standard was met.*

Care practices in the centre were respectful of social, cultural, religious and ethnic identity. The inspector found that the centre adhered to the HSE DNE policy on recognising diversity. Young people told the inspector that they were given money to shop for food items so they could cook traditional meals they would be familiar with. They also told the inspector that their families and siblings were welcomed to visit the centre and dine with them. Staff facilitated one of the young

people to attend their chosen church, whilst the other young people had chosen not to attend church.

### *Managing behaviour*

#### *This standard was met.*

The centre managed the behaviour of young people in a consistent and proportionate way. The inspector found that the centre was implementing the HSE DNE policies on behaviour management, sanctions and the management of challenging behaviour. Young people told the inspector that they had received an information booklet which detailed the expected behaviour of young people and staff. The inspector reviewed the notes of meetings between individual young people and the centre manager and alternative care manager where specific behavioural issues were discussed and the behaviour expected of the young person and staff was clarified.

The inspector reviewed individual crisis management plans for young people which were found to be comprehensive and revised as necessary. Staff told the inspector that these plans assisted them to identify times when young people might display challenging behaviour and how they should respond and support the young person. The inspector reviewed individual work reports of work completed with young people to assist them in identifying the underlying cause of behaviour identified as challenging. Young people told the inspector that they were consulted around these plans and they had assisted them in managing their behaviour.

The inspector reviewed a record of all sanctions used which were recorded in a separate log. These were considered to be reasonable and age appropriate. The centre manager provided managerial oversight on the use of sanctions.

The inspector found, through interview with staff and young people and review of case files, that young people were not subject to any form of treatment that was humiliating or degrading. The inspector found that the centre had an anti-bullying programme in place, which was undertaken as part of key working sessions with young people. Staff members had received training in anti-bullying. The inspector observed that bullying was a standing agenda item for all team meetings where staff routinely considered if there were any episodes of bullying. There had been no episodes of bullying in the centre in the preceding six month period.

### *Restraint*

#### *This standard was met.*

The inspector found that there were four physical interventions used (two incidents) within the preceding 12 month period. There were no records of physical restraint used. Staff told the inspector that they used the HSE adopted crisis intervention method and that they were clear on how they would intervene if a child's behaviour placed themselves or others at immediate risk. This included methods to try and deescalate the situation before using physical restraint. Training records showed that staff received refresher training twice a year where their competency in the use of physical restraint was assessed. A small number of staff had occupational injuries that prevented them from engaging in restraint practices.

## *Safeguarding and Child Protection*

### *This standard was met.*

Children were generally safe and protected while living at the centre. Young people told the inspector that they felt safe in the centre. The centre had a written policy on safe practice and working alone. The inspector reviewed the policy and found that it complemented good care practices (including appropriate professional relationships between staff and young people), effective management and monitoring to safeguard children. The centre also had a written policy on staff recruitment, training and support, which included recruitment procedures (including An Garda Síochána vetting), induction and ongoing training, supervision and support. The inspector found, through interview with staff and review of documentation, that practices reflected the policy and that staff had a good knowledge and understanding of the policies in place. The inspector found staff could challenge each other in an open culture and issues were communicated to the centre managers and social workers. Young people identified key external professionals and centre staff who they could approach if they had concerns.

There had been two child protection concerns reported by the centre in the preceding 12 month period which had been appropriately notified and dealt with in accordance with Children First, (2011). The inspector reviewed records of significant events and clarified with external professionals that the centre appropriately classified child protection concerns. Staff were knowledgeable about their role in the identification and notification of child protection concerns. The centre adhered to the HSE DNE safeguarding and child protection policies, which reference Children First: *National Guidance for the Protection and Welfare of Children* (2011). The staff team had received child protection training (with the exception of three staff recently returned from long-term leave but scheduled to attend training in the coming months).

## *Accommodation*

### *This standard was met.*

The inspector found that the centre was suitable for the care of young people and that it was homely, clean and tidy. The centre was a four bedroom detached bungalow that was furnished and decorated to a good standard. It had a spacious kitchen/dining area, a sunroom, a large living room and a smaller sitting room. This additional space facilitated young people to have visits from friends, family members or social workers in private without disrupting the rest of the centre. The inspector observed that the front and back garden were nicely decorated with flower pots which added to the homely feel of the centre. All young people had their own bedrooms which they had personalised with posters, pictures and paintings. Young people told the inspector that they felt the centre was nicely decorated and comfortable. The centre manager told the inspector that young people were consulted with regarding any decorating undertaken or furnishings purchased and young people confirmed this. The inspector reviewed documentary evidence that the centre was adequately insured against accidents or injuries to children.

## *Maintenance and repairs*

### *This standard was met.*

The centre was adequately maintained. The inspector reviewed the maintenance log and found that requests were dealt with promptly and that a record was kept of the request, the action taken

and the date completed. The centre manager reported that funding had been approved to repaint the centre inside and out, but no date had yet been agreed to commence the work. The inspector noted that the kitchen in the centre had been replaced the previous year. A named member of staff had been assigned responsibility to routinely monitor the premises and to follow up on maintenance requests. The alternative care manager told the inspector that she routinely monitored the premises to ensure the maintenance of standards and safety. The centre manager, health and safety officer and staff confirmed this through interview.

### *Safety*

#### *This standard was met.*

The inspector found that the centre was a safe, secure place for young people to live and that risks had been identified and analysed. The centre had a safety statement in place, dated February 2013. Written risk assessments detailing hazards and control measures at the centre were in place and had recently been reviewed. The inspector reviewed records of daily safety checks undertaken by centre staff on-duty. Two staff members were the designated health and safety officer. There was documentary evidence that both officers had undergone health and safety training.

The inspector found that safety data sheets were maintained on file for all hazardous substances held in the centre. Hazardous substances were found to be appropriately stored. The inspector observed that all medications in use were stored in a secure cabinet in the centre's office. A clear and recorded process was in place for the storage and administration of medications.

The centre had two vehicles with the necessary tax and insurance certificates. The centre manager told the inspector that three staff members were permitted to drive the centre vehicles and the rota was considered in respect of the young people's transport requirements. The inspector observed copies of licences on relevant staff files.

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

#### *Staffing*

#### *This standard was met in part.*

This inspection found that the majority of staff working at the centre were appropriately qualified. The centre was staffed by an experienced and committed team. The staff team comprised of a centre manager, deputy centre manager, four child care leaders and 10 child care workers, three of whom worked part time.

The inspector observed staff interacting in a relaxed and supportive way with young people. Young people told the inspector that staff treated them with respect and provided them with strong support. Staff told the inspector that they enjoyed working at the centre and that there was a cohesive and well established team in place.

A sample of rotas reviewed by the inspector reflected that the centre generally had three staff on-duty during the day and two staff on-duty at night, which the centre manager reported was adequate to meet the needs of the four young people living in the centre. The centre had not used any agency staff in the preceding 12 month period. The centre manager reported that a formal

arrangement was in place whereby staff from three other centres in the area pooled their staffing resources to provide relief cover as needed.

The inspector reviewed a sample of personnel files and found suitable references and verification of An Garda Síochána vetting on file.

The HSE Dublin North East should ensure that all staff are supported to achieve professional qualifications.

### *Supervision and Support*

*This standard was met in part.*

Staff were supervised and supported in the centre but formal supervision was not occurring in-line with policy. Supervision records detailed discussions regarding the needs of each of the young people, operational policies in place, staff professional development, staff training needs and the appropriateness of care practices. There was documentary evidence that the managers had each received training on supervision. Staff told inspectors that they found supervision to be worthwhile and helpful to them in their role. Staff told the inspector that the centre manager would routinely speak with them in supervision or informally about her/his observation of the staff members care practices. All staff received regular, formal supervision by the centre manager and/or deputy manager on a six to eight week basis. However, this was not in-line with the HSE 'National Child and Family Services Staff Supervision Policy', which specifies that supervision should be provided to social care staff every four to six weeks. The centre manager was supervised by the alternative care manager on a two monthly basis.

Staff meetings took place on a weekly basis. Minutes of meetings reviewed showed that items discussed included care of the young people, work practices, risks and issues in relation to the provision of care. Agreed actions from these meetings were recorded with timelines specified and responsibility assigned to named individuals. The inspector found that a staff support service and critical incident stress debriefing service was available to staff to support them. None of the staff interviewed had accessed the service but they told the inspector that they were aware of staff who had found it helpful.

The HSE DNE should ensure that supervision is carried out for all staff as per timeframes outlined in the HSE national supervision policy.

### *Training and development*

*This standard was met in part.*

There was a staff training programme in place but a formal training needs analysis had not been undertaken. Staff attended regular training and refresher courses which were clearly recorded for each member of staff. Staff had regular crisis intervention training and fire training (with the exception of three staff members who had recently returned from long-term leave). The inspector reviewed a staff training audit undertaken by the centre manager in January 2013. The centre manager reported that she/he had undertaken an informal analysis of staff training requirements. However, a formal training needs analysis had not been undertaken. The inspector found documentary evidence that some training had been sourced and provided to staff which was relevant to the identified needs of the service. This included, training on life story work, time management and effective team meetings. The inspector found documentary evidence that

training for staff regarding cultural diversity based on identified needs of young people living in the centre was being sourced.

The HSE DNE should undertake a formal training needs analysis to inform a training plan which meets the needs of the service and young people at the centre.

### *Monitoring*

#### *This standard was met in part.*

The centre was monitored by a HSE monitoring officer. However, there was no written report of the monitoring process issued in the last 12 months. The last report issued by the monitoring officer was dated July 2012.

The inspector found that the monitoring officer had regular phone and email contact with the centre in follow up to significant event notifications, including unauthorised absences and complaints. The monitoring officer had visited the centre four weeks prior to this inspection to undertake a full assessment. She/he had met with young people and staff as part of the monitoring process. The inspector found that the monitoring officer had reviewed and signed records of sanctions, complaints, grievances and other relevant documentation as part of that inspection. There had been no other visits to the centre in the preceding 12 month period. The monitoring officers told the inspector that she/he was in the process of drafting a report.

The HSE DNE should ensure that the centre is visited regularly by a monitoring officer and that reports are issued on an annual basis.

### *Social work role/Supervision and visiting of children*

#### *This standard was met in part.*

All young people living at the centre had an allocated social worker. The inspector found that the social workers of three young people visited on a regular basis. There was documentary evidence of regular phone contact to the centre by social workers. Social workers told the inspector that they were satisfied that young people were safe and well cared for at the centre. They confirmed that they were notified promptly about all significant events and child protection concerns. In general, young people told the inspector that they would confide in their social worker if they had a concern. However, one of the young people had not been visited by her social worker on a regular basis or in line with the Regulatory requirements. This meant that this young person did not have regular contact with an advocate external to the centre to whom she could confide any difficulties or concerns which she might have in relation to aspects of her care.

The HSE DNE should ensure that all social workers visit young people regularly and in-line with the regulatory requirements.

### *Absence without authority*

#### *This standard was met in part.*

There were 20 instances of unauthorised absences from the centre in the last 12 months, similar to the 2011 inspection. These were in respect of two young people living in the centre. Absences ranged from one hour to three days with 11 of the 20 being overnight absences. The inspector

found that absences were reported promptly and appropriately to the relevant professionals and family. The inspector found that the centre had completed the relevant documentation and were managing the absences in line with the HSE DNE Policy on unauthorised absences, policy on returns from unauthorised absences and the HSE missing from care protocol.

The inspector found in case file reviews that staff made concerted efforts to contact young people who were absent. The inspector reviewed records of individual work undertaken with young people after their return by their key worker in order to determine why the young person had absented themselves and help them understand the importance of keeping themselves safe. This was confirmed when speaking with young people.

The inspector reviewed individual absence management plans for each young person. These were age-appropriate and clearly stated the early warning signs for when young people might abscond and the response required. Through review of the register and interview with staff, the inspector found that there had been no absences in the two months preceding the inspection.

The HSE Dublin North East should ensure that there is an effective response to unauthorised absences which includes multi-agency collaboration and a system to identify, monitor and manage the risks of abuse or exploitation to young people who go missing from care.

## *Education*

### *This standard was met in part.*

Inspectors found that education was valued in the centre and the majority of children were in full-time education. Through file review the inspector found evidence of regular communication between centre staff and young people's schools. School reports of educational achievements were on file. Young people told the inspector that staff helped them with their studies and drove them to and from school when required. The inspector found, through review of records, that the school attendance of one young person was particularly poor in the preceding term with the attendance of the other two young people being satisfactory. Another young person was not in a school placement at the time of the inspection and staff and the young person's social worker were endeavouring to locate a new placement.

The HSE DNE should ensure that each young person has access to appropriate educational or vocational facilities.

The HSE DNE should continue to encourage young people's attendance at school.

## *Health*

### *This standard was met in part.*

The inspector found that the health needs of young people were assessed and met. Each of the young people had access to a doctor. Staff were knowledgeable about the young people's health needs and these were met by the centre. The inspector found that health education was undertaken with young people through the 'Skills for Life' programme run by the centre. Immunisation and other health history information were not available for two young people. This meant that there was a gap in knowledge about the young people and there was a risk that healthcare needs might not be discovered in a timely manner. There was documentary evidence



that the centre staff had made efforts to obtain the information from the relevant social work department.

The HSE DNE should ensure that immunisation and other relevant medical history is available on all files.

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

#### *Fire safety*

##### *This standard was not met.*

Inspectors found that overall fire safety practice was good, but there was improvement required in relation to some documentation processes and ensuring that young people participated in fire drills. The centre had a fire safety statement and folder detailing procedures for fire safety and the inspector found that adequate precautions had been taken against the risk of fire. The centre's health and safety officers organised annual mandatory fire training for staff and the inspector found documentation that all staff had undergone fire training in the preceding 12 month period.

The centre did not have written confirmation from an architect or certified engineer that all requirements in relation to fire safety and building control regulations had been complied with. The centre manager reported that a review of the building by a certified engineer had been undertaken and that remedial works were planned to commence at the end of September. Two of the young people living in the centre had not partaken in a fire drill since their admission to the centre. The young people's daily logs had a record that advice on fire evacuation procedures had been provided on admission for each young person as part of their induction to the centre.

The HSE DNE should ensure that the centre has written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control regulations have been complied with.

The HSE DNE should ensure that each young person partakes in a fire drill as soon as possible after admission and periodically thereafter.

### 3. Findings

#### 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 met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Purpose and function	✓		

#### 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 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 (including vetting)		✓	
Supervision and support		✓	
Training and development		✓	
Administrative files	✓		

**Recommendation:**

1. The HSE Dublin North East should ensure that all staff are supported to achieve professional qualifications.
2. The HSE DNE should ensure that supervision is carried out for all centre staff as per timeframes outlined in the HSE national supervision policy.
3. The HSE DNE should undertake a formal training needs analysis to inform a training plan to meet the needs of young people at the centre.

### 3. Monitoring

#### Standard

The HSE, 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 DNE should ensure that the centre is visited regularly by a monitoring officer and that reports are issued on an annual basis.

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

### 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 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 young people		√	
Social work role		√	
Emotional and specialist support	√		
Preparation for leaving care	√		
Discharges	√		
Aftercare	√		
Children's case and care files	√		

### Recommendations:

- The HSE DNE should ensure that social workers visit young people regularly and in-line with the regulatory requirements.

## 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 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		√	

### Recommendation:

- The HSE Dublin North East should ensure that there is an effective response to unauthorised absences which includes multi-agency collaboration and a system to identify, monitor and manage the risks of abuse or exploitation to young people who go missing from care.

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

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

### Recommendation:

7. The HSE DNE should ensure that each young person has access to appropriate educational or vocational facilities.
8. The HSE DNE should continue to encourage young people's attendance at school.

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

### Recommendation:

9. The HSE DNE should ensure that each young person has a medical assessment on admission to care, unless the supervising social worker and centre manager are satisfied that it is not necessary and in such cases it should be clearly recorded in the care file.

10. The HSE DNE should ensure that immunisation and other health history information is available on all files.

## 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 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			√

### Recommendation:

11. The HSE DNE should ensure that the centre attains written confirmation from an architect/certified engineer confirming that all requirements in relation to fire safety and building control regulations have been met.
12. The HSE DNE should ensure that each young person partakes in a fire drill as soon as possible after admission and periodically thereafter.

## **Summary of recommendations:**

1. The HSE Dublin North East should ensure that all staff are supported to achieve professional qualifications.
2. The HSE DNE should ensure that supervision is carried out for all centre staff as per timeframes outlined in the HSE national supervision policy.
3. The HSE DNE should undertake a formal training needs analysis to inform a training plan to meet the needs of young people at the centre.
4. The HSE DNE should ensure that the centre is visited regularly by a monitoring officer and that reports are issued on an annual basis.
5. The HSE DNE should ensure that social workers visit young people regularly and in-line with the regulatory requirements.
6. The HSE Dublin North East should ensure that there is an effective response to unauthorised absences which includes multi-agency collaboration and a system to identify, monitor and manage the risks of abuse or exploitation to young people who go missing from care.
7. The HSE DNE should ensure that each young person has access to appropriate educational or vocational facilities.
8. The HSE DNE should continue to encourage young people's attendance at school.
9. The HSE DNE should ensure that each young person has a medical assessment on admission to care, unless the supervising social worker and centre manager are satisfied that it is not necessary and in such cases it should be clearly recorded in the care file.
10. The HSE DNE should ensure that immunisation and other health history information is available on all files.
11. The HSE DNE should ensure that the centre attains written confirmation from an architect/certified engineer confirming that all requirements in relation to fire safety and building control regulations have been met.
12. The HSE DNE should ensure that each young person partakes in a fire drill as soon as possible after admission and periodically thereafter.



# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

## **ACTION PLAN**



**Regulation Directorate  
Action Plan for Inspection No.651**

**Centre ID:** 43

**HSE Area:** HSE DNE

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
1.	The HSE Dublin North East should ensure that all staff are supported to achieve professional qualifications.	<p>1. Manager has previously discussed on a number of occasions with the two staff members the opportunities and benefits of achieving a professional qualification, however they were not in a position to avail of this opportunity.</p> <p>2. Manager to discuss with the two staff members the options available to them, and encourage them to avail of training on offer.</p> <p>3. Manager to liaise with training dept regarding the availability of appropriate courses.</p> <p>4. Manager to liaise with Alternative care manager regarding funding and release of staff for such training should the two staff members be willing to partake in achieving professional qualifications.</p>	Manager Training Department Alternative Care Manager Regional Manger	By 31December 2013

**Regulation Directorate  
Action Plan for Inspection No.651**

**Centre ID:** 43

**HSE Area:** HSE DNE

<b>No.</b>	<b>Recommendation</b>	<b>Action to be taken</b>	<b>Person Responsible</b>	<b>Implementation Date</b>
<b>2.</b>	The HSE DNE should ensure that supervision is carried out for all centre staff as per timeframes outlined in the HSE National Supervision Policy.	1. Calendar has been developed to bring dates in line with the new national supervision policy.	Manager Deputy Manager Alternative Care Manager	6 November 2013
<b>3.</b>	The HSE DNE should undertake a formal training needs analysis to inform a training plan to meet the needs of young people at the centre.	1. Manager to liaise with training department regarding appropriate tools for conducting training analysis. 2. Manager/deputy to meet with staff individually to conduct an analysis of their training needs. 3. Manager/deputy to collate individual training needs and develop service appropriate training plan. 4. Manager to liaise with training dept/alternative care manager regarding provision of such training.	Manager  Manager/Deputy Manager  Manager/Deputy Manager  Manager	30 November 2013  31 December 2013  15 January 2014  31 January 2014

## Regulation Directorate Action Plan for Inspection No.651

**Centre ID:** 43  
**HSE Area:** HSE DNE

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
4.	The HSE DNE should ensure that the centre is visited regularly by a monitoring officer and that reports are issued on an annual basis.	1. Monitor audited centre on 14 August 2013. Draft report issued on 13 September, and final report will issue shortly. 2. Regular communication is maintained with the Monitoring Officer. 3. All relevant information as per policies and procedures is forwarded to monitoring office on a regular basis. 4. Manager will liaise with monitoring office to arrange annual audit visit.	Monitoring Officer	31 November 2013
			Manager and Monitoring Officer	6 November 2013
			Staff and Manager	6 November 2013
			Manager and Monitoring Officer	4 July 2014

**Regulation Directorate  
Action Plan for Inspection No.651**

**Centre ID:** 43

**HSE Area:** HSE DNE

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
5.	The HSE DNE should ensure that social workers visit young people regularly and in line with the regulatory requirements.	1. Social Work staff to be informed of the unit's expectations regarding visiting young people on young person's induction to the centre. 2. Manager to liaise with social worker should these expectations not be met. 3. Should social work visitation remain outside the standards, the matter will be brought to the attention of the Social Work Team Leader, Principal Social Worker and the Alternative Care Manager.	Manger  Manager  Manager and Alternative Care Manager	30 November 2013

## Regulation Directorate Action Plan for Inspection No.651

**Centre ID:** 43

**HSE Area:** HSE DNE

No.	Recommendation	Action to be taken	Person Responsible	Implementation Date
6.	The HSE DNE should ensure that there is an effective response to unauthorised absences which includes multi agency collaboration and a system to identify, monitor and manage the risks of abuse or exploitation to young people who go missing from care.	1. All young people have an absence management plan developed in conjunction with all relevant professionals, and reviewed as required. This arrangement will continue to be implemented on admission of any new residents to the centre. 2. All unauthorised absences are notified to all relevant professionals as per policy. 3. All missing child in care absences are notified in line with the missing child in care protocol. 4. Significant absences and absence patterns are reviewed with the social work department via phone, and professional meetings with consultation with other relevant agencies/professional as agreed. 5. All missing child in care episodes are monitored and reviewed on a multi agency basis through the implementation of the missing child in care protocol	Manager, Key Workers and Social Worker	6 November 2013
			Staff and Manager	6 November 2013
			Staff and Manager	6 November 2013
			Manager and Social Worker	6 November 2013
			Principal Social Worker & Gardaí	6 November 2013



## Regulation Directorate Action Plan for Inspection No.651

**Centre ID:** 43

**HSE Area:** HSE DNE

No	Recommendation	Action to be taken	Person Responsible	Implementation Date
9.	The HSE DNE should ensure that each young person has a medical assessment on admission to care, unless the supervising social worker and centre manager are satisfied that it is not necessary and in such cases it should be clearly recorded in the care file.	1. Matter to be addressed with social worker on admission of new resident and need for medical assessment to be risk assessed. 2. The need for such information to be brought to the attention of the resource panel on referral of a new admission. 3. Some young persons will remain under the care of their own GP where possible. In certain circumstances this may not be possible. Young persons will be encouraged on admission to have a medical assessment undertaken by local GP in the area.	Manager and Social Worker	20 November 2013
			Alternative Care Manager	30 November 2013
			Staff Team, Manager and Social Worker	6 November 2013

## Regulation Directorate Action Plan for Inspection No.651

**Centre ID:** 43

**HSE Area:** HSE DNE

No	Recommendation	Action to be taken	Person Responsible	Implementation Date
10.	The HSE DNE should ensure that immunisations and other health history information is available on all files.	1. Social worker to be informed of the unit's expectations regarding requirements for this information on young person's induction to the centre. 2. The need for such information to be brought to the attention of the resource panel on referral of a new admission. 3. If information is not available from social worker, key workers will follow up with GP, parents, and immunisation dept in order to source available information.	Manager	20 November 2013
			Alternative Care Manager	30 November 2013
			Manager/staff	30 November 2013
11.	The HSE DNE should ensure that the centre attains written confirmation from an architect/certified engineer confirming that all requirements in relation to fire safety and building control regulations have been met.	1. Works are currently being undertaken to ensure the house meets the requirements in relation to fire safety and building control regulations. 2. Written confirmation from an architect/certified engineer confirming that all requirements in relation to fire safety and building control regulations have been met will be available once works have been completed.	Manager & Estate Management	30 November 2013
			Manager & Estate Management	30 November 2013



No	Recommendation	Action to be taken	Person Responsible	Implementation Date
12.	The HSE DNE should ensure that each young person partakes in a fire drill as soon as possible after admission and periodically thereafter.	1. All current residents have participated in recent fire drill that was undertaken. All new and further admissions to the centre will be required to undertake fire drill as part of the induction to the centre.	Manager, Key Worker and Health and Safety Representative	6 November 2013