

## Registration and inspection service : Royal Oak Children's Centre inspection report June 2000 / Northern Area Health Board

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Northern Area Health Board  
Bord Sláinte an Limistéir Thuaidh

*Registration and Inspection Service*

*Royal Oak  
Children's Centre*

*Inspection Report June 2000*





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# **Royal Oak Children's Centre**

## **Inspection Report**

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**December 1999**

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## REGISTRATION AND INSPECTION REPORT

**Centre:** Royal Oak Children's Centre  
5/7 Oak Avenue  
Santry  
Dublin 9

**Director:** Sr. Goretti Butler  
Daughters of Charity  
Children and Families Services Management Office  
14 Baggot Road  
Navan Road  
Dublin 7

**Manager:** Samantha McGarry

**No. of Children:** Six children

**Dates of Inspection:** 30<sup>th</sup> September 1999 (Fire and Safety)  
8<sup>th</sup> October 1999  
12<sup>th</sup> October 1999  
13<sup>th</sup> October 1999

**Inspection Team:** Orla McKeon  
Deirdre McTeigue

**Registered for period:** October 2000-October 2003

## FOREWORD

The Registration and Inspection Service of the Northern Area Health Board has a duty under the *Child Care Act 1991* (Section 61) to inspect children's residential centres to safeguard the wellbeing and interests of children and young people living in them.

It must, in carrying out such inspections, be independent and fair, and undertake the process in an even-handed manner.

The *Statement and Criteria for the Inspection of Children's Residential Centres* (EHB and WHB, 1999) document provides the framework against which this inspection is conducted.

The inspection which forms the basis of this report took place over four days and provides a comprehensive overview of the performance of Royal Oak Children's Centre.

The report follows the format of the *Standards* document and, as such, is structured under the 12 standards:

1. Statement of purpose and function
2. Physical aspects of the residential centre
3. Care planning
4. Respect for child's dignity and individuality
5. The child's right to be heard
6. Education
7. Health
8. Living skills
9. Child protection
10. Care and control
11. Personnel policies
12. Organisation and management

Under each standard, a number of 'issues requiring action' or 'recommendations for good practice' may be detailed.

Recommendations for good practice are proposals which the Inspectorate strongly recommends the residential centre undertakes to improve practice.

The manager of the Centre is expected to complete a written implementation timetable, with time scales, detailing the Centre's response to the findings in this report.

## INTRODUCTION

Royal Oak Children's Centre is run by the Daughters of Charity of St Vincent de Paul. A Director, who reports to a Board of Management, is responsible for the overall management of Royal Oak Children's Centre (see Appendix 1). The Centre accommodates six children (see Appendix 2). It is managed on a day-to-day basis by a manager and two deputy managers (one position vacant at time of inspection). There are 11 care workers (*all female*) working either full-time or job sharing. There are two ancillary staff (see Appendix 3). The Centre is located in a private housing estate in the Dublin suburb of Santry. It comprises two semi-detached four-bedroomed houses, joined together and accessible by a door joining the two halls downstairs.

The inspection took place in October 1999 and this report is based on the following inspection techniques:

- ◆ An examination of pre-inspection questionnaire and related documentation, completed by the Director of Services.
- ◆ An examination of the questionnaires completed by:
  - All the Care Staff (see Appendix 3).
  - The young people residing at Royal Oak Children's Centre.
  - All Social Workers with responsibility for young people residing in the Centre.
  - All parents/guardians of the children/young people residing in the Centre.
  - Other professionals, e.g. GPs and psychotherapists.
- ◆ An inspection of the premises and grounds by Health and Safety and Fire and Safety personnel.
- ◆ A systematic research of the Centre's files and recording process.
- ◆ Interviews with all of the children/young people residing in the Centre.
- ◆ Interview with Manager.
- ◆ Interview with member of Board of Management.
- ◆ Interview with members of staff.
- ◆ Discussion with young man following completion of form on lap top.
- ◆ A meeting with the head social worker and team leader in Community Care Area 7.
- ◆ Observations of care practices and the staff/young people's interactions.

The young people's social workers and parents/guardians were also invited to comment on the care provided.

There is documentary evidence to support the statements contained under each heading in this report.

### **Aims of the Inspection**

The aims of the inspection are to ensure that:

- ◆ Children in residential centres are well cared for.
- ◆ Where possible, children are involved with their families in care planning and decision making.
- ◆ The welfare of the young people is the paramount consideration of all those involved in their care.



## **Objectives of the Inspection**

The objectives of the Inspection are:

- ◆ To examine the residential service at Royal Oak, based on statutory requirements and in compliance with standards as outlined in *Standards and Criteria for the Inspection of Children's Residential Centres* (EHB and WHB, 1999).
- ◆ To report on the care among centres based on the standards outlined.
- ◆ To make recommendations for the development of quality care process.

## EXECUTIVE SUMMARY

At the time of inspection, 30<sup>th</sup> September, 8<sup>th</sup>, 12<sup>th</sup> and 13<sup>th</sup> October 1999, there were six children residing at Royal Oak Children's Centre.

As part of the inspection process, the views of the young people and those of their parents/guardians were sought, as were the views of their social workers, GP and carers. These opinions were sought by means of interviews and questionnaires.

The inspection visits comprised four days' observation in the Centre, including early morning, late evening and meal times.

The Fire and Safety Officer of the Health Board also inspected the Centre. There is no report from an Environmental Health Officer.

Each of the standards outlined in the policy document *Standards and Criteria in the Inspection of Children's Residential Centres* (EHB and WHB 1999) was considered as part of the inspection.

This comprehensive report, with an outline of items which require attention, was forwarded to senior management in the Eastern Regional Health Authority and to the Daughters of Charity of St. Vincent de Paul.

Royal Oak Children's Centre, as managed and run by the Daughters of Charity of St Vincent de Paul, is providing a good quality standard of care to the young people resident there. The Centre is well established in the area and draws on many years' experience in the childcare field.

At the time of inspection, the Centre was undergoing major change, e.g. a new manager and one team leader's post vacant, and a huge turnover of staff (six in the previous three months). Added to this, a child was admitted in an emergency to join his siblings – this was done hastily and without much written information. This impacted on the staff and children, and all were very keen to tell us that Royal Oak Children's Centre 'was not usually like this'.

The staff of Royal Oak Children's Centre are to be commended for their commitment, dedication and understanding of the young people resident there.

The management are to be commended for the administrative structure and documentation on the day-to-day running of the Centre.

The Daughters of Charity of St Vincent de Paul emphasise the value that is placed on the dignity and respect for each individual, and encouragement of training for their staff is also commendable. The Centre benefits from and can draw on the other services of the Daughters of Charity of St Vincent de Paul, e.g. Claidhe Mór.

- ◆ Royal Oak Children's Centre provides medium- to long-term care for young people from North Dublin, when a decision has been made that they require and will benefit from a structured residential care programme.
- ◆ To avoid misunderstanding regarding the specific purpose of the Centre in relation, specifically, to referrals and discharges, the service could be enhanced by compiling, in conjunction with the Area Health Authority, an agreed policy of purpose and function as part of its service, outlining the form of care that is available and the population that is most suitable for placement in the Centre.
- ◆ The Centre is not suitable for young people who require an intensive therapeutic programme which aims to address challenging or confrontational or out of control behaviour, due to the quiet suburban location of the Centre, the other residents, and the purpose for which Royal Oak Children's Centre exists at present.
- Where possible, the Centre's staff and social worker staff should arrange appointments with child guidance for young people with special needs, but there is no automatic programme of specialist support in place at the moment.

- ◆ Some remedial work regarding fire and safety standards has been undertaken, and a certificate of compliance has been submitted which is accepted by the Fire and Safety in the Eastern Regional Health Authority.
- ◆ Literature or leaflets that explain the service to young people and their families need to be compiled.
- ◆ An excellent comprehensive policy document is available for staff, families and other appropriate agencies.
- ◆ Staff have been recruited within the requirements of the Department of Health and Children, and the staff all have child care qualifications. Many have undertaken additional and related studies, supported by the Daughters of Charity of St Vincent de Paul.
- ◆ The young people speak openly and positively about their experience of living in Royal Oak Children's Centre, although episodes of out of control behaviour have been upsetting for them.
- ◆ Contact with families and former foster carers is encouraged. All parents/carers replied to the questionnaires that were forwarded as part of this inspection.
- ◆ Care plans are not prepared by the Area Health Board in accordance with the requirements of *The Child Care (Placement of Children in Residential Care) Regulations, 1995*. This has been brought to the attention of the Head Social Workers as part of this inspection. Reviews are arranged, usually by the Centre, and young people and their parents are invited to participate, which they usually do.
- ◆ The social work support for young people can vary from frequent and purposeful contact to irregular or more casual contact. Some of the young people indicated that they have a positive relationship with their social worker. The specific duties and tasks of the social workers who are supporting young people in residential centres and their families need to be developed by the Area Health Boards.
- ◆ Because there is no formal Health Board after-care programme for young people leaving care, the young people are dependent on the support that is provided from the Centre by a care staff member whose post is dedicated to the follow-up of young people after discharge from Royal Oak. Royal Oak is to be commended for this allocation of resources.
- ◆ The Centre has developed a range of written policies and procedures, and maintains the required registers and log books.
- ◆ The Centre, in conjunction with the Health Boards, is looking at the provision of a complaints procedure for children and young people.
- ◆ The inspectors would like to thank the young people in Royal Oak Children's Centre for their welcome, openness and contributions made during this inspection.

The full co-operation of staff and management is also acknowledged.

### **Items for Attention**

- ◆ The statement of purpose and function of Royal Oak Children's Centre, as defined by the Daughters of Charity of St Vincent de Paul, should be agreed and incorporated into the service agreement with the Area Health Board.
- ◆ A written care plan must be prepared by the Area Health Board for each young person admitted to Royal Oak Children's Centre in accordance with the requirements of *The Child Care (Placement of Children in Residential Care) Regulations, 1995* as soon as possible.
- ◆ Relevant information that is available to the social work service must be conveyed in written form to the Centre at the time of referral.

- ◆ Leaflets/brochures that provide child-friendly summary information on the residential services and care practices should be devised.
- ◆ The roles, tasks and duties of the social workers who are supporting the young people in Royal Oak Children's Centre need to be detailed and agreed.
- ◆ Formal arrangements should be established between the Centre and child guidance services so that early assessment and care programmes are established for young people with special needs (3.5. C).
- ◆ The Northern Area Health Board should develop an after-care service in accordance with its objectives under *The Child Care Act* (1991) (3.6.B).

## STANDARD 1: STATEMENT OF PURPOSE AND FUNCTION

### STANDARD STATEMENT:

**The centre has a written statement of purpose and function which accurately describes what the centre sets out to do for children, the manner in which care is provided, and how this relates to the service plan for children as a whole.**

The statement of purpose and function of the Royal Oak Children's Centre, as contained in its policy document, is currently being updated (see questionnaire from Head Social Worker, Community Care Area 7). The policy document is professionally presented in a glossy booklet. It details the aims and objectives of Royal Oak Children's Centre as:

The initial purpose of the placement should be viewed as a support to child and family. By working co-operatively along agreed professional roles, the Service and Social Workers should assess and explore what steps will be necessary towards the possibility of the child returning home as a first option. To facilitate and support contact between child and family during placement, the family should receive reassurance from the Service and Social Workers regarding its continuing importance to the child. Where it is not possible for the child to return home, subsequent planning of the placement should focus on the possibility of foster care, or continuing residential placement, with both options including family involvement. In summary, coinciding with the beginning of placement, the expectation and responsibilities of all involved persons should be agreed, particularly the Service, Social Worker and Family. These refer to details of:

- ◆ contact between child and family
- ◆ family involvement in the placement and the roles of the Service and Social Worker(s)
- ◆ initial needs of the child and the roles of the Service and Social Worker in meeting needs
- ◆ management of placement by the Service and Social Worker, including expected length of placement and tasks to be carried by the various involved persons
- ◆ placement review and the purpose of the replacement review.

The document also details its policy on:

- ◆ Rights of the child in care
- ◆ Focus of work
- ◆ Working with the child
- ◆ Importance of parental involvement
- ◆ Role of parent when child is in care
- ◆ Role of Board of Management

The policy document is available to social workers placing children and to parents/guardians.

The young people are aware of the purpose of Royal Oak Children's Centre and are aware that a booklet is being drawn up.

The Centre has an excellent staff handbook stating the Centre's policies on key working, team meetings, children's meetings.

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***Issues requiring action***

- That a child friendly, age appropriate booklet on the purpose and function of the Centre be drawn up, outlining expectations and rights of the young people residing in Royal Oak Children's Centre.
- That the current policy document should be dated and any subsequent reviews of documentation dated.

## STANDARD 2: PHYSICAL ASPECTS OF THE RESIDENTIAL CENTRE

### 2.1 ACCOMMODATION LOCATION AND DESIGN

#### **STANDARD STATEMENT:**

**The centre is designed and located in a place which is in keeping with its purpose and functions.**

Royal Oak Children's Centre comprises two semi-detached houses joined together by a door in the hall. It consists of six bedrooms. Each child has a room of their own. There is a kitchen, separate utility room and two large sitting rooms. There are two bathrooms and two downstairs toilets. There are two staff rooms, one used by the manager by day, with a bed for sleeping staff by night. The other is an office for staff, with filing cabinets, etc., and it also has sleeping facilities. The staff and children share the bathroom facilities and this works well.

There is a separate family room at the back of the garden, which is very comfortable, having tea making facilities, a TV, table and chairs, and a sofa. This is used for children's access and meetings with social workers and individual work. With the children in mind, a sensory work room was replaced in order to provide each of the children with their own bedroom.

The house is well decorated and comfortable. At the time of inspection, one young person's behaviour resulted in damage to the Centre. The repairs were being carried out almost immediately.

The Centre is located in a private housing estate in north Dublin. The Centre is well known in the area and enjoys good relations with the neighbours, as evidenced by the neighbours calling to the Centre and the children calling 'trick or treating' at Halloween. Christmas cards are received also from people in the locality.

The children choose how their bedroom is decorated and also choose their duvet covers on placement.

The children/young people take great pride in their house. They enjoy their privacy and respect each other's space.

There are no pets in the Centre.

The house is well maintained and decorated to a high standard. It is comfortable and provides privacy for the young people who have a say in its decoration. When damage is done, it is repaired as soon as possible. The gardens are well maintained.

### 2.2 SAFETY AND FIRE PRECAUTIONS

#### **STANDARD STATEMENT:**

**The centre takes positive steps to keep children safe from the inherent risk of fire and other hazards to an extent that is consistent with the law and which is reasonable in daily life.**

The standards on fire and safety are being met and were approved by the Health Board's Fire and Safety Officer, who suggested minor changes.



Children and staff confirmed that fire drills are undertaken monthly and the records showed that fire drills and checks were carried out regularly. An outside company services the fire equipment annually. The last check was on 2/6/1999. Staff and young people confirmed that they know what to do in the event of fire (an inspector observed a fire drill) and the fire safety records indicated that new staff and children were appropriately instructed as part of their induction.

The Centre has a health and safety statement, which staff are aware of, and all accidents are recorded.

The Health and Safety Officer and the Fire and Safety Officer inspected Royal Oak Children's Centre and made some recommendations.

The Environmental Health Officer at the time of writing has not visited the Centre.

***Issues requiring action***

- ◆ That the glass at the front door be filmed to avoid shattering of broken glass.
- ◆ That the cable in the utility room be replaced.
- ◆ That no double adapters be used.
- ◆ That the extension lead in the staff room be replaced.
- ◆ That windows upstairs require restraints.

## STANDARD 3: CARE PLANNING

### 3.1 CARE PLANS

#### STANDARD STATEMENT:

**There is a written care plan to promote the welfare of each child and young person in the children's residential centre.**

Royal Oak Children's Centre conforms to the standard, in that a written care plan exists 'for each child which is tailored to their particular needs and is reviewed regularly' (*Guide to Good Practice in Children's Residential Centres*, 1996, Part II, Section 2).

Royal Oak Children's Centre, in its policy document, describes the placement plan procedure, which is drawn up

... at a meeting between the family social worker, the child and the appointed key worker. This plan identifies the care plan for the child during placements and identifies the role of each party involved in the partnership. The plan outlines the work that needs to be done before the child can return home. The placement plan is signed by each party and a copy of the agreement is given to each party.

Some of the young people said that that they were involved in the production of their care plan and the staff appeared to be aware of the importance of planning, whilst also being committed to ensuring that the young people were involved.

From the case files examined at this inspection, the care plans do not appear to have been signed by parties other than the care worker.

There seems to be a degree of confusion over who has responsibility for ensuring each child has a written care plan; although the social workers representing the Health Board recognise this as their responsibility, none have completed one. They appear to be satisfied with the ones devised by the Centre, which are done with their participation and agreement.

The social workers cited 'being too busy' or the 'child was placed' before they took over the case as being the reasons why they did not complete or negotiate a care plan. One social worker cited the absence of an agreed health board format as the reason for not having one, adding that the Centre provides such a good comprehensive plan that it could not be improved on.

The absence of care planning was noted on some recently arrived children, particularly one child who was placed on an emergency basis. Although these children were placed over two months ago, there appeared to be some difficulty in managing to get basic information on the child, and there appeared to be communication difficulties with the social workers involved.

Although the management of Royal Oak Children's Centre stepped outside their normal administrative procedure to accommodate a sibling whom they thought it was appropriate to admit, some of the staff believe that the child's placement is inappropriate and would like him to be removed. Others see him as very much in need of care and protection, and wish to work with him past this crisis.

Whatever their viewpoint, the entire staff are to be commended on their positive attitudes towards the children and their willingness to work extra hours and take on extra tasks to guide the child and the Centre through this difficult time.

Parents/guardians confirmed that they were involved in the placement plan within Royal Oak Children's Centre and felt very much included.

### *Issues requiring action*

- ◆ That Area Health Board social workers must ensure that there is a care plan negotiated with all parties in accordance with *The Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Section 23.*
- ◆ That communication issues between social workers and care staff be clarified, particularly when there is a difficulty in managing the negative behaviours of a child.

### *Recommendations for good practice*

- ◆ That the Centre should continue to use its format for care planning and to maintain the structure which exists at present.

## 3.2 REVIEWS

### **STANDARD STATEMENT:**

**The care and life experiences of each individual child and young person in the children's residential centre are subject to formal systematic and regular reviews.**

Child care reviews are held mostly within the required time scales, and the Centre produces a report for these meetings, which includes input from the care staff and the key worker. A school report is also sought at this time. Most of the children and young people confirm a positive understanding of the review process, and confirmed that they were consulted prior to a review being held and were helped in making their written contribution. The young people do not receive written material prepared for the review, and one young person said that they are 'told' what is going to be said at the meeting, but read nothing beforehand.

The reviews are called by the staff in the Centre and, although family meetings happen regularly with parents participating, systematic statutory formal reviews do not happen on a regular basis.

One social worker could not recall when the last review on the child was.

### *Issues requiring action*

- ◆ That a systematic structure for the review of the care plan be undertaken by social work staff as a matter of urgency, in compliance with *The Child Care (Placement of Children in Residential Care) Regulations, 1995, Part V, Section 25(I).*
- ◆ That social work staff should be given training on the purpose and process of care planning and reviews for children within the residential child care environment.
- ◆ That social workers should create opportunities to be more consultative with parents of young people in regard to their active participation in reviews.

### *Recommendations for good practice*

- ◆ That the Centre should continue working to its ethos of partnership with social workers and parents, particularly in the area of reviews, when parents said they felt valued and treated with respect by the staff in the Centre.

### 3.3 PLACEMENT OF CHILDREN

#### **STANDARD STATEMENT:**

**Children and young people shall enjoy an unhurried, warm and positive admission to the centre and shall be sensitively supported on their discharge.**

This standard was met. Royal Oak Children's Centre has a written admission procedure:

#### ***Referral procedures***

1. Royal Oak Children's Centre provides a service to E.H.B. Community Care Areas 6, 7 & 8. Referrals only from these areas are considered.
2. When a referral is received, the referring social worker is contacted and the suitability of the referral is discussed.
3. The referral must clearly identify with Royal Oak Children's Centre's primary objective, which is to form a partnership with the family, the Social Worker and with the team in Royal Oak Children's Centre, to return the child back home within an agreed time frame, i.e. 6 months-2 years.
4. When the suitability of the referral is established, further information is requested from the referring Social Worker before a decision is made regarding acceptance of the referral.
5. The information requested will include:
  - ◆ A detailed family history/social history
  - ◆ School report
  - ◆ Medical report
  - ◆ Other relevant reports, e.g. psychological assessment
  - ◆ Information regarding the involvement of other agencies
  - ◆ The referring social worker's expected level of commitment to the placement.
6. Having submitted the information requested, a meeting with the social worker is organised to discuss the information received.
7. Following the meeting, contact with the family is initiated. This can take place in the family home or in the Centre.
8. An evaluation of the family's level of commitment is completed to determine their understanding of Royal Oak Children's Centre's aim to return the child back home.
9. Having established the family's commitment, Royal Oak Children's Centre makes the decision to accept the referral.

#### ***Admission procedures***

1. Prior to the child being admitted to Royal Oak Children's Centre, there is a pre-admission process.
2. A meeting between the family, the Social Worker, the child and the appointed key worker from Royal Oak Children's Centre takes place to draw up a placement plan. This plan identifies a care plan for the child during the placement, and identifies the role of each party involved in the partnership.

3. The placement plan outlines the work which needs to be done before the child can return home. The placement plan is signed by each party and a copy of the agreement is given to those involved.
4. A movement plan is also formalised, outlining the child's admission to Royal Oak Children's Centre. This plan includes details of the child's introduction to the Centre, and a list of visits and overnights prior to the final admission date. This plan can vary to suit each child's needs and understanding of the move. This process generally takes 6 weeks.
5. Having completed the terms of the movement plan, the child is admitted.

The Centre is considering setting up an admissions committee with a Health Board representative on it. This is to be recommended.

Children and staff confirm that the admissions procedure works well, particularly the work undertaken with the family by Royal Oak Children's Centre, prior to admission, to evaluate their level of commitment to determine their understanding of Royal Oak Children's Centre's aim to return the child back home.

When an exception was made to admit a child in an emergency, the lack of preparation and information is considered to have had a negative impact on the child settling in.

#### *Issues requiring action*

- ◆ That, when a social worker places a child in an emergency, every effort should be made to provide the available written information on the child as soon as possible, to conform to the Centre's admission procedures.
- ◆ That open, clear and regular communication is required by all parties when there is a child presenting with difficulties. Ways of encouraging this need to be addressed.

#### *Recommendations for good practice*

- ◆ That the Centre's suggestion of setting up an 'Admissions Committee' in line with Standard 3 C.1. with a Health Board representative on it should be considered by both the Centre and the Health Board.

### **3.4 PRESERVING THE CHILD'S SENSE OF IDENTITY: PARTNERSHIP WITH PARENTS**

#### **STANDARD STATEMENT:**

**Children are cared for in a way which stresses and particularly supports contact with parents, family and others of significance to them. Care is provided in the centre in partnership with parents or guardians, wherever this is in the interests of the young person.**

This is the cornerstone of the work undertaken by Royal Oak Children's Centre as outlined in their aims and objectives:

The initial purpose of the placement is viewed as a support to the child and family. By working co-operatively along agreed professional roles, the service and social workers assess and explore what steps will be necessary towards the possibility of the child returning home as a first option. To facilitate and support contact between child and family during placement, the family receives reassurance from the service and social

workers regarding its continuing importance to the child. Where it is not possible for the child to return home, subsequent planning of the placement should focus on the possibility of foster care, or continuing residential placement, with both options including family involvement. In summary, coinciding with the beginning of placement, the expectation and responsibilities of all involved persons should be agreed, particularly the service, social worker and family. These refer to details of:

- ◆ contact between child and family
- ◆ family involvement in the placement and the roles of the service and social worker(s)
- ◆ initial needs of the child, and the roles of the service and social worker in meetings needs
- ◆ management of placement by the service and social worker, including expected length of placement and tasks to be carried by the various involved persons
- ◆ placement review and the purpose of the replacement review.

Management and staff confirmed that the active involvement of all parties is essential for Royal Oak Children's Centre's way of working and they work hard to ensure the involvement of parents and family. They are encouraged to visit the Centre, to attend school meetings, to buy clothing for their children, etc.

Children and parents verified that they felt welcome to visit and call to the Centre, and were very pleased with the courtesy and respect offered to them. Parents can see their children in private and are kept up-to-date and involved in all the day-to-day happenings of their child/children.

### 3.5 INTERDISCIPLINARY CO-WORKING

**STANDARD STATEMENT:**

**Work with children and young people in the children's residential centre is positively supported by social workers of the health board and other professionals in a planned and integrated manner.**

A strong emphasis is placed by the Centre on co-working and this appears to work well. The feedback received from the outside agencies, e.g. GP, school and social workers, evidenced positive working relationships between the Centre and social workers.

When issues arise in this regard, they are dealt with sensitively and speedily. During the inspection, a frank exchange of views, clarification of issues and a plan to move forward were observed.

### 3.6 PREPARATIONS FOR LEAVING CARE

**STANDARD STATEMENT:**

**Children and young people in the residential children's centres are prepared, equipped and advised with the skills and resources which they will require as young adults.**

The Centre has an aftercare service in place, with a designated child care worker assigned to this work. The aftercare worker liaises with young people who have left the Centre and this is viewed positively by the discharged young people.

One of the young people, who is preparing to move on after years in Royal Oak Children's Centre, confirms that he is thoroughly involved in the process. He acknowledges Royal Oak Children's Centre as his 'home' but believes he is ready to go. He is confident of the support and help he will receive from Royal Oak Children's Centre in the future.

The management have a clear policy for staff tracking young people who have left the service.

*Recommendation for good practice*

- ◆ That a written job description and a working policy be devised for aftercare.

### 3.7 CASE FILES

**STANDARD STATEMENT:**

**Case files contain all significant information, decisions and actions relevant to the running of the centre.**

Case files are excellently kept and are up-to-date and have separate slots for different aspects of the child's life which relate to all aspects of the child's day-to-day care. Children are aware that files are kept on them, but never thought to ask to see them. Staff have considered letting the children read/see their files, but so far this has not been done.

Children sometimes see parts of reports that concern them, but they do not have access to their files. 'I have never heard of this being done,' said one young person.

*Issues requiring action*

- ◆ That the Centre considers introducing a mechanism whereby children can see entries that concern them in the log book and one where children can have access to the written material on their own file.

#### STANDARD 4: RESPECT FOR CHILD'S DIGNITY AND INDIVIDUALITY

**STANDARD STATEMENT:**

**Children and young people receive care in a manner which respects their wishes, preferences and individuality.**

Royal Oak Children's Centre has in its policy document a section on the 'Rights of the Child in Care' and within this framework is incorporated respect for the young person's dignity and individuality. All of the children we spoke to confirmed that they were treated very well by staff, and were offered privacy. The staff always knocked on entering the children's rooms. The telephone has just been changed to a cordless one which the children can use with privacy. Each child has a telephone card which they carry with them to phone anyone they wish to when out and about.

The children and young people are encouraged to partake in their own leisure pursuits. There are young people's meetings where they can discuss as a group any issues that concern them.

The staff are very anxious to meet the individuality of each child and this can be very challenging when there is a mixed group of two girls and four boys, ranging in age from eight to 17 years.

The oldest boy confirmed that he is allowed out at weekends, once he tells staff where he is and has a personal mobile phone, which he pays for himself from his wages in his part-time job in a newsagents. He also has age appropriate responsibilities.

The standard is met here.



## STANDARD 5: THE CHILD'S RIGHT TO BE HEARD

### 5.1 THE PROVISION OF INFORMATION FOR CHILDREN AND YOUNG PEOPLE

**STANDARD STATEMENT:**

**Children, young people and their families receive easily understood written information about the centre and its practices.**

Two members of the care staff at the moment are in the process of drawing up an information package for the young people. However, in the absence of written material, the young people are confident that they can speak to their social worker or key worker, should they be worried about anything.

They are aware that they can also use the children's meetings for sharing anxieties or worries.

The children and young people are given the phone number of Childline and carry the phone number of their social worker and a member of their family (if appropriate) with their call card.

### 5.2 COMPLAINTS PROCEDURE

**STANDARD STATEMENT:**

**Children and young people know how and feel able to complain if they are unhappy with any aspect of living in the centre and that any complaint is addressed seriously and without delay.**

There is no written complaints procedure in Royal Oak Children's Centre at present. A complaints procedure is being devised. However, the management expect the social workers to check in with the children and the children are encouraged to speak to their social workers about any concerns or worries that they have. The young people feel confident that any misgivings they have would be treated seriously by the staff. At the time of inspection, the children felt quite threatened and upset at the damage and havoc one child was causing. The staff were dealing with this very appropriately with the young people.

The Centre has an incident book in which a complaint is logged and this input is required by all parties concerned. Procedures are in place to deal with staffing issues and complaints. All the staff are aware of these structures. In the event of an allegation being made against a member of staff, the person is suspended pending the outcome of the investigation and the person is offered outside counselling support, paid for by the Daughters of Charity of St Vincent de Paul.

#### *Issues requiring action*

- ◆ That the Centre should proceed with its plan to devise a complaints procedure for the young people as a matter of urgency.

### 5.3 CONSULTATION AND COMMUNICATION WITH CHILDREN AND YOUNG PEOPLE

**STANDARD STATEMENT:**

**Children and young people's opinions, and those of their family and significant others, are sought over key decisions which are likely to affect their daily life or their future. These views are seen as significant and taken seriously, having regard to the young person's age, understanding and maturity.**

The children and young people stated to us that this standard is being met in most aspects as in the *Standards* document. The children write their contributions on their review forms, they sign the 'sanctions book' when and if it relates to them.

At present, the young people have no input to the daily log, but this is under review.

The staff and in particular the key workers set aside a special time to check in and spend time with each child; 'settling time at night is a good time to talk'.

## STANDARD 6: EDUCATION

### **STANDARD STATEMENT:**

**The centre actively promotes the education of children and young people.**

The children were either attending school or on a training course. The school is valued by Royal Oak Children's Centre and this is outlined in its policy document. Every effort is made to retain children at their original school. The young people attended school in four different locations. Taxis are used as well as the house car to transport children to and from school. One of the older lads cycled but he is now taking the bus.

One of the schools was experiencing difficulties with one child. In order to maintain this school place, a care staff supervised the child at the break for lunch. This arrangement is working well.

Parents confirmed that they are kept informed and involved in their child's education and they are invited to attend parent-teacher meetings. Some choose not to take up this option.

The young people speak highly of their educational experience, and the positive approach to fostering good working relationships between the schools and care staff is to be commended.

Homework is carried out in the afternoon and is done routinely. The children are helped by staff and appear to enjoy this. One child wanted to do extra homework and he was encouraged to do so.

The inspection team did not make contact with any of the schools during the course of this inspection. However, school reports and correspondence were read on the files.

## STANDARD 7: HEALTH

### 7.1 HEALTH OF CHILDREN AND YOUNG PEOPLE

**STANDARD STATEMENT:**

**The centre is energetic in promoting the health care of each child in a pro-active and planned way.**

All of the young people currently in Royal Oak Children's Centre enjoy good health. The standards re-medication are being met. Staff, parents, young people and GPs are satisfied that the health care needs of the young people are met. Our inspection confirms this.

There is a no smoking, no alcohol policy in place. Staff are not permitted to drink while on duty. The manager/team leader on call may not consume alcohol.

Management ensure that the staff are informed and up-to-date on health related issues. Staff illustrated a positive awareness of young people's health needs, and the young people confirmed that any health queries they raised were responded to promptly and effectively. The children were registered with a doctor and most of the young people were aware of their right to choose a doctor. The GP confirmed a positive relationship within Royal Oak Children's Centre and expressed no concerns whatsoever.

Medication recording is of the highest standard, and health appointments are recorded. Parents are invited to attend a medical appointment with a young person, should the need arise. When and if they choose not to attend, the key worker does so. Parents are constantly informed of any medication prescribed or appointments made.

The Centre is to be commended for its practice in this area.

### 7.2 FOOD AND NUTRITION

**STANDARD STATEMENT:**

**Children and young people are provided with adequate quantities of suitably prepared and nutritious food, having regard to their needs and wishes, and have the opportunity to shop for and prepare their own meals.**

Again, the standard was met here. The children are involved in the purchase and choice of food. The meals that the inspectors saw were nutritionally well balanced and enjoyed by the young people. The breakfast is always cereal, toast, juice and tea. A suggestion would be to have eggs or a fry or pancakes or some variation, perhaps at weekends. At the time of writing, the Environmental Health Officers have not inspected the Centre.

Meals appeared to be orderly and relaxed occasions (mostly), with young people and staff sitting together at the table for each meal. The meals served to the young people on days of the inspection were of an extremely high standard. The young people confirmed that this was the usual standard and added that they have a choice of food.

The young people commented that, although they can have friends around for dinner, they would welcome this more often.

## STANDARD 8: LIVING SKILLS

### 8.1 CHILDREN'S PERSONAL APPEARANCE

**STANDARD STATEMENT:**

**Children and young people are guided and able to make suitable choices with regard to their own clothing and appearances.**

The young people and staff confirmed that new clothes were bought on a regular basis. They go shopping for clothes approximately every five months. The young people choose their own clothing and are usually accompanied by their key worker. The older lad is given cash to buy his clothes which he enjoys doing. All are happy with this arrangement.

The staff showed a positive understanding of personal hygiene for young people and stated that they are actively advised on these issues on a regular basis. The young people can shower or bathe as often as they wish.

### 8.2 RECREATION AND LEISURE

**STANDARD STATEMENT:**

**Children and young people have regular and ample opportunity to participate in and enjoy a range of leisure and recreational activities of their choice.**

The young people are encouraged to develop and explore various activities appropriate to their age and interests.

Daily newspapers are delivered to the Centre and the young people can have a weekly comic/magazine of their choice. Some choose not to accept this offer.

Key workers check out what the local community offers in terms of hobbies, sports, etc. The Centre places a strong emphasis on offering the young people a wide range of leisure and recreational activities, and the young people confirmed that this was one of the enjoyable aspects of being in Royal Oak Children's Centre – particularly hill walking.

## STANDARD 9: CHILD PROTECTION

### **STANDARD STATEMENT:**

**Children and young people being cared for shall receive protection from abuse. All staff, including domestic staff, volunteers and students, know what action to take if they observe or have reported to them possible evidence of abuse.**

Royal Oak Children's Centre has a clear child protection policy and all staff are aware of how it operates. The child protection procedure is clearly laid out and accurately describes the responsibilities of all those involved.

The management in Royal Oak Children's Centre believe that consistency and clear expectations are essential in ensuring that the young people are cared for in safety. The ethos of the Centre clearly reflects these beliefs with an explicit sense of structure and routine in daily life.

The records show that parents are informed of issues around child protection as soon as possible. Social workers and community care are also informed as soon as possible.

At times during this inspection process, staff and children expressed to the inspectors that they did not feel physically safe because of the violent outbursts of one particular child. None of the staff were trained in TCI and felt unsure about restraining, especially in the absence of training. However, the manager and director reviewed the situation on a daily basis and were in continuous contact with the local head social worker. Three members of staff conveyed to the Inspectorate that they were 'at a loss' to manage a particular child and did not feel confident in the management to do so either.

### ***Issues requiring action***

- ◆ That TCI training and training in managing young people's difficult behaviour be undertaken as a matter of urgency.

## STANDARD 10: CARE AND CONTROL

### STANDARD STATEMENT:

**Staff, children and young people feel safe, and a positive approach to care shall be practised which sets limits which everyone understands on what is acceptable behaviour and what is not.**

Royal Oak Children's Centre has a written sanctions policy which conforms to those contained in the Standards document. This is known and accepted by all the staff. The children are also clear on what behaviour is acceptable and what is not.

Staff and management believe that clear expectations and consistency are essential in ensuring that the young people are cared for safely.

The ethos of the Centre reflects these beliefs with an explicit sense of structure and routine to daily life.

The young people confirmed that firm boundaries were placed on their behaviour and that staff were 'fair' and consistent in their definition of the parameters of acceptable and unacceptable behaviour.

The Centre operates a sanctions book which accurately records the date, time and nature of behaviour requiring a sanction. The young people sign admissions to their book. One young child was displaying severe behavioural disturbance at the time of our inspection, which made some of the staff feel that the sanctions used were inappropriate and perhaps needed to be more punitive. However, this was not formally accepted and especially not accepted by the management. Most of the staff, however, remained positive and the child did not lose out on all treats.

The other children, however, reacted strongly to this child's treatment of the staff and they were very protective of the staff. The staff responded by trying to explain why the child had displayed such behaviour.

The management responded by a creative use of their living space and changed the accommodation around to facilitate the child.

However, incidents of violence and physical restraint are rare and exceptional. Staff are aware of the circumstances where the use of restraint is necessary and a comprehensive *pro forma* is used by staff to record all such incidents in an 'incident book'.

The staff have copies of the newly published *Child Protection Guidelines* and staff meetings were being given over to reviewing the new document.

### *Issues requiring action*

- ◆ That TCI training and training on managing difficult behaviour generally be undertaken by all staff as a matter of urgency.

### *Recommendations for good practice*

- ◆ That the Centre should consider involving the children/young people more in the sanction recording as it relates to themselves, e.g. older young people co-signing the sanctions book.

## STANDARD 11: PERSONNEL POLICIES

### 11.1 STAFF RECRUITMENT AND SELECTION

#### **STANDARD STATEMENT:**

**All staff in children's residential centres are recruited with particular care and thorough selection with vetting procedures designed to protect children and young people. Each centre shall have a balanced staff team which is cohesive, committed and skilled.**

Royal Oak Children's Centre fared very well in the area of recruitment and selection and the standard as outlined was met.

Royal Oak Children's Centre only employs qualified child care workers and there appears to be no difficulties in filling vacant posts as they arise.

All staff were given job descriptions and have access to a clearly written personnel policy book outlining the Daughters of Charity of St Vincent de Paul's expectations of staff in a wide range of areas, including health and safety, confidentiality, child protection procedures, discipline and grievance matters, attendance and timekeeping. There is particular emphasis on the respect and dignity of each individual.

Staff are aware that they can have access to their personnel files which are held at head office, but no member of staff has so far chosen to request their file.

The recruitment and selection process is carried out by the Director with a Health Board representative. The manager of the Centre usually sits on the interview panel. This process is in compliance with the standards outlined in our *Standards* document and with the Department of Health and Children's circular, 1994.

All staff receive induction training, are 'paired' with an experienced member of staff and receive weekly supervision from the manager. All new staff have to satisfy a probationary period.

At the time of inspection, there was a recently appointed manager and house-parent and 11 staff members, six of whom were employed less than 3 months.

The young people had confidence in the staff.

#### ***Recommendations for good practice***

- ◆ That the current staff recruitment and selection process be maintained.



## 11.2 TRAINING AND STAFF DEVELOPMENT

### **STANDARD STATEMENT:**

**Children and young people are looked after by staff who are trained in the skills required to meet their needs.**

The staff interviewed confirmed that team spirit was good, with colleagues positively supporting each other in their work. Communication also appears effective and there was a clear sense of an *enthusiastic staff team who enjoyed working with each other – even though they were hard pressed at the time of inspection*. The staff were eager to help each other out and to relieve each other.

Staff said that the management, especially the Director, is both fair and supportive, and that they would feel comfortable in discussing any concerns they had with her.

Staff meetings are held weekly, on a Tuesday mainly, and have a number of purposes including:

- (1) reviewing the young people, and
- (2) planning, formulating reports and clarifying care practice arrangements.

At the time of inspection, the meeting was a constructive, focused occasion and staff believed they assisted in maintaining the consistency of the staff team.

Training needs are discussed regularly at supervision and there is a policy of encouraging staff training which is supported financially by the Daughters of Charity of St Vincent de Paul. Staff are involved in play therapy and family therapy training and a diversity of training is encouraged.

## 11.3 STAFF SUPPORT AND SUPERVISION

### **STANDARD STATEMENT:**

**All staff including night staff and ancillary staff and the manager shall be appropriately supported and supervised in their tasks and duties and are accountable for their actions.**

The Centre employs an outside consultant/facilitator to address team development and staff issues.

Individual supervision at the time of inspection was not being meaningfully implemented by the Centre and this practice needs to be addressed as a matter of priority. The inspection team acknowledges the pressures on time which the Centre faced, especially with the current compliment of children, but this structure and its implementation for ensuring the staff's accountability for their practice is essential within the residential child care environment.

The new people were receiving supervision regularly and were happy with this. The manager, because of time constraints, prioritised the new staff members. Most staff members said that, due to the present situation in the house, formal supervision as outlined in the policy document was not being carried out. The manager was working a shift and therefore, because of time constraints, was just now not in a position to carry out formal supervision. All anticipated an early return to the agreed supervision structures. Informal supervision was being carried out.

***Issues requiring action***

- ◆ That a system for the individual formal supervision of staff be put into operation as a matter of urgency.

## STANDARD 12: ORGANISATION AND MANAGEMENT

### 12:1 CENTRE ADMINISTRATION

#### **STANDARD STATEMENT:**

**The manager of the children's centre shall be professionally qualified and well experienced in residential child care, and the staff in the centre shall be organised and managed in a manner designed to deliver the best possible child care service.**

The staff in Royal Oak Children's Centre confirmed that they are familiar and content with their specific duties and responsibilities. Most of the staff are clear about the level of delegation and, in particular, supervision, training budgets. New staff are not too sure and don't see themselves as having any input into those areas.

Good procedures for the day-to-day running of the Centre are in place, although some staff have to stay late to complete records if the shift has been particularly busy. The Centre is to be commended on the use of a check list of administrative records to be completed before leaving duty. The design of the hand-over book is particularly good, but perhaps more time is required between shifts to complete records.

### 12.2 ADMINISTRATION RECORDS

#### **STANDARD STATEMENT:**

**Administrative records contain significant information, decisions and actions relevant to the running of the centre.**

Administrative records are securely filed and are maintained in an orderly, systematic and easily accessible fashion.

Records are kept up-to-date on the day-to-day occurrences in the Centre. Records indicate the actions of staff as well as those of the young people. However, staff should be careful concerning the use of general terms, e.g. 'abusive' when describing a child's behaviour, without clarifying the nature of the 'abusive' behaviour. 'Abusive' as a word can have many meanings.

The Centre has the documentation described in the *Standards* document. There is no complaints register; however, such information is to be found in the serious incidents book.

The young people gave the inspectors permission to read their files. They are aware that records are kept on them, but they have not seen them nor have they been offered to see them. They would have seen their review forms but not their case files. The older young people we spoke to expressed a wish to see their files as they relate to information on them. Old records of past residents are filed in the Daughters of Charity of St Vincent de Paul head office.

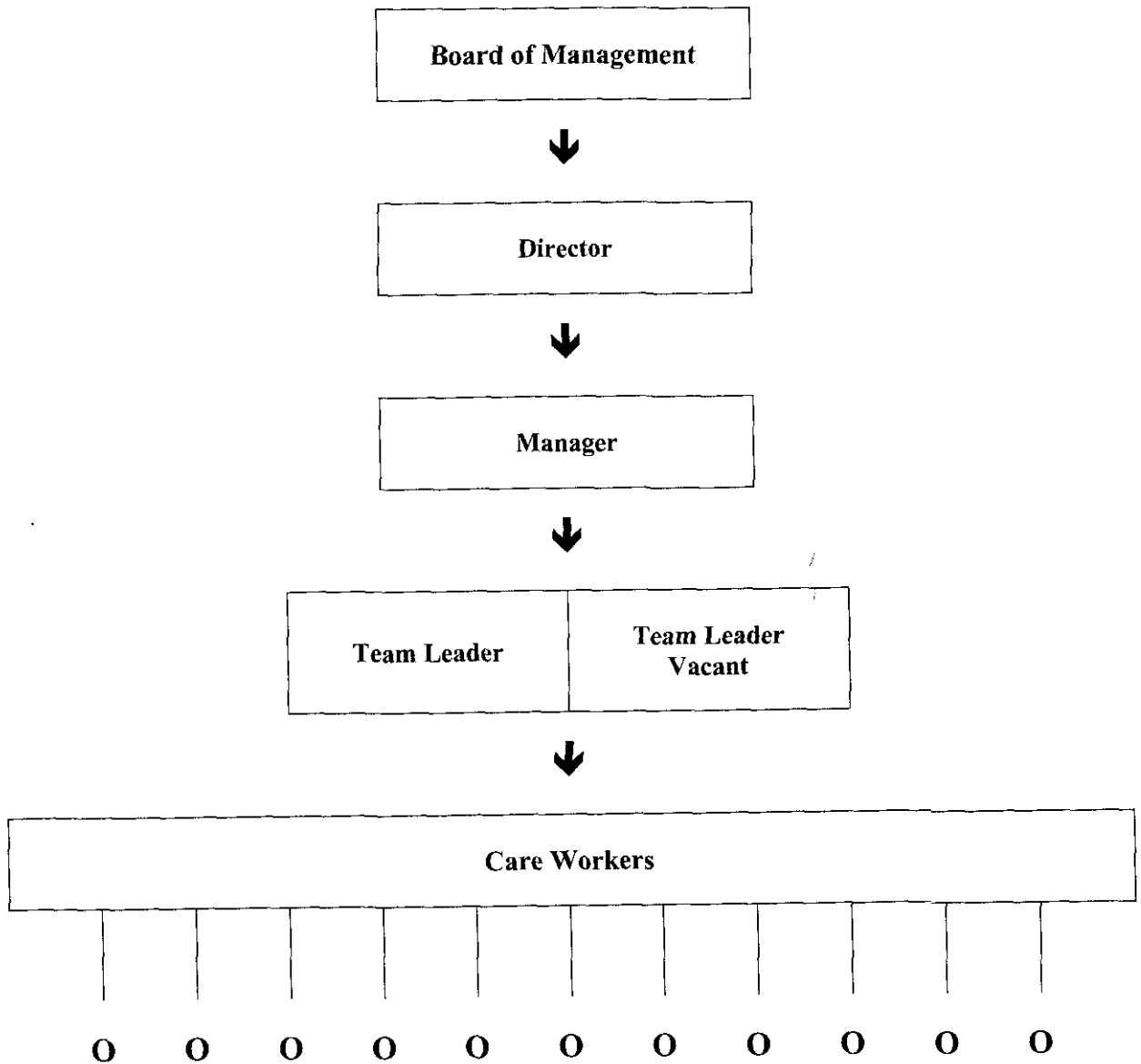
#### ***Recommendations for good practice***

- That the Centre devise a way of recording information on the young people which is accessible and available to the young people themselves.
- That the Centre continues to maintain the records as at present.

## SUMMARY OF ISSUES REQUIRING ACTION

- ◆ A child-friendly age-appropriate booklet on the purpose and function of the Centre be drawn up outlining the expectations and rights of the young people residing in Royal Oak Children's Centre. (Done March 2000)
- ◆ The current policy document should be dated and any subsequent reviews of documentation dated. (Done March 2000)
- ◆ The glass at the front door to be filmed to avoid shattering of broken glass. (Done November 1999)
- ◆ The cable in the utility room to be replaced. (Done November 1999)
- ◆ No double adapters to be used. (Done October 1999)
- ◆ Extension lead in staff room to be replaced. (Done October 1999)
- ◆ Windows upstairs require restraints.
- ◆ Area Health Board social workers must ensure that there is a care plan negotiated with all parties in accordance with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Section 23.*
- ◆ Communication issues between social workers and care staff need to be clarified, particularly when there is a difficulty in managing the negative behaviours of a child.
- ◆ A systematic structure for the review of the care plan in compliance with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part V, Section 25(I)*, be undertaken by social work staff as a matter of urgency.
- ◆ Social work staff should be given training on the purpose and process of care planning and reviews for children within the residential child care environment.
- ◆ Social workers should create opportunities to be more consultative with parents of young people in regard to their active participation in reviews.
- ◆ When a social worker places a child in an emergency, every effort should be made to provide the available written information on the child as soon as possible to conform to the Centre's admission procedures.
- ◆ Open clear and regular communication is required by all parties when there is a child presenting with difficulties. Ways of encouraging this need to be addressed.
- ◆ The Centre considers introducing a mechanism whereby children can see entries that concern them in the log book and one where children can have access to the written material on their own file. (Done March 2000)
- ◆ The Centre should proceed with its plan to devise a complaints procedure for the young people as a matter of urgency. (Done March 2000)
- ◆ TCI training and training on managing difficult behaviour generally be undertaken for all staff as a matter of urgency. (Done March 2000)
- ◆ The system for the individual formal supervision of staff requires to be implemented as a matter of urgency. (Done March 2000)
- ◆ Devise a way of recording information on the young people which is accessible and available to the young people themselves. (Done March 2000)

**APPENDIX 1: STAFFING STRUCTURE OF ROYAL OAK CHILDREN'S CENTRE**



**1 Student**

**1 Domestic/Maintenance**

**1 Bookkeeper with access to clerical work at the central office**

**APPENDIX 2: CHILDREN RESIDING IN ROYAL OAK CHILDREN'S CENTRE**

| <b>Gender</b> | <b>Age</b> | <b>Legal Status</b> | <b>Status of Siblings</b>    | <b>Time in current placement</b> |
|---------------|------------|---------------------|------------------------------|----------------------------------|
| Female        | 9.11       | Voluntary Care      | Voluntary & residential care | 3 years                          |
| Male          | 16.9       | Voluntary Care      | Brother in residential care  | 9 years                          |
| Female        | 13.7       | No information      | No information               | 6 weeks                          |
| Male          | 10.10      | No information      | No information               | 6 weeks                          |
| Male          | 8.00       | No information      | No information               | 2 weeks                          |
| Male          | 12.10      | Care Order          | —                            | Placed June 1998                 |
| Male          | 9.8        | Voluntary Care      | Moving to relatives          | November 1998                    |

### APPENDIX 3: STAFFING

| Position                    | Qualification  | Employment Status                 | Time in Centre |
|-----------------------------|--|-----------------------------------|----------------|
| Director<br>Female          | <ul style="list-style-type: none"> <li>◆ Family Therapy Management qualification</li> <li>◆ Child Care qualification</li> </ul>  | Permanent                         | 4 years        |
| Manager<br>Female           | <ul style="list-style-type: none"> <li>◆ National Diploma in Applied Social Studies in Social Care 1996</li> <li>◆ Foundation Course in Family Therapy Mater 1997</li> <li>◆ Diploma in Management at present</li> </ul> | Manager<br>Full-time<br>Permanent | 3 years        |
| Deputy Manager<br>Female    | <ul style="list-style-type: none"> <li>◆ National Diploma in Applied Social Studies 1992</li> </ul>  | Full-time<br>Permanent            | 2.2 years      |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ Bachelor of Arts in Social Care</li> </ul>  | Full-time<br>Permanent            | 1 week         |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ Bachelor of Arts Honours Psychology 1996</li> </ul>   | Full-time<br>Permanent            | 2 weeks        |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ Registered Sick Children's Nurse 1982</li> <li>◆ National Diploma in Child Care 1986</li> </ul>   | Full-time<br>Permanent            | 12 years       |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ Masters of Arts in Social Care 1999</li> </ul>  | Full-time                         | 3 weeks        |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ National Diploma in Applied Social Studies 1996</li> </ul>  | Full-time<br>Permanent            | 2.9 years      |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ National Diploma in Applied Social Studies 1992</li> </ul>  | Part-time<br>Permanent            | 6 years        |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ National Diploma in Child Care 1983</li> <li>◆ Diploma in Counselling 1995</li> </ul>   | Part-time<br>Permanent            | 1.6 years      |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ National Diploma in Applied Social Studies 1994</li> </ul>  | Full-time<br>Temporary            | 1.2 years      |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ BETEC</li> <li>◆ National Diploma in Social Care, 1994</li> <li>◆ Bachelor of Arts in Social Care, 1997</li> </ul>  | Part-time<br>Temporary            | 5.5 years      |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ National Diploma in Applied Social Studies in Social Care 1998</li> </ul>   | Full-time<br>Temporary            | 1.3 years      |
| Child Care Worker<br>Female | <ul style="list-style-type: none"> <li>◆ Bachelor of Arts in Social Care</li> </ul>  | Part-time<br>Temporary<br>relief  | 0.3 years      |

## **APPENDIX 4: FEEDBACK GIVEN TO YOUNG PEOPLE**

Thank you very much for your help during our visit to  
Royal Oak Children's Centre.



**Registration and Inspection Service**



**Eastern Health Board**  
Bord Sláinte an Oirthir

If you have any questions about any of this, please talk to your  
key worker or your social worker or phone us at:

838 71 22

If you would like us to attend at a house meeting to discuss any  
of these matters, please phone us

Deirdre McTeigue or Orla McKeon.

Residential Child Care  
Registration Inspection Service

NEWSLETTER FOR YOUNG PEOPLE AT  
ROYAL OAK CHILDREN'S CENTRE





We visited Royal Oak Children's Centre in October for a three-day visit to see what it would be like to live in a residential centre. We would like to give you some information about what we found, and some suggestions for the future.

### **Some things you like about Royal Oak Children's Centre**

You said that

- ◆ You liked living in Royal Oak
- ◆ You liked the area
- ◆ The staff are friendly and helpful
- ◆ The staff help you with your homework
- ◆ Your views are listened to at review meetings
- ◆ You like having your own room or choosing to share
- ◆ You liked having your parents visit
- ◆ You liked having the family room for privacy
- ◆ You liked the way your parents and family were welcomed to Royal Oak
- ◆ The food was good
- ◆ You got on well with your social worker
- ◆ The holidays were great
- ◆ Having friends to visit was good as was visiting friends
- ◆ You can complain if something upsets you
- ◆ You like being trusted and given some freedom
- ◆ School was good – you liked not having to change schools
- ◆ You like choosing how you want your bedroom decorated
- ◆ You enjoy choosing and buying the clothes you wear

### **The things that some of you would like changed**

- ◆ Having someone in the house who is upset and 'wrecking the place' was difficult for everyone else
- ◆ That your friends could occasionally stay overnight
- ◆ The review meetings where people talk about your life
- ◆ Some of you would like to see what is written on file about you apart from your review forms
- ◆ Sometimes you don't feel safe when a child is 'wrecking the place'

### **Some things you were not sure about or found hard at times**

- ◆ When your social worker left and you had no worker for a time and you had to start again with a new worker
- ◆ It is difficult when a key worker leaves
- ◆ When plans that are made for you 'take ages to happen'

### **What the Inspectors found**

- ◆ That Royal Oak is a good place to live
- ◆ The staff care for you and have a genuine interest in each young person. They look out for your welfare
- ◆ You like your key worker
- ◆ The staff are making every effort to keep you in touch with your families and friends
- ◆ Royal Oak is a good place to help you with school, to develop and enjoy your interests and to help you make new friends
- ◆ Royal Oak works best for those who know where they are going to when they leave
- ◆ The family room is great for privacy, seeing your parents, social worker or talking with your key worker
- ◆ That the social work support is not the same for everyone
- ◆ Staff make every effort to support young people who leave the Centre
- ◆ You are free to phone your family when you like. You like the cordless phone. You like having the phone card for use outside the Centre
- ◆ Some of you miss the 'special' sensory room and would like to see it back, but you also like a room of your own

### **Some things that we are suggesting**

- ◆ That a leaflet be printed explaining about Royal Oak to young people who may come to live there in the future
- ◆ That you might help with the design and information for these leaflets
- ◆ That you can see your file and read the bits that are about you
- ◆ That your key worker and social worker talk more together when making plans
- ◆ That formal statutory care planning and reviews happen to make sure that your needs are being met