



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 068

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Six young people
Type of Inspection:	Unannounced
Date of inspection:	7th and 8th June 2023
Registration Status:	Registered from the 30th of September 2022 to the 30th of September 2025
Inspection Team:	Cora Kelly Lisa Tobin
Date Report Issued:	19th July 2023

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30th of September 2004. At the time of this inspection the centre was in its seventh registration and was in year one of the cycle. The centre was registered without attached conditions from the 30th of September 2022 to the 30th of September 2025.

The centre was registered as a multi-occupancy service to provide short to medium term care for up to six young males aged between seventeen and twenty-one years of age in a semi-independent style setting. It offered individualised, holistic, strengths-based placements aimed at supporting each young person's development and progression towards independence and was underpinned by the Welltree Model of Care. There were five young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work department on the 20th of June 2023. The registered provider was afforded the opportunity to respond identifying any factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document to the inspection and monitoring service. Centre management informed the Alternative Care Inspection and Monitoring Service on the 4th of July 2023 that there were no factual inaccuracies in the draft report.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 068 without attached conditions from the 30th of September 2022 to the 30th of September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

In line with the centre's policy on planning for leaving care and their implementation of the internal placement planning system in collaboration with the Tusla aftercare service the inspectors found that the centre was demonstrating good practice in supporting and preparing the young people for leaving care. Of the five young people living in the centre one was aged under 18 years at the time of the inspection, and they had moved to the centre, following a transition period, two weeks prior to the inspection. Their care plan was found to have been recently out of date and a date for their next child in care review, that was due to be held in April 2023, was not scheduled. The centre manager immediately followed this up whilst the inspectors were onsite, and a suitable date was scheduled. In the absence of a dedicated social worker being allocated to the young person, due to staff shortages with the social work department, a social work team leader was overseeing the young person's care with the assistance of social care worker employed by the social work department. This person was tasked with fulfilling social work day-to-day responsibilities with the young person. In interview, the social work team leader assured the inspectors that, in line with their statutory functions, the young person's ongoing and future planning needs would be discussed and actioned at the child in care review with all professionals involved in their care including the young person's allocated aftercare worker.

All five young people had aftercare workers and aftercare plans were in place. The aftercare plan for the young person under 18 years of age had clear actions that required implementation by staff with the young person. For the short period of time in their placement to date, it was evident that some of the actions were included in the young person's current placement plan and staff had plans in place to address identified needs. For the remaining young people, review meetings between the young people themselves, the centre and their aftercare workers were occurring regularly. In line with their placement plans, the staff in interview described the ways they, who were also keyworkers, were actively encouraging all the young people

to utilise the supports and resources available to them. In preparing young people towards independence and leaving care staff worked from two approaches: the welltree therapeutic model of care and the organisation's own independent living skills programme (ILSP). The ILSP was comprehensive and included a good number of skill areas necessary for leaving care and independent living. The inspectors found that the two approaches were not connected and the ILSP itself would benefit from further enhancement, for example including a section that would track skill development across the different sections. Also, it could prove more beneficial if the specific booklet being utilised was a more user-friendly and practical/ active document for young people that they could take with them following completion of their placement. In interview, the head of under 18 residential services informed the inspectors that a plan to develop the ILSP was part of the centre's service improvement plan for this year and that previous discussions had occurred to further develop the welltree approach to ensure that it will align with the needs of young people aged 18-21 years. The inspectors reviewed the service improvement plan and recommend, in line with it, that points identified during this inspection as named above are considered in these plans.

It was evident from the review of aftercare meeting minutes, a young person's care file and team meeting minutes that the young people were consulted and involved in decisions about their care and aftercare planning. Arrangements were in place for young people to access their care files.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.6
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

It was the inspectors' findings that the centre was demonstrating good practices in keeping young people safe and promoting their care and welfare needs. The well-established and competent staff team had developed good relationships with the young people and were actively supporting them in keeping themselves safe and developing their own protection skills. A suite of child protection policies and procedures were available to support the staff team that upon review by the inspectors was found to have complied with the requirements outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. Such policies included for example child protection and safeguarding, safe practice and working alone, complaints and grievances, social media, reporting procedures and bullying prevention and intervention. For alignment purposes centre management was in the process of reviewing the policies against the newly implemented Tusla policies developed for mainstream residential centres. The task was expected to be completed by July 2023. An appropriate child safeguarding statement was held as required and a letter of compliance to say it had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The statement was available to view in the staff office. As required, a list of mandated persons was maintained by the centre manager. Staff in interview demonstrated a good understanding of the policies guiding their practice and were aware of their responsibilities as mandated persons.

The centre manager, as the designated liaison person (DLP) had been provided with relevant DLP training. The staff team had up-to-date Children First child protection training. This was provided internally by the organisation and a date for refresher Children First training was scheduled for later in June 2023. There was an additional mandatory requirement that all staff complete the three Tusla E-Learning modules: Introduction to Children First, 2017, Children First in Action and Implementing Children First. Certificates for these training pieces were viewed by the inspectors for a sample of the staff team. Staff had yet to complete the newly provided Tusla E-Learning module: Children First: Mandated Person role and responsibilities training. The inspectors recommend that all staff complete this additional training piece and

that it is included as part of the centres suite of child protection training going forward. The area of child protection and implementing safe practices was being monitored on an ongoing basis through regular policy review, ongoing training and regular discussions at team meetings. The inspectors found from their review of the centre's child protection and welfare register that child protection and welfare reports (CPWR's) had been appropriately reported to Tusla through the online portal system.

Through keyworking and everyday interactions between the young people and staff it was evident that young people were being supported to develop self-care and protection skills. For the young person under 18 years this formed part of their placement plan. Their key vulnerabilities had been identified and plans were appropriately put in place to address these.

Staff in interview demonstrated an awareness of the protected disclosures policy.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The centre demonstrated good practice in supporting the everyday health and development needs of the young people in its care and supporting their mental health needs. An array of policies and procedures were in place to guide staff in meeting young people's health and development needs for example policies on emotional and specialist support, general physical health, sexual health, drugs and alcohol, medication and administration of medication. Health and well-being needs that were identified in individual aftercare plans were found to have been included in the young people's placement plans for implementation and follow up by staff with the young people. In line with these, keyworkers together with the support of the staff team conducted work sessions based on these identified needs that were tracked and monitored through the weekly keyworkers report and discussions at the weekly held team meetings. At these meetings the scoring element of the welltree model of care occurred to track and progress their needs until completed or met.

All young people had medical cards, were registered with a general practitioner and other medical professionals with check-ups occurring as required with consent from the young people sought too. It was evident that where identified specialist support services were required these were sought too. The knowledge base of the experienced staff team was a significant benefit to the young people. They were familiar with and had built up good working relationships with support services available in the community. The inspectors found that the health records for the young person under 18 years of age were being maintained appropriately in line with policy.

Staff had been provided with medication management training and first aid training. The inspectors viewed a sample of the certificates during their visit to the centre.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified