



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 192

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced inspection
Date of inspection:	07th & 08th of June 2023
Registration Status:	Registered from 14th of May 2021 to the 14th of May 2024
Inspection Team:	Catherine Hanly Lorraine Egan
Date Report Issued:	18th 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 14th of May 2021. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 14th of May 2021 to the 14th of May 2024.

The centre was registered since March 2022 to provide multiple occupancy for up to four young people seeking international protection. The age range was between the ages of twelve to seventeen upon admission. The aims of the centre were to provide a safe, nurturing, and supportive environment for up to three months short term placements for young people entering the country to seek international protection. There were four young people living in the centre at the time of the inspection, varying in length from 10 days to 10 months. The social work department responsible for this group of young people was experiencing significant challenges in identifying appropriate move on placements for young people hence one young person's placement had significantly extended beyond the three month timeframe.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
6: Responsive Workforce	6.1, 6.4
7: Use of Resources	7.1

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 at the centre and the relevant Tusla area manager in relation to the social work service being provided to young people in this centre. 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 required to submit any factual inaccuracies noted as there were no identified issues for action in the standards examined. No factual inaccuracies were noted by the response date of the 4th of July 2022.

The findings of this report 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: 192 without attached conditions from the 14th of May 2021 to the 14th of May 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found ample evidence of a naturally and genuinely delivered approach to listening to young people, their views, and preferences regarding all aspects of their daily life and care at the centre. Young people were actively encouraged to have their voice and views heard and listened to from the commencement of their placement and this practice continued right through to discharge from this service. This was done through weekly young people's meetings, individual consultation with them on a weekly basis, through key working and in general normal daily interactions. Inspectors found that significant and sufficient time was afforded to young people by the staff team to ensure that they understood the reasons and rationale for decisions made in the centre, for example relating to pocket money and cultural monies provided to them. This time was spent to ensure they understood both in terms of comprehension but also in terms of rationale for decision making. Translators were used frequently to support these conversations, often at short notice, as needed depending on the level of English comprehension.

A culture of openness and transparency was quite evident at the centre and demonstrated in staff interviews conducted as part of this inspection. Young people were supported to make complaints and reassured there would be no adverse consequences. Staff demonstrated an acute awareness of the significance for this cohort of young people of matters such as trust in adults and fear of consequence for actions given the circumstances that led to them being in this country. Evidence gathered at the centre demonstrated that staff endeavoured to resolve any issues arising with young people as promptly as possible. Where this could not be achieved, the centre manager became involved and attempted to resolve the matter. Inspectors queried the thresholding of complaints and were satisfied that adequate debate and discussion happened regularly amongst the team and centre manager to satisfy consistent practice in this regard. Inspectors did note that advocating by staff for young people in this centre with the social work department had become challenging with concerns held by the staff team that should they continue to advocate it may leave young people in a more vulnerable situation. For example, some young people

were left without an allocated social worker for protracted periods of time due to a lack of resources within the dedicated social work team responsible for separated children seeking international protection. These issues had been a matter of concern for centre management for some time with a decision made to maintain all communication between the centre and the social work department at management level. The organisation's director of child and family services had pursued a meeting with the relevant area manager within Tusla for some time and this meeting took place immediately after the onsite inspection.

The centre maintained a register of complaints and feedback. This was overseen by management, and staff were familiar with all issues that had arisen in the last year or more. It was reviewed consistently at senior management meetings to determine if any patterns of discontent emerging and if further action was warranted. Inspectors found that there had only been two formal complaints made by young people in this centre, one of whom no longer resided at the centre. Neither complaint was linked to the centre, or the care young people were receiving there. One young person that had complained about the delayed allocation of a social worker through the Tusla 'Tell Us' complaints and feedback mechanism, four months prior, had not had a response/resolution to their complaint via Tell Us. Inspectors found that all records related to these individual complaints, including follow up meetings, phone calls and emails, could be organised better for the purpose of chronology, status and overview. Staff and the centre manager had supported each young person to make their complaint including referring them to external advocacy agencies including Empowering Young People In Care (EPIC) and the Ombudsman's Office. Separate to these young people accessing supports for the purpose of their individual complaints, the staff team ensured that a representative from EPIC visited with young people on a regular basis. The frequency of this was linked to the turnover of young people in the centre and to ensure that each individual child could access EPIC if necessary.

Compliance with Regulations	
Regulation met	Regulation 5
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	None identified
Practices did not meet the required	None identified

standard	
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Actions required

- None identified.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence of workforce planning at various levels of centre management which had a primary focus of responding to the needs of the young people. At the time of this inspection, the centre was actively recruiting for two social care leaders posts as two staff had moved on to alternative employment within the six months preceding this inspection. In the interim, and since the first vacancy arose, centre management had assigned additional responsibilities to experienced social care workers and the vacancies on the rota were being filled by core relief staff. The core group of relief staff were familiar with the purpose and function and ethos of the service and the young people there. When the centre did have its full complement of staff, supported by a core panel of relief social care workers, there was enough staff with the necessary experience and competencies to meet the needs of the young people in this service.

The staff team working in the centre had predominantly come to work for the organisation, in some of their other services, directly following the completion of their qualification. The team had all come together as a group when the initial service had been set up in this location, albeit with a different purpose and function. At the time of the inspection, the full-time staff team and centre manager, all had a social care or relevant equivalent qualification. They were experienced and familiar with the ethos of the organisation, and significantly experienced in terms of the presenting needs of this cohort of young people. Inspectors reviewed supervision records, self and management appraisals and performance plans developed for the year ahead. These records, amongst others reviewed at the centre including team and young person's meetings, consultation and key-working records with individual young people and staff interviews conducted for the purpose of this inspection,

demonstrated ample evidence of the commitment, competence, skill base, genuine care, and professionalism of this staff team.

There were a range of staff retention measures in place that were aimed at ensuring stability and continuity of care to young people accessing this service. These included regular formal supervision; yearly appraisals with associated performance planning; frequent training opportunities, including specific training aligned to the purpose and function of this service; EAP available to staff team – on a team basis as issues arose with young people, and to individual staff members; career progression opportunities; and a competitive rate of salary.

The centre had clear, formalised procedures in place for on-call which ensured that there was always a designated person available out of hours for social care staff to contact for the purpose of consultation and support as required. Brief records of these were maintained at the centre.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Formal induction to the organisation was conducted over a four-week period and included presentations on all relevant aspects of the organisation from fundraising to health and safety to introduction to various personnel within the management structure. It also included various relevant training such as manual handling, data protection and managing challenging behaviour. Shadow shifts were completed by onboarding staff throughout the four-week induction. Formal and recorded induction to this centre was conducted by a named person, overseen by the manager, and was inclusive of policies and procedures relevant to this centre as well as an opportunity to become familiar with recording and reporting systems specific to this service.

There was a performance review and training needs analysis undertaken by the centre manager with each individual staff member early in 2023. This was a comprehensive recorded system that supported staff to self-identify their own training and professional development needs as well as the centre manager doing this from their perspective. Aligned to this review and assessment was a performance plan aimed at supporting each staff member to achieve their respective identified goals for the year. There were frequent training and development opportunities available to the staff team, both mandatory training and training relevant to the

purpose and function of this service, aligned to these performance plans. This ensured that the staff team had appropriate training and skills development which enabled them to respond to the needs of the young people in this service. Clear records of training and development was maintained at the centre and on personnel files. Centre and organisational management demonstrated a strong commitment and proactive approach to staff training and development. Staff, in interview with inspectors, spoke positively of the opportunities in these areas.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1 Standard 6.4
Practices met the required standard in some respects only	None identified.
Practices did not meet the required standard	None identified.

Actions required

- None identified.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

Inspectors found that the centre was resourced appropriately with decisions made within the organisation to prioritise the needs of this centre when necessary. Resources were allocated in accordance with the centre's stated purpose and function and had in fact adapted in more recent times to take account of changing needs of young people as their stay had extended beyond the intended time frame. This was through no fault of the service itself, but rather a reflection of the lack of appropriate long term placement options for this group of young people. The centre and staff

team had adapted their provision of care and resources accordingly to ensure that the needs of the young people were always met to a high standard.

It was evident that the allocation of resources was consistently child-centred – from individual room money upon admission to enable young people to decorate to their own taste; to provision of specific cultural and dietary foods; to activities; and including religion. There was evidence of attention to cost-saving measures in a practical way that took cognisance of the rising cost of living, and an educative way that supported the young people to learn to live within reasonable means. The administration of the budget for the operation of the centre was the responsibility of the director of child and family services within the organisation and was overseen at centre level by the manager. There was evidence of autonomy at staff team level with expenditure as required to respond to presenting needs of each young person and in responding to the overall upkeep needs of the house itself. Emergency medical and dental needs had been provided for when they arose. There was evidence in petty cash expenditure of regular updates to house furnishings, décor and garden that was evident on site with the house presenting as very clean and homely.

Mostly young people had a phone prior to their admission to this centre and they were provided with phone credit throughout their placement therefore enabled to maintain family contact if desired and possible depending on safety situation in country of origin. Where young people did not have a phone, the staff team prioritised purchasing a phone for them to ensure they could maintain contact as the child became familiar with the area and went further from the house.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.