



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 069

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	12th & 13th April 2023
Registration Status:	Registered from the 03rd of October 2022 to the 03rd of October 2025
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	22nd June 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 in March 2014. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 03rd of October 2022 to the 03rd of October 2025.

The centre was registered as multi-occupancy for up to three young people but with the option to be a dual or single occupancy service depending on referral needs. It aimed to provide a trauma and attachment informed care setting. The approach included an assessment of outcomes, promotion of the young person's wellbeing and the implementation of a strength-based approach through a model called the Well Tree programme. There were two children living in the centre at the time of the inspection. The centre had sought and been granted a derogation for one of the children outside the centre's agreed age range.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.1
4: Health, Wellbeing and Development	4.3

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 departments on the 3rd May 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 17th May 2023. A revised CAPA was forwarded on the 26th May 2023 and the inspection service received evidence of the issues addressed.

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: 069 without attached conditions from the 03rd October 2022 to the 03rd October 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

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.

There was evidence of a strong commitment by centre management and staff to have an open system for children to be heard. Inspectors saw children's input and preferences reflected in key working, placement planning and as part of their interactions with staff in their normal daily routines. In addition, a new method of gathering feedback from children and young people had recently been implemented across the organisation. This process aimed to capture any dissatisfactions with service provision as well as identifying what children were happy and content with or suggestions they had regarding their lived experiences in the centres. One of the ambitions of this system was to address issues as informally and as quickly as possible so that improvements could be made. This feedback was captured from children at individual weekly consultations and brought to team meetings for consideration as well as being recorded on a dedicated register.

Inspectors found that while outcomes and reasons for decisions made were told to children after they were discussed by the team, some solutions were not always swiftly actioned. However, this was because the primary unhappiness that children were expressing currently in the centre related to gaps in access visits with their sibling and family. Therefore this required careful collaboration with social work departments so as to be aligned to individual care plans and safety plans. Inspectors found that staff were making every effort to be mindful of children's views on this concern. They had raised the issues with the social work department involved and had promoted children's feelings and best interests. One child who met with inspectors described the close bond they had with their family before they moved into care and how the separation from them and sadness they felt, was affecting their lived experience in the centre. The second child had told staff on many occasions that they felt upset at being in care and missed their close family bond. This concern was recorded as part of the centre's feedback process. The allocated social worker told inspectors that the deficit in regular family access was primarily as a consequence of lack of Tusla personnel to carry out this supervision function but that this issue was

being addressed and visits would be increasing in the coming weeks. Inspectors recommend that the centre considers what the next steps would be to advance this issue of great significance for the children if it fails to get resolved and show how advocacy of this nature is escalated within the new feedback system so that it links clearly with the complaints system overall.

There was a complaints register in place but there had been no formal complaints since the last inspection in June 2022. As noted above, a feedback register had been developed where issues and concerns from the informal system were logged and tracked by the centre manager and the regional manager. While feedback and dissatisfactions from children were on occasion reflected at team meetings this requires improvement to show how decisions are made in this regard. Complaints including the feedback register and the centre's complaints policy was consistently discussed at senior management meetings and staff interviewed had a very good knowledge of the informal procedures in place to manage children's concerns.

The centre's complaints policy had been updated recently and included the new feedback mechanism. The second phase of this procedure stated that the details of resolutions reached should be recorded on children's records. However, it was not clear if this was consistently completed or if children were always informed of the outcomes or status of the issues brought to staff. The centre's policy was very comprehensive and inspectors recommend that at the time of the next review, the various procedures are more clearly expressed. Centre management must ensure that a record is consistently maintained on children's files of all resolutions reached including details of how children were made aware of the outcome of their concerns and what their responses were.

Information relating to the complaints process was provided in the young people's handbook and it had been refreshed to include the feedback system too. Ancillary supports and how to access them outside of the centre were described here also so that children could be aware of who to contact if they wanted to escalate any concerns or complaints about their care. These included the contact details for the Ombudsman for Children and Empowering People in Care (EPIC). It wasn't clear to inspectors if key working relating to the information in the booklet was completed with children close to their admission time and this should be provided in accordance with the age and stage of development of each child. The centre had also provided a version of the booklet to family members translated in their language of origin. The allocated social worker stated that centre management updated them routinely when any issues arose either via email or when they visited the children in the centre. They

said that centre management and the staff team worked closely with them to support children in getting their concerns addressed as quickly as possible.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure that a record is consistently maintained on children's files of all resolutions reached including details of how children were made aware of the outcome of their concerns and what their responses were.
- Centre management must ensure that sessions on the content of the information booklet are completed with children close to their admission time. These should be recorded on their file.

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs informs their placement in the residential centre.

The organisation had an admission's policy in place that took account of planned and unplanned admissions. However, it didn't specifically identify this centre within the policy as part of its service provision for children and young people under the age of 18 years and this should be reviewed and updated. Notwithstanding this the general policy in place was child centred and rights based and reflected regulations and

legislation as well as the National Standards for Children's Residential Centres. The centre's primary focus was ensuring placements were suitable to meet each child's individual needs.

The two children currently living in the centre had been admitted on an emergency basis and were from one sibling family. A collective preadmission risk assessment was on file for each child along with the exchange of appropriate information provided by social work departments and other professionals. The allocated social worker described how they had been made aware of the centre's Well Tree Model of Care at the preadmission stage and found that the services and supports available through this approach would be in the children's best interests. They said that despite the short time living there, they had already progressed because of the very good care and consistent interventions practiced by the staff team.

There was evidence on centre records that despite the unplanned nature of the admission, each child's immediate needs and goals were carefully considered and identified as part of ongoing placement planning. Prior to moving in, senior and centre management had met with the team to plan the details of the transition. The meeting minutes evidenced robust preparation including discussions on their backgrounds and previous placements, specific care needs of a younger age group, daily and night-time routines, as well as planning the physical environment within the centre. The recreational rooms and bedrooms were redesigned to be more child friendly with soft furnishings, toys and games and calming lamps and fun duvets were purchased. In addition, the staff team were provided with refreshers and guidance on behaviour management and support plans appropriate for each age range and admission.

Because this move was unplanned, it was not possible to have provided the children with the opportunity to come to the centre and stay over in advance or for them to be familiar with their new physical environment or to meet the staff team who would care for them. However, the plan in place required more specific detail so that it intentionally set out an individualised transition for each child over a certain future timeline. This should include things like how they would choose their bedrooms, being prepared in advance if they wouldn't be able to share a room, providing a specific welcome dinner, input to their favourite foods, meeting their keyworkers and the staff team and getting to know the community where the centre is located. This induction procedure should be reflected in the centre's policy on admissions.

There was evidence on centre's files that children's immediate and long-term needs were being assessed on an ongoing basis. These were clearly captured using the Well Tree Model of Care approach as well as discussions at weekly strategy meetings with social work departments and allied professionals. Key working reflected the one-to-one work being completed in this regard and showed how they were supported to adapt, feel comfortable and settle in at this time. In addition, inspectors found through file review and from interviews that the staff team had a very good knowledge of children's complex needs and of how trauma informed care could benefit them while living in the centre. The children were safe and well cared for.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that there is a dedicated induction plan in place for unplanned or emergency admissions. This should be clearly set out and be reflected in the centre's policy and procedures on admissions.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The staff team had a strong focus on children reaching their educational potential and showed a very good understanding of their right to be educated. Despite the lack of care plans on file for both children, the centre had developed comprehensive placement plans containing appropriate learning and development goals based on their specific needs and talents. In addition, staff showed commitment to children

remaining in their original schools especially while they were adjusting to their transition to the centre. While each child had been registered in appropriate placements based on their individual abilities and requirements prior to admission, regular school attendance had become an issue for both. One child was no longer engaging in mainstream school and there were difficulties for the second child regarding consistent transport to theirs as the direct bus service had been temporarily discontinued by the provider. The centre management and staff were making every effort to encourage and get them to school each morning by driving them there or organising alternative transport where possible. In addition, there was robust collaborative work between the centre and the allocated social worker on this issue, so that a long-term plan could be in place to ensure gaps in attendance would not re-emerge and the placement could be maintained.

For the child who had fully disengaged from their school, centre management had coordinated strategy meetings with the social work department to discuss other options. A substitute arrangement was quickly sourced and the child was facilitated to access the organisation's own learning centre. However, despite incentives by the team to support and encourage them, this placement also ended. Follow-up meetings and contact with the education and welfare officer, home school liaison officer, teachers and the school completion project worker were taking place. Alternative supports were activated by staff and structured daily routines and plans were implemented so that a regular educational pattern could be continued on an interim basis. Private tuition was also explored to help fill this gap.

There were good examples on centre files of varied learning and development opportunities which were provided in consultation with the child and their social worker while they were not attending school. These included a weekly timetable to complete homework in core curriculum subjects, participation in some interactive activities through the use of resource packs, learning a new language and visiting local libraries to access information on special interest topics. Consistent key working was completed too by staff on the importance of education in achieving their potential. This allowed them to explore their specific strengths as well as challenging cultural norms on education that were associated with their background.

Children's records consisted of educational folders containing some educational assessments and recommendations from it for one child. An assessment by the National Educational Psychological Service (NEPS) for the second child was outstanding but a referral had been made by the allocated social worker and the staff team were advocating for this on the child's behalf. Where one of the children had been in the same school for some time, records such as school reports, individual timetables and feedback on progress had not yet been provided and inspectors

recommend that this is followed up by the centre management with the school directly.

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

Compliance with standards	
Practices met the required standard	Standard 4.3
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

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management must ensure that a record is consistently maintained on children's files of all resolutions reached including details of how children were made aware of the outcome of their concerns and what their responses were.</p> <p>Centre management must ensure that sessions on the content of the information booklet are completed with children close to their admission time. These should be recorded on their file.</p>	<p>Centre management will ensure that a record is maintained of resolutions in relation to any issues or concerns reported and the outcome is given to young people as part of Individual work /Key working or as part of Young person's consultation feedback from the team meeting. Their response to feedback will also be recorded on Individual work consultation form.</p> <p>Centre management will ensure that the induction checklist outlining what pieces of work from the information booklet are to be carried out and when has been updated and saved to children's file. The date the individual work report is completed will also be recorded on the checklist along with the timelines for completion.</p>	<p>Feedback for young people will be discussed thoroughly during team meetings and plan will be made for the feedback to be given to the young person – this, including their response will be recorded in IWR and on consultation forms. This will be reviewed as part of the managers' and head of services' audit process.</p> <p>The induction checklist will be used as part of inductions going forward – outlining plan for when specific pieces of work will be carried out. This will be reviewed as part of the managers' and head of services' audit process.</p>

2	The registered proprietor must ensure that there is a dedicated induction plan in place for unplanned or emergency admissions. This should be clearly set out and be reflected in the centre's policy and procedures on admissions.	Centre management will ensure that the induction checklist will be used to schedule induction sections for both planned and unplanned / emergency admissions. Policies and procedures are currently being reviewed and will outline that there is an induction plan in place for emergency or planned admissions. This will be completed by end June 2023.	The induction process will be reviewed as part of the centre managers' and Head of Services' audit process.
4	None identified.		