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: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Peter McVerry Trust**
Registered Capacity:	**Six young people**
Type of Inspection:	**Announced**
Date of inspection:	**12th & 13th February 2025**
Registration Status:	**Registered from the 30th of September 2022 to the 30th of September 2025**
Inspection Team:	**Mark McGuire** **Cora Kelly**
Date Report Issued:	**28th April 2025**

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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 six young people living in the centre at the time of the inspection one of whom was under eighteen years of age.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
5: Leadership, Governance & Management	5.2 & 5.3

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, an allocated social worker 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.

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 25th of March 2025. 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 8th of April 2025. This was deemed to be satisfactory 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: 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
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Inspectors found the property to be a three-storey terraced building, consisting of six individual flats and a communal kitchen, dining, and living area. The communal areas and two flats were inspected and found to be very clean and well-presented, with clear efforts to create a homely atmosphere for the young people residing there. The staff team viewed the individual flats as the young person's own space, actively encouraging and supporting them to maintain it as such. Inspectors noted that the privacy and personal space of each young person was respected, while support for semi-independent living was provided as per individual plans for the young people.

Before a young person's admission, the flats were cleaned and painted. Each flat was equipped with fresh bedlinen, a mattress, if necessary, a television, and essential kitchen items that the young people could take with them when they moved to independent living arrangements. One of the young people named to inspectors that they were able to decorate their flats to their own taste, either purchasing additional items independently or with support from the service if needed. Suitable laundry facilities were located in the rear courtyard, and young people were responsible for their own laundry. The communal living area offered a range of board games for young people to enjoy with staff or as a group. There was also an outdoor area for storing bicycles and a boxing bag for use.

Bathroom facilities met the young people's needs for the most part. Two of the flats had ensuite bathrooms, while the remaining flats shared two stand-alone bathrooms—one downstairs for the adjacent flats and one on the top floor for the flats on that level. However, one of the young people's showers was not working and was awaiting repair from maintenance. Staff and management acknowledged that the repair should have been completed sooner, which will be addressed later in this report. The central heating

system had been recently upgraded and staff reported that this was a positive upgrade to the centre. The centre had also been recently painted and decorated which enhanced the homely feel and cleanliness of the centre.

The necessary paperwork confirming the property's compliance with fire safety legislation and relevant building regulations had been submitted as part of the centre's registration process with the Tusla Alternative Care Inspection and Monitoring Service, (ACIMS).

Inspectors found that the centre had a comprehensive suite of health and safety policies covering areas such as accidents, fire safety, and first aid. While a fire safety policy was in place, it did not specify the requirement for conducting fire drills under darkness, as outlined in the Code of Practice for Fire Safety in Community Dwelling Houses (2017). Additionally, it lacked details on the information to be recorded in the fire register, such as the names of participants. During the inspection, staff interviews and the fire register did not clarify whether a drill had taken place under darkness. The fire safety policy, due for review in 2024, had not been updated because the Head of Services was on extended leave. Fire drill records were insufficient, as they did not include participant details, making it unclear if current residents had participated. Follow-up risk assessments for non-participants needed to be developed and included in the centre's policy document. Inspectors noted that fire safety equipment was regularly serviced and checked in line with policy, with certification on file from external providers.

While staff had a clear understanding of the centre policy to conduct quarterly fire drills, they were unaware that some young people did not participate in a recent fire drill conducted in January 2025. Inspectors met with one of the young people in the centre who stated they had not taken part in any fire drills despite having lived there for quite some time. Although the team and management indicated that this young person participated in a fire drill during their admission process, it is crucial to ensure that all young people fully understand fire evacuation procedures. Furthermore, their participation, or lack thereof, along with any actions taken to ensure they are informed about the fire evacuation procedures, should be accurately documented in the fire register for transparency, as their involvement was not clearly identifiable in the current records. Inspectors also suggested including young people in fire training given the semi-independent living conditions, particularly the kitchen in bedsits/flats, which are known starting points for fires in domestic houses. Training dates for team members also needed to be kept up to date in the fire register.

There was a clear system in place for reporting and responding to accidents/injuries and inspectors noted that no such incidents had recently occurred.

Inspectors found that four staff members had expired first aid training, equating to half of the social care team in the centre, meaning the centre was not aligned with its own policy stance regarding the same. There were also gaps in fire safety training with some staff waiting four months for this training. While a schedule of dates to address these gaps was provided to inspectors, a risk assessment was needed for the gap in mandatory first aid training. Inspectors found that rota planning was not adjusted to mitigate this risk. In the two months preceding the inspection, there had been fifteen occasions when there were no staff members with first aid training in the centre. While the centre was in close proximity to hospitals and support services, the lack of first aid training still posed a risk in the centre regarding responding to any immediate issues that could have arisen. Centre management advised inspectors that the deficit regarding first aid training had been addressed post inspection and that all centre staff were now trained in this.

Inspectors found that there was no emergency contact list next to the first aid kit, which is a requirement laid out in the centre's own policy. Inspectors recommended updating the short site-specific safety statement in the staff office to include this and key personnel such as the health and safety officer and fire officer in the centre.

The full site-specific health and safety statement and associated policy document was found to be comprehensive, with risk assessments carried out on matters such as the prevention of accidents and to reduce the risk of injury in and on the grounds of the centre. However, inspectors found it somewhat confusing that a different risk rating matrix was used here compared to the risk management policy and it is recommended to align them for consistency. Nonetheless, a wide range of risks were appropriately identified, assessed, and regularly reviewed in the document.

Inspectors identified maintenance response times as an issue during the inspection. This concern was evident in managers' meeting minutes, young person consultation documents, informal complaints, and the maintenance log, which showed slow response times. The organisation had recently changed their maintenance company, adopting a different approach that led to teething difficulties during the transition period. Inspectors noted that senior management had reviewed this issue, and the Head of Services was meeting with the maintenance service weekly to address these deficits. However, staff and young people expressed ongoing frustrations with the timelines for key repairs, such as shower repairs in flats. The ‘urgent 7-day’ status for flagging maintenance issues on the internal system was not always effective, and the prompt repair of essential items needed

further review and attention from management. The recording, updating, and oversight of maintenance tasks also required improvement for transparency across records and to ensure timely completion of repairs. Inspectors found it challenging to track the status and progress of maintenance tasks, as issues were logged in various locations across the filing system.

Inspectors found that management were unaware that a young person was using an extension lead without power surge protection in their flat, which was against the centre's policy and needs to be reviewed by centre management. Inspectors noted the need for an overall review of the use of extension leads in the centre, as these can pose a fire risk if they do not have surge protection and if sockets are overloaded. This concern was highlighted in the centre's own safety statement and associated risk assessments, which identified the control measure that extension leads should not be used in flats by young people.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 15** **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 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure the fire safety policy is updated and to specify the requirement for a fire drill to be conducted under darkness in line with the Code of Practice for Fire Safety in Community Dwelling Houses (2017) as well as the recording details of those taking part in fire drills.
- Centre management must ensure that all young people are clear on fire evacuation procedures and that their participation, or lack of, in fire drills is accurately recorded in the fire register.

- Centre management must improve the recording, updating, and oversight of maintenance tasks to ensure transparency across records and timely completion of repairs.
- Centre management must review the use of extension leads in the centre to ensure alignment with own policy in that they have surge protection and are not overloading sockets.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-cantered, safe and effective care and support.

Inspectors found that the centre manager in place was appropriately qualified and experienced for the role. They had recently returned to their post in January 2025 following a period of statutory leave, and inspectors saw evidence of a detailed handover being conducted between them and the acting manager who was in post during their leave. A new handover document that was developed by the head of services that ensured a comprehensive outline of governance issues such as care practices for the young people, staff/HR matters, and supervision status. Inspectors spoke with the social worker and Guardian ad Litem for the youngest young person, who both expressed confidence in the management structure and described the transition when the centre manager returned as "seamless." The centre manager also informed inspectors that they would be taking another period of statutory leave in April 2025 and outlined the contingency plans and recruitment process in place to ensure a suitably qualified acting manager would be in post during their leave.

Centre management and staff explained a clear governance structure to inspectors, outlining roles and responsibilities within the service. Inspectors reviewed the centre's policies and procedures documents, which, while comprehensive, had not been updated to include the new professional support manager role in the senior management team. However, staff were all aware of this new role and its function, and the head of services informed inspectors that policies were scheduled for review in 2025. The new professional support manager was seen by all as a positive development in the service,

assisting with governance duties such as policy review and the auditing process. Staff reported to inspectors that senior management were accessible to them.

Staff were clear on their roles and responsibilities and had recently received updated job descriptions following a review of same. The head of service noted that roles and responsibilities were reviewed organisationally and that they too had received an updated job description. The staff team were consulted with regarding these changes and signed their agreement to, and understanding of, the updated job descriptions.

Inspectors were provided with evidence of a service level agreement (SLA) being in place, and an extension letter was provided from Tusla while awaiting the SLA review process to factor in emerging legal and compliance requirements, which required further consideration by Tusla.

Inspectors reviewed recent audits and found the November 2024 fire precaution audit lacked details on persons involved in fire drills and fire training. It identified four staff members without first aid training but did not follow up with risk assessments or rota adjustments. Deficits in the rota were noted in December 2024 and January 2025, with multiple shifts lacking first aid trained staff. The internal audit process covered key practice areas but did not identify the same deficits observed during the inspection, particularly regarding training, first aid, fire safety, and health and safety. Overall, health and safety practices need to be refreshed with the team to ensure policies are properly implemented and that health and safety checks and associated audits effectively capture relevant risks.

Inspectors found that overall, the audits completed were not identifying all the deficits in practice or policy development. In response, a new audit system is being developed, with the addition of a new professional support manager to assist in the audit process. A schedule was sent to inspectors outlining both monthly and themed audits to be conducted quarterly.

Inspectors observed that while centre management sign-off was evident in centre documents, issues such as the inconsistent recording of maintenance tasks across various documents were not identified and addressed. Additionally, the previous acting manager was still listed as the social care manager in the maintenance register. More robust oversight of record-keeping was needed to ensure accuracy and transparency.

Inspectors noted some confusion regarding the risk management framework in care files for those under eighteen and aftercare files for those over eighteen, and from interviews

with the care team during the inspection process, particularly in understanding the risk matrix and its application. This needed to be reviewed with the team to ensure clarity. For example, certain risks were rated higher than others, despite inspectors observing the opposite. Some staff were also unaware of the risk management plan in place for the newest young person, specifically regarding certain behaviours and the need to monitor the potential impact of other residents. It is essential to ensure all team members are aware of ongoing risks in the centre and how to respond to and manage them. The first aid issue needs to be included on the centre risk register, along with the ongoing issues of smoking in the centre and lack of engagement in fire drills. The head of services informed inspectors that a training session on risk management had been delivered to the staff team to address these deficits following the on-site inspection. Similar oversight was required to ensure all risks were assessed and responded to, such as rota planning for the first aid risk.

A delegation list was in place with tasks documented. Inspectors saw a well-developed handover document when the centre manager returned to post and were assured this would also be used in April 2025 for the upcoming centre manager change.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

Inspectors found a clear statement of purpose within the wider policy and procedures document, outlining the commitment to supporting semi-independent living and how this was achieved through the integration of the Welltree model and the centres life skills programme. The contingency for aftercare support was outlined, and the integration of the Welltree model in placement planning and in the template for merging the life skills programme with the Welltree model was evident. Inspectors could see where the various Welltree domains crossed over with the life skills approach in this template booklet. This booklet was yet to be finalised, and given the length of time it was under review, it would be beneficial to set a deadline for completion.

There was a version of the statement of purpose in an accessible format in the young person's booklet and for distribution to families involved with the young people. The young person who met with inspectors demonstrated a clear understanding of the centre's stated purpose.

The statement of purpose was reflected in the centre through young people's files and from discussions with one of the young people and their responses to questionnaires completed as part of the inspection process. The young people advised in questionnaires

completed as part of the inspection of the support they received with preparing for independence from the team and with support regarding education/training. Inspectors saw the Welltree placement plan in place and the integration of this language in key working documents, along with the focus on independent living skills in these documents.

The team demonstrated a good understanding of the statement of purpose during interviews with inspectors and of the Welltree model and the life skills model used in the centre. They spoke positively of the support they received at monthly meetings from an external specialist associated with the Welltree model and how this helped with the integration of the model and their life skills programme to bring about positive changes for the young people in the centre.

Inspectors could see how the statement of purpose was being reviewed through internal audits and at team meetings and how dates of the next review were planned for with team consultation before being discussed with senior management.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 5.3**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered proprietor must ensure the centre's policies and procedures, including the fire safety policy and the wider policy document, are updated to include new roles such as the professional support manager and are reviewed as scheduled in 2025.
- The registered proprietor must ensure those conducting audits are competent and suitably prepared/trained, with robust management oversight of internal audit findings and appropriate responses to mitigate actionable findings.
- The centre manager must ensure all team members are aware of ongoing risks in the centre and how to respond to and manage them.

2. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure the fire safety policy is updated and to specify the requirement for a fire drill to be conducted under darkness in line with the Code of Practice for Fire Safety in Community Dwelling Houses (2017) as well as the recording details of those taking part in fire drills. Centre management must ensure that all young people are clear on fire evacuation procedures and that their participation, or lack of, in fire drills is accurately recorded in the fire register.	The Fire Drill Policy has been updated by the Professional Support Manager on the 21st of February 2025 to note that one fire drill should be conducted under darkness, rather than night time and that the names of all those engaging in the fire drill should be recorded in full, no abbreviations. Centre management completed individual personal evacuation emergency plans (PEEPs) with each resident between 28th of February and 9th March 2025, to ensure they have been fully reminded of fire evacuation procedures. The full name of those participating in every fire drill will be recorded in the fire register, should	This will be monitored by centre management and reviewed by the Professional Support Manager and Head of Services in monthly audits. Head of Services will review as part of the Head of Services and Professional Support Manager's monthly audit schedule and on their other visits to the service.

	Centre management must improve the recording, updating, and oversight of maintenance tasks to ensure transparency across records and timely completion of repairs.	young people not engage, this will also be recorded in the fire drill record form and a follow up risk assessment and plan completed and highlighted to centre management and the Head of Services for review and follow up.	Centre management will monitor completion of maintenance on a weekly basis and recording of this. The Head of Services will monitor the completion of maintenance with the services facilities team. The Head of Services and Professional Support Manager will review records of completion of maintenance as part of their monthly audits, with an overview of this and young people's feedback on same by end of June 2025.
	Centre management must review the use of extension leads in the centre to ensure alignment with own policy in that they have surge protection and are not overloading sockets.	Centre management and the Professional Support Manager reviewed service maintenance records by end of February 2025 to enhance evidence of maintenance completion and associated timeframes in centre records. The health and safety site specific statement has been updated by centre management to reflect that extension leads may be used, only with surge protection to ensure sockets are not	Head of Services is due to walk the service on 10.04.2025 with centre management to confirm that any extension leads without surge protection have been removed. Young person induction sign off will be monitored by the Head of Services and Professional Support Manager through monthly audits. Head of Services and Professional Support Manager will ensure that the staff induction has been updated by end June 2025.

		overloaded. This has also been incorporated into the young person's induction by the Professional Support Manager and centre management and will be incorporated in to the reviewed staff induction process on completing a health and safety check. The induction process review to be completed by end June 2025.	
5	The registered proprietor must ensure the centre's policies and procedures, including the fire safety policy and the wider policy document, are updated to include new roles such as the professional support manager and are reviewed as scheduled in 2025.	The centre's policies were updated by the Professional Support Manager on 2nd April 2025 to reflect the inclusion of the new Professional Support Manager role. This was completed ahead of scheduled policy review for 2025.	Head of Services will monitor the organogram to ensure any changes are reflected when they occur or as soon as practical following such a change.
	The registered proprietor must ensure those conducting audits are competent and suitably prepared/trained, with robust management oversight of internal audit findings and appropriate	An overview of requirements for social care leaders and deputy managers completing internal audits of files is currently being developed by the Head of Services and Professional Support	A workshop for those completing internal auditing will be developed by mid-May 2025 by the Head of Services and Professional Support Manager. The quality of audits and follow up will be monitored by the Head of

	responses to mitigate actionable findings. The centre manager must ensure all team members are aware of ongoing risks in the centre and how to respond to and manage them.	Manager with a workshop on auditing to be rolled out by the 15th of May 2025. Risk management training was held with the team by the Head of Services on the 19th of February to support the team awareness of risks and how to respond and manage them. This will continue to be reviewed in team meetings.	Services and Professional Support Manager as part of the monthly audit process. Head of Services will participate in a team meeting by end April 2025 to review how the understanding of the risks in the centre are being responded to and managed. To be reviewed as part of Professional Support Manager and Head of Services monthly audit schedule also.