



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 067

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	The Peter McVerry Trust (PMVT)
Registered Capacity:	Five Young People
Type of Inspection:	Announced
Date of inspection:	1st & 2nd of November 2023
Registration Status:	Registered from 31st December 2020 to 31st December 2023
Inspection Team:	Sharon McLoughlin Lisa Tobin Eileen Woods
Date Report Issued:	12th February 2024

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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 under the current organisation in 2005. At the time of this inspection the centre was in its sixth registration and was in year three of the cycle. The centre was registered without attached conditions from the 31st of December 2020 to the 31st of December 2023.

The centre was registered for a capacity of five young people. A semi-independent apartment was also attached to the premises where an additional young person, aged 18 years lived on a medium-term basis. The model of care was based on trauma and attachment informed theory and included an assessment of outcomes, promotion of the young person's wellbeing and the implementation of a strength-based approach. There were six domains under which outcomes were assessed and measured, these being that young people are safe and protected from harm, active and healthy, achieving economic security and opportunity, have hope and are connected, respected and contributing to their world.

There were two young people living in the centre at the time of this inspection and one young person over 18 living in the semi -independent apartment.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
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 manage and relevant social work departments on 10th January 2024. 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 returned factual inaccuracy document to the Alternative Care Inspection and Monitoring Service on the 24rd of January 2024 and these were accepted.

The findings of this report and assessment 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: 067 without attached conditions from the 31st of December 2023 to the 31st of December 2026 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.

The centre was a large and spacious purpose-built house with ample storage space and office space. It comprised of six bedrooms all ensuite, there was also separate bathrooms on each floor. There was a lounge /dining area and a large recreation room. The centre was found to be warm and welcoming, staff spoke at interview of the importance of creating a sense of homeliness in the centre and a place where the young people can feel comfortable. The centre was for the most part in good structural repair and decorated to a good standard.

There was an issue with a significant leak to the roof that had impacted the ceiling and velux windows in the second main recreational room for the young people, the damage had become more significant year on year. The building is owned by Dublin City Council and the Trust was in talks with the council about lead responsibility, budget and timeframe for the necessary repairs. There was no definite outcome at the time of the inspection and the senior management team acknowledged that this needed to be progressed to a schedule of repairs. A newly appointed specialist property manager from within the Trust had visited to review the damage.

The inspectors reviewed maintenance records and found that general repairs were dealt with efficiently and without undue delay. The centre was adequately lit, heated and ventilated and cooking and laundry facilities were domestic in nature. Each young person had their own bedroom and was involved in decisions regarding house décor as far as was practicable. The furnishings and facilities were adequate for the number of young people living in the centre. Staff in consultation with the young people had designed one of the rooms to be used as a sensory room and said that the

young people enjoyed using this room and it was a good space to complete key working.

The centre had a designated health and safety representative and a fire safety representative who attended to the safety and fire safety requirements in the centre. The staff team conducted internal safety checks and audits on a daily, weekly and monthly basis. The inspectors found that all matters relating health and safety and fire safety were risk assessed on a routine basis and overseen by the management in their governance reports. At an organisational level a gap in roles regarding lead responsibility on properties was acknowledged and a person had been appointed to this role within the Trust. As referenced above they had visited the centre to review the leak and the damage caused to date. They will be involved in meeting with DCC in regard to this matter.

The centre had adequate insurance against accidents and injuries to young people; a copy of which was made available for the re registration of the centre. A review of car maintenance records found that the car used by the staff team was road worthy and was fully insured.

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	Standard 2.3
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- None identified

The centre had a policy on supporting positive behaviour and management of behaviours that challenge. The centres model of care was based on the Well Tree Model. This focuses on a strengths-based approach. The approach was described as being pro -social modelling and the adults role modelling positive approaches and ways to resolve issues. All staff had received training in this model and inspectors found that there was guidance and direction from the consultant to the team to support them in their work with young people. The team were also trained in a recognised model of management of challenging behaviour. Interviews with staff and review of records showed that staff were aware of the underlying causes of behaviours of concern, and they were attuned to the needs of the young people. There were individual crisis support plans (ICSP) in place to assist and support staff and the young people to understand and respond to behaviours of concern.

Each young person had an up to date placement plan that was reviewed regularly at team meetings and updated. Key working records evidenced that staff used this plan to identify areas to discuss with young people and plan around goals to be achieved. There were goals within these plans geared towards the young people building on positive experiences and developing some insights into what works for them. During inspection interviews the team were aware of the impact of trauma, neglect and abuse and how these can impact on the needs and behaviours of young people. There was much evidence of planned and opportunity led proactive key working and relationship based individual work with young people.

Collective risk assessments were completed prior to young people's admissions to the centre. These looked at impact of behaviours and the environment in which the centre was located. The inspectors on review of a recent collective risk assessment identified that a young person living in the aftercare flat was not included in the assessment. This was questioned with the staff during the inspection and they acknowledged that it was an oversight. The deputy manager immediately rectified this oversight and consulted all the relevant professionals to inform them of the change to the collective risk assessment.

The use of any restrictive practices was found to be kept to a minimum and where they were in place they were reviewed and removed. Young people were informed of the need to have any restrictive practices in place and key working was completed to assist the young people to understand the rationale for these and how they could be removed.

The management had oversight of these and audits of the approaches to management of behaviours that challenge had been carried out. Learning and recommendations from these audits were brought to the attention of staff through the team meeting forum.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- None identified

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 inspectors found that the young people were provided with opportunities to attend school or educational facilities and that education was valued. There was also a focus on ensuring that young people were encouraged to be aware of wider learning experiences and life skills. Staff described leaving newspapers in the living areas to encourage the young people to discuss topics that were occurring in society or wider world events. Key working focused on budgeting and life skills as part of strength-based approach in line with the model of care. The placement plans for the young people addressed their educational needs and the supports that were needed to be put in place to assist young people.

One of the young people was attending full time education and there was a good working relationship between the school and the staff. This supported the young person to attend the school and complete exams. There was adequate space within the centre for young people to do homework and monies were available to provide any resources needed such as laptops or extra grinds.

Another young person was no longer required to legally be in education and staff were supporting them to explore employment options. A placement in an education facility had been sourced for the young person when they came to live in the centre however, they had chosen not to attend this course at this time.

For one of the young people not in education an assessment of their educational ability was identified by the relevant professionals as something that was outstanding and would benefit them in their future if they choose to return to adult education. The manager stated this was something that they would pursue with on the young person's behalf while they were still under 18. They were also pursuing this with the Tusla social work department regarding rapid attention to funding and securing a suitable clinician to complete this assessment.

The inspectors spoke with a young person living in the aftercare flat section of the centre and they detailed how happy they were with the support they received consistently regarding the areas of training and employment they were most interested in and were currently involved with.

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- None identified

Corrective Actions and Preventive Actions (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
3	N/A		
4	N/A		