



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	The Peter McVerry Trust
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	14th and 15th of January 2025
Registration Status:	Registered from the 3rd of October 2022 to the 3rd of October 2025
Inspection Team:	Eileen Woods Mark McGuire
Date Report Issued:	26th February 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 in March 2014. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 3rd of October 2022 to the 3rd 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 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	2.2
3: Safe Care and Support	3.1
6: Responsive Workforce	6.4

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

At the time of this inspection the centre was registered from the 3rd of October 2022 to the 3rd of October 2025. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 31st of January 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 19th of February 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: 069 without attached conditions from the 3rd of October 2022 to the 3rd of October 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

There were two young people residing in the centre and both had statutory child in care reviews completed within the required timeframes. One young person had a copy of their care plan on file which was completed shortly after their admission. The second young person had the minutes of the child in care review but not a copy of the care plan on file. The social worker involved updated inspectors that they would be completing the care plan and ensuring that a copy be provided to the centre. In their written feedback to inspectors both young people stated that they were aware of the care planning process and both added that they did not choose to attend their child in care reviews regularly. The social workers communicated regularly with the young people and met or consulted with them before the care plan meetings were held. The actions from the care plans were included in the placement plans created by the key workers.

The centre utilised a model of placement planning that allowed for identification and tracking of goals whilst working directly with a young person. The framework allowed for review and measurement with the aim of supporting growth and development. The team met with a consultant at regular intervals throughout the year to review the progression and focus of the plans. Inspectors found that the team also discussed the young people's plans on a weekly basis at the team meeting. The team displayed warmth and professionalism in their planning and direct work with the young people. They included them in the planning and ensured that their voice and aims were reflected to the level that each felt able to engage with and in line with their age and stage of development.

Inspectors found that where a young person made a rapid transition into the centre an initial placement plan was put in place without delay pending further meetings and information. The centre management and staff liaised with and took account of

views of the young person, social worker, family and other key professionals in creating this. Both social workers were happy with the plans in place and the evidence of the key work and other one to one work completed. The young person was happy also and named that the centre was a good place for them to move into. The social workers also noted the quick and clear assignment of key workers with little change over time due to the stability of the team in general. There had been recent changes, but a social worker told inspectors that this was well managed.

The placement plans differed in the rates and types of actions being completed. One was progressing well and the second plan contained evidence that progress was slow and rates of direct work less than had been planned for. The centre team had reviewed this and identified issues within the plans and goals seeking to adapt the process to support the young person in key and pressing areas of high risk. This had also been discussed with the consultant and the team were adapting their approaches to try to better meet the young person's needs.

It was found by inspectors that one young person had the external specialist services involved that they required and the social worker co-ordinated these with all parties being aware of their roles and areas of responsibility. The young person's voice and views were reflected throughout. The second young person had refused some, but not all external supports offered and the centre team were looking to maximise and expand their access to the type of services the young person had engaged best with. Further funding for assessment had been requested from the social work department and was under discussion. The social worker was kept up to date on what was and was not meeting the needs of the young person, the lack of engagement in education and risk to their person being two key and urgent aspects. Both young people's care records were clear and well organised in all aspects of their needs and care.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
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

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.

Inspectors were informed by the head of service that they had started a policy review group for the child protection and safeguarding policy and procedure suite. This had commenced and involved a full policy review and liaison with a Tusla Children First information and advice officer. Inspectors found that there was a relevant and legislatively aware set of policies that will be further enhanced by the review and by the learning the centre and sister centres have undergone. The policies took account of all types of abuse including, bullying, risks related to social media and online exploitation and the centre have seen the latter and child sexual exploitation form a large part of the focus of their work during 2024.

The child safeguarding statement was in place and had been reviewed every two years in line with requirements. Inspectors found that knowledge of the risks identified within the child safeguarding statement/CSS was not as fluent for the staff as their knowledge of the policies and procedures and that they should revise the CSS together as a team.

The staff interviewed and the care records reviewed by inspectors evidenced a team that was led with a good understanding of child safeguarding, followed up by action to try to restore safety or enhance a pathway back to safety. In 2024 the team had completed training online in children first and in child sexual exploitation/CSE. This training was supplemented by in person CSE training and in the child protection policies of the Trust. They had also completed training in online media and current risks to enhance their working knowledge. Inspectors found that the team had acted to trigger the Tusla reporting procedure for suspected CSE, this was supported by the social worker and escalated in levels of response once activated. Strategy meetings and missing child from care protocol meetings were held, with increasing regularity, with more senior staff from the state agencies Tusla and the An Garda Síochána attending along with the team and social work department.

The centre management attended the meetings and kept a good record of the discussions and decisions. The decisions and actions were relayed to all staff through handovers and team meetings, plans were adjusted at the centre in line with the level of risk. There was a strong partnership approach in place in responding to the CSE concerns and the young person affected was aware throughout, according to the records, why certain actions were being taken. In their feedback to inspectors the young person let us know that they liked the staff and they liked living there.

The team were found by inspectors to have a good capacity to identify and work with areas of vulnerability, promoting good communication with the young people and speaking directly when needed. They also focused on the provision of a caring and welcoming, safe environment, free from judgement whilst promoting the right to be safe. There was ongoing evidence of risk, although decreased, and the centre manager stated that they had reviewed the key working and individual works completed in relation to how they could improve and increase the quality and quantity of interventions. Inspectors found that the team had adapted approaches and techniques to try to increase engagement in helping young people keep themselves safer and build self-esteem. The work remained ongoing and wrap-around areas of additional focus along with child safety both online and in the community had been identified by the centre manager and staff as being related to online risks, self-harm and culture.

Inspectors found that the area of roles and responsibilities under children first required clarity as it was stated by management that only staff qualified in social care could be mandated persons, with the centre manager and their deputy as designated liaison person and deputy designated liaison persons respectively. Whereas staff interviewed understood that all qualified staff were mandated persons in line with their role as social care staff. Management must discuss this with the team and review as part of their current child protection policy review. Inspectors also found that the organisation required some process to respond to situations where an allegation may occur outside the centre, to assure themselves regarding the safeguarding of young people and staff.

The centre manager maintained a child protection reporting register supported by a designated social care leader. There were a significant number of open child protection and welfare reports on the register. The social workers were satisfied that the centre had submitted matters that merited use of the child protection reporting procedure. They stated that the team had sought advice and support where needed

and that the child protection and welfare report forms/CPWRF's were completed to a good standard giving detail and information that supported good screening and investigations as applied. One social worker stated that the relevant family member had been informed when all types of reports was made. Each child protection report submitted by the centre was accompanied by a significant event report to alert the social workers that such a report had been made. The social worker for the young person for whom the most reports had been submitted stated that they were made aware by the centre of the open reports that required a written outcome and was committed to providing these in due course. Some matters remained under open investigation and there were actions and responses linked to all key areas of risk in the interim confirming that all had been acted upon.

There were some anomalies identified in the reporter section of some of the CPWRF's and inspectors requested that the centre manager and staff review how the reporter details should be entered and what email source was appropriate for registering for the portal. A small number of staff had registration issues with the portal upon, for example, returning to work or related to phone numbers and have committed to contacting the technical support team for the Tusla portal to restore their accounts to their work email.

The Trust had a policy on whistle blowing and this was also part of the current policy review. The staff and centre manager were knowledgeable about the purpose of the policy and the procedures open to them should they want to make a protected disclosure.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management must revise the child safeguarding statement with the staff team to ensure robust knowledge of the risks addressed within it.
- The senior management and centre management team must review their approach to determining who holds the role of mandated person within the team and ensure that all staff are fully aware and have procedures in place that name and recognise the roles of mandated and non-mandated persons.
- The centre management must review the child protection forms reporter details and identify any areas for improvement including the use of work emails.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

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

One of the centres social care leaders maintained a record of the centres mandatory training, this was overseen by the centre manager. Inspectors found that the mandatory training was tracked, and certificates gathered for the training completed. The matter of training needs and its booking, rostering and dates for completion was discussed at team meetings, social care leader meetings and at senior manager meetings. There was also internal oversight through a centre based audit. Inspectors found through this system the centre was able to track rates of completion and renewal of mandatory training with gaps or delays identified and actions put in place to address these. One such training was the therapeutic crisis intervention/TCI refreshers and full training. In general, the organisation books this training through Tusla and liaised well with certified Tusla TCI trainers about dates and clarity on renewal timeframes and their implications. The organisation have identified one internal trainer to supplement training dates and giving consideration to having a second internal trainer to support training schedules as they had encountered delays in accessing dates for staff. At the time of the inspection staff were booked for or had completed their refreshers.

The centre manager brought policy and procedure learning into the team meetings on a regular basis. These sessions were planned and prepared for in advance. During

inductions it was found that training, professional development, the centres purpose and function, the ethos and mission of the Trust along with relevant guidelines were focused on. The staff interviewed for this inspection were long term staff who had good knowledge and information related to training and their continuous professional development, they had also supported new staff joining the team.

The team had attended training in the centres child protection and safeguarding policy and procedure suite in quarter four 2024 along with complementary training in social media and online risks. There was a training needs analysis completed for the upcoming year with initial dates assigned for both mandatory and complementary training in quarter one 2025. The team had identified a need for self harm and suicide prevention as a focus and have booked the national suicide awareness programme SafeTalk.

Inspectors recommended that the centre manager and the assigned staff member enhance the detail maintained on the training tracker to specify type and renewal cycles for specific training and to maintain a co-ordinated record of additional training completed by staff that further supports their work. The trackers should also reflect training completed in the role of designated liaison person and in the mandated persons role. Other mandatory training outstanding was booked in first aid response and in fire safety with this to take place onsite in 2025.

Inspectors reviewed records of inductions completed and found that these were recorded and maintained on the staff members record at the centre. The process of inductions was reviewed during an internal audit in 2024, from which actions to update the process were identified and introduced. Inductees commence the process by starting at the central training facility run by the organisation, this is then combined with identified days at the centre until such time as the induction process was completed, this ran over a three-week period. A record was maintained of stages of induction as they were completed at the centre. Inspectors found that staff must pay attention to ensuring that items are all signed off when completed.

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

Compliance with standards	
Practices met the required standard	Standard 6.4

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
2	None identified		
3	<p>The centre management must revise the child safeguarding statement with the staff team to ensure robust knowledge of the risks addressed within it.</p> <p>The senior management and centre management team must review their approach to determining who holds the role of mandated person within the team and ensure that all staff are fully aware and have procedures in place that name and recognise the roles of mandated and non-mandated persons.</p>	<p>All staff members have again been provided with a copy of the Child Safeguarding Statement, this will be further reviewed with team during team meeting on 19th of February 2025.</p> <p>All staff members have completed TUSLA mandated person's online training in January/ February 2025. Mandated person's list updated to confirm all staff members with relevant qualification working in the Children's Residential Service are deemed mandated person. Mandated person list will be reviewed with staff team in team meeting in February 2025. This will be reviewed with Tusla Children's First Advice and Information</p>	<p>SCM will review the Child safeguarding statement to be reviewed with staff team annually and with new staff as part of their induction to support staff team's awareness and knowledge of the risks addressed within it. Adherence to be monitored through HOS and PSM audits.</p> <p>SCM will ensure Mandated person's list is kept updated and available for all staff members and all new staff to complete training. Adherence to be monitored through HOS and PSM audits.</p>

	<p>The centre management must review the child protection forms reporter details and identify any areas for improvement including the use of work emails.</p>	<p>Officer as part of Child Safeguarding and Protection Policy.</p> <p>TUSLA portal discussed with team during team meeting on 22.01.25. All staff members reviewed their portal account to ensure work email is attached and SCM reviewed each section of the report to ensure staff familiarity with specific information required in specific sections.</p>	<p>SCM to continue discussing child protection at weekly team meetings and oversee all submissions via TUSLA portal. Adherence to be monitored through HOS and PSM audits.</p>
6	None identified		