



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 070

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Five young people
Type of Inspection:	Unannounced
Date of inspection:	14th and 15th August 2023
Registration Status:	Registered from 04th March 2021 to 04th March 2024
Inspection Team:	Cora Kelly Eileen Woods
Date Report Issued:	29th September 2023

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 04th March 2003. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without attached conditions from 04th March 2021 to 04th March 2024.

The centre was registered to provide multi occupancy for medium to long term care for up to five young people aged between 12 to 17 upon admission, the centre by agreement accommodated a maximum of four young people at any one time. The provision of aftercare support formed part of the purpose and function. The centre operated a strengths-based therapeutic model of care which was trauma informed within which individualised planning for young people was guided by a therapeutic placement planning model called the Well Tree model. There were three 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
1: Child-centred Care and Support	1.5
4: Health, Wellbeing and Development	4.3
5: Leadership, Governance and Management	5.2

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 department on the 30th of August 2023. 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 informed the Alternative Care Inspection and Monitoring Service on the 13th of September 2023 that there were no factual inaccuracies in the draft report.

The findings of this report deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 070 without attached conditions from the 04th March 2021 to the 04th of March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The inspectors found that for the three young people in placement staff practices in the centre complied with their own procedures outlined in the contact with family and contact with friends policies. It was evident that staff promoted, supported, and facilitated family contact aimed at ensuring the young people were maintaining positive relationships with immediate and extended family members. The staff team's approach to recognising the unique family dynamics for each of the young people was evident and it had enabled them to develop positive relationships with the young people's families to date. This positive approach that was demonstrated by staff in interview was also reflected in the young people's care files. It was evident too, that where family difficulties arose for young people, they were supported in these situations. The young people's families had been invited to visit the centre and it was clear they were involved in their child's life in line with their care plan or arrangements in consultation with their social workers. All three social workers spoke positively of the staff's work in helping the young people keep in touch with their family and how they were proactive in their approach in ensuring it was child led and also in their best interests.

Family contact arrangements in place for the young people was respectful of the young people's wishes and planned appropriately with parents / extended family with social worker approval. It was evident that such arrangements were discussed at child in care reviews (CICRs) that had been held for two of the young people at the time of the inspection. Staff had adopted a flexible approach in scheduling family visits based on the wishes of the young people and their family members and supervised visits when requested to do so. For one of these young people, they were supported to have contact with and spend time with their sibling.

For the third young person who had resided in the centre for two months and who did not have a care plan on their admission to the centre and their CICR had yet to take place there was an absence of formal family contact arrangements for them.

Based on information provided to the centre on the young person's admission and during their transition to the centre, the staff team quickly commenced family contact arrangements between the young person and their parent. This was a positive experience for the young person as they had progressed from day visits to the family home to overnight stays. Both the centre manager and allocated social worker stated to the inspectors in interview they were committed to scheduling formal contact arrangements at the CICR that was scheduled to occur the day following the inspectors being onsite at the centre. The inspectors were informed this had occurred and a formal access plan was being devised. The delay, though not an issue with respect to regulation requirements, in a formal statutory care plan being provided for the young person was addressed separately with the centre manager and the allocated social worker.

A strong emphasis was placed by the centre in supporting the young people to maintain links with their community of origin through the facilitation of their personal pursuits and seeing their friends alongside family access arrangements. Staff had liaised with the young people in identifying their talents, interests and hobbies and secured summer camps and a Gaeltacht placement for one of the young people. Activities based on the young people's interests were planned for in the young people's weekly planners. Despite continuous staff support and flexibility, they did not come to fruition for one of the young people due to their lack of engagement with their placement. The third young person was supported with their interests. Young people were supported to maintain friendships with keyworking records that focused on healthy friendships having occurred for one of the young people.

Although the celebration of birthdays had not occurred for any of the three young people in their placement to date staff were planning for the approaching birthday of one young person. This included a celebration meal of their choice and a present for them. The young people had appropriate access to a telephone, televisions, and the internet.

Compliance with Regulations	
Regulation met	Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
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 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

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 centre's policies that focused on education included the policy on young people attending education, young people refusing to attend and young people who have difficulty in attending education. The policies on care planning, placement planning and keyworking also underpinned staffs work in this area. In interview staff were familiar with these and with local education providers and training settings. Overall, on the inspectors review of the young people's care files education goals were contained in the relevant section of their placement plans. The goals identified were found to be focused and action oriented.

For two of the young people there were clear education plans for the new academic year. One of the young people was returning to the same school they had attended prior to moving to the centre. Staff were preparing the young person for the return. This included establishing a travel route using public transport and ensuring they were equipped with school supplies and school uniform. The inspectors were advised by the centre manager and the allocated social worker that a strategy had been agreed at the CICR that would allow the centre and parent to be both actively involved in

supporting regular engagement with the school aimed at ensuring educational goals are met.

A new education setting in the form of a learning centre, in operation within the organisation, had been identified and secured for the second young person based on their assessed needs, abilities and strengths. With ongoing staff support and support within the education centre itself this was identified as a viable setting for them to continue their education journey. The centre and social worker indicated their commitment to supporting the young people with this journey and to follow up on outstanding assessments once they settled into the learning centre programme.

It was a different situation for the third young person as they were not engaging with staff and not availing of their support throughout their four-month placement to date. It was a challenging situation for staff who continued to demonstrate their commitment to helping them settle into the placement and ensure their overall needs, including education could be met. The centre and social work department were liaising closely regarding their overall circumstances and naming their presenting concerning behaviours and inability to keep themselves safe. Along with the social work department the centre manager was aware of their responsibilities in ensuring that their outstanding assessments required follow up once they commenced engaging with professionals and availing of the various supports in place for them.

There was a deficit in education related information being held on the young people's files. Reasons for this included that for all three young people living in the centre this was their first placement within the residential care setting meaning the social work department did not have information to share with the centre. Also, as two of the young people moved to the centre during the summer months when their education settings were now on summer break, they were unable to communicate with the school directly. The new arrangements in place will allow the centre to maintain education records of each of the young people.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
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.

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-centred, safe and effective care and support.

It was the inspectors' findings that the centre was providing child centred, safe and effective care and support to each of the three young people in placement. There was a clear commitment by the centre manager and staff team to ensuring that the young people were progressing in their placements and when this was not occurring external support and guidance was sought from relevant professionals involved in the young people's care. In interview, staff were familiar with the centre's internal and external management structures, of reporting lines and of the policies and procedures, that were last reviewed early 2023, underpinning their work practices. There was evidence of policies and procedures being discussed at some team meetings and of these being relevant to circumstances occurring in the centre.

There had been changes to the internal management structure since the last ACIMS inspection in January 2022 with the addition of the deputy manager role in February 2023. The current deputy manager was suitably qualified and experienced having worked in the centre for a considerable time. They had successfully deputised for the

centre manager in their absence too. Both the centre manager and deputy manager worked full-time in the centre Monday through to Friday during normal working hours. They each had their own roles and responsibilities and met informally on a weekly basis to plan their work. Along with the centre and deputy managers three social care leaders made up the internal management arrangements for the centre. Social care leaders held mentor roles for the four social care workers employed in the centre. A delegation written record of tasks was in place where each staff's specific roles and responsibilities were outlined. To complete the full staffing complement an advertising campaign was occurring at the time of the inspection to recruit one social care leader and a part-time social care worker post. A relief panel of social care workers was available to support the staff team in filling shifts.

It was evident that the centre manager promoted a culture of good communication, of learning and they were available to support staff and the young people. They were committed to the ongoing upskilling and professional development of the staff team as a group and individually. The centre manager was proactive in securing appropriate and relevant training to meet the young people's needs. Whilst a social care leader held a specific responsibility for ensuring individual staff training files were kept up to date the inspectors did not view ancillary training certificates on a sample of the files reviewed. The inspectors recommend that all ancillary training is included in the individual staff training audits.

Through the provision of regular supervision, presence at handovers, team meetings and the oversight of records the centre manager had a good oversight of all aspects of the centre. Staff named in interview that they felt supported by both the centre and deputy managers. There was ongoing communication between the centre manager and the head of U18's services within the organisation, as their line manager. They worked collaboratively in completing audits and engaged in regular check-ins regarding the operational practices and care of the young people. The inspectors were informed by the centre manager on the day of the onsite inspection that they were leaving their post the following week and were advised that an induction plan been developed to support the appropriately qualified and experienced manager that had been identified to take charge of the centre. The staff team had been informed of the situation and the centre manager was informing the young people that week.

The centres risk management policy included procedures for the identification, recording, analysing, monitoring, and reviewing of risks. The centre held both a service and young person risk register. On review of the latter register it was found to be up to date. The centre manager and staff described the risk processes in place for

the young people and gave examples of risk management plans and safety plans in place. For one of the young people the centre was actively engaging with all relevant stakeholders in managing the risks posed by them, to themselves and their situation. Staff were clear on the interventions in place to manage the risks. The inspectors had identified some minimal gaps, that were not impacting the centres work in managing risk, regarding the risk rating system in use and the collective risk assessment form not being fully completed. The director of services confirmed with the inspectors that the head of U18's services, who had recently completed risk management training with the staff team also shared this view and it was an area they had identified to work on with the centre.

A service level agreement was in place between the centre and the Tusla National Private Placement Team (NPPT) with quarterly meetings held to review the service with the Tusla regional manager and finance team.

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

Compliance with standards	
Practices met the required standard	Standard 5.2
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.