



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Five young people
Type of Inspection:	Announced
Date of inspection:	8th,9th & 10th January 2024
Registration Status:	Registered from 04th March 2024 to 04th March 2027
Inspection Team:	Catherine Hanly Lisa Tobin
Date Report Issued:	16th of 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 on the 4th of March 2003. At the time of this inspection the centre was in its seventh registration and was in year three of the cycle. The centre was registered without attached conditions from 4th of March 2021 to the 4th of 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. However, by agreement, the centre accommodated a maximum of four young people at any one time. 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 four 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
5: Leadership, Governance and Management	5.4
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

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work department on the 19th of 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 informed the Alternative Care Inspection and Monitoring Service on the 23rd of January 2024 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 of March 2024 to the 04th of March 2027 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 statutory care plans on file for each of the four young people and some of those had statutory child in care reviews (CICR) scheduled in the coming weeks. Inspectors found that the content of the care plans varied, and in some plans, the language used was not child-friendly and may cause upset should the document in its current format be shared with the young people. The documents did not all clearly state whether the child attended their CICR, although generally their views were represented in some way in the document and inspectors were able to ascertain their attendance or otherwise from other sources. One of the care plans reviewed did not have a set of actions identified arising from the meeting. These various matters were raised with social workers during interview for this inspection and were asked to be addressed in future CICR and drafting of statutory care plans. The young people inspectors spoke with were aware of the CICR process, knew they could attend, and some confirmed they had, and they knew that their views were represented there.

There were detailed placement plans on file and a system that was well understood, consistently implemented, and evident that it informed discussions about young people and their placement at team meetings. There were varied efforts to engage and consult with young people daily by the staff team including formal individualised consultation meetings, one to one work, and the use of a display board in the hallway of the home where young people were encouraged to identify their individual goals on. The young people inspectors met with stated that they felt heard and genuinely cared for by the staff team. Some were able to name their goals at that time or for their future although the language of placement planning was not very familiar to them. The integration of young peoples' views and their own identified goals could be further developed within the placement plan documents – a matter that could be discussed in the forthcoming review with the external professional that guides the team in the use of the current document and system.

Some of the young people were engaged with external professional supports that had been identified as being of benefit to them. The staff team consistently encouraged young people to engage when they felt they could and facilitated these appointments as necessary. Input, including resource materials, had been recently sought by the staff team from external professionals engaged to work with some of the young people. The purpose being that they were better informed to carry out individual work in the absence of the young people's direct engagement with the professionals. There was regular communication between the centre and the respective social work teams, with all parties reporting this to be positive and productive in the context of ensuring shared decision-making and a unified approach. The social workers spoke very highly of the level, professionalism and promptness of communication and reporting from the staff team.

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 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.

Regulation 5: Care Practices and Operational Policies

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The approach to and delivery of care at the centre was a central focus in ongoing discussion and review through various processes including shift hand over, weekly team meeting, varying levels of management meetings, dedicated significant event reviews at two levels, as well as internal and external audits. These mechanisms contributed to good quality of care and there was evidence through the significant event review forums of a connectedness with other systems in operation such as risk management, absence management and safety planning for young people. Where necessary, discussions and reviews of practices led to the convening of strategy and professionals' meetings to ensure the care approach ensured safety.

Internal audits of young peoples' files, staff training, and personnel files were amongst others that were conducted regularly by members of the staff team. In addition, audits against the national standards, were conducted in this centre by managers from sister homes within the organisation. These audits were well structured with clear findings documented. They could be further developed through the identification of clearly named actions where required by the centre/organisation to ensure full compliance with standards.

There was a system in place for enabling young people to provide feedback to the staff team and manager and there had been no complaints since the last inspection in August 2023. The young people inspectors met with did not raise any dissatisfactions and were glowing in their praise for their respective experience of living in this home and of the support provided to them by the staff team and manager.

Centre management had recently completed an annual review of compliance. This had been set against the national standards and was utilised to inform the service development plan for the coming year. Inspectors gave some guidance on the development of this compliance review including the need for it to be set against the centre's stated objectives. Inspectors were informed of ongoing plans at various levels in the centre and within the organisation which were aimed at contributing to the quality of service. This was in addition to ongoing reviews of templates and paperwork at the centre to improve the oversight of the quality of service being provided.

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

Compliance with standards	
Practices met the required standard	Standard 5.4
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.

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.

At the time of this inspection, most of the fulltime staff team and regular relief staff members had a recognised qualification in social care or social studies. The remaining staff had qualifications in relevant disciplines. There was a mix of experience on the staff team of working in different services and a span of time worked in residential care. Inspectors experienced the staff team to be committed, professional and showing genuine care and empathy for the young people they were working with. This was demonstrated through interviews, in exchanges with young people observed by inspectors and in written records reviewed.

The centre manager reported that there had been one staff resignation immediately prior to this inspection and another forthcoming by the end of the month. At the time of this inspection, the centre was operating with two fulltime positions less than its allocated quota. The gaps arising were being filled by relief staff. The gaps also meant that whilst the plan for staffing the centre was two overnights and one long day shift on each day, due to the deficits there was regular occasions whereby there were only two staff on overnight shifts. The manager and staff were confident that

there had not been any negative impact on the care given to the young people despite the gaps on the fulltime rota. Based on inspectors review of records, and from information gathered in speaking with three of the young people, they could find no negative impact on service delivery, or on the quality of care provided. The director of child and family services within the agency informed inspectors that there was a recruitment process actively underway, and they planned to fill these vacancies by the end of January 2024.

There was an existing programme of continuous professional development and training for the staff team in place. Staff training and development needs were regularly discussed at team meetings and through formal supervision. There were plans in place to further develop the existing programme through a new overarching training needs analysis and the implementation of a plan to meet identified needs accordingly. There had been consistent and committed attention to the provision of ongoing training and development opportunities for the staff team. This included mandatory training including child protection, crisis intervention support for young people, and first aid. In addition, the staff team had completed online training in child sexual exploitation, which was to be further progressed with an in-person bespoke training for the team; and had also received resources and guidance from external specialist professionals engaged to work with the young people. It was evident that a high standard of knowledge, skills and competency was expected and valued by management and the staff team alike. Some staff had identified responsibilities in aspects of oversight such as staff training. There were also opportunities for staff members to complete formal training in identified courses through an institute of technology. Staff were clearly invested in each of the young people and were committed to securing any training or insights that would enable them to better support them in their placements.

There was a formal induction process in place for new staff coming to work in the centre. This was detailed and records were maintained.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	Not all areas under this standard were assessed

Compliance with standards	
Practices met the required standard	Standard 6.4
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.

4. CAPA

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