



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 192

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	14th,15th & 22nd of May 2024
Registration Status:	Registered from 14th of May 2021 to the 14th of May 2024
Inspection Team:	Lorraine Egan Lisa Tobin
Date Report Issued:	2nd October 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 14th of May 2021. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 14th of May 2021 to the 14th of May 2024.

The centre was registered since March 2022 to provide multiple occupancy for up to four young people seeking international protection between the age range of twelve to seventeen years upon admission. The purpose and function of the centre was altered from June 2023 which increased the length of the placement from a short term basis to medium to long term provision. The aim of the centre was to provide individualised, holistic, strengths based care and support to young people who were referred as they arrived in Ireland or when moving to the centre from alternative placements. The care provided was underpinned by the Welltree Model of Care and supports young people with integration, education and independent living skills. 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
1: Child-centred Care and Support	1.1, 1.4
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 departments on the 10th June 2024. The registered provider was asked to review the report for any factual inaccuracies as there was no actions identified in the draft report, and no requirement to complete a corrective and preventive action plan (CAPA) document. On the 27th June, the centre manager informed the Alternative Care Inspection and Monitoring Service that there were no factual inaccuracies identified in the report.

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: 192 without attached conditions from the 14th May 2024 to 14th May 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found evidence that young people living in the centre experienced high quality child centred care and most were progressing well in their placements. The environment was homely and nurturing and one where staff had built up trusting and positive relationships with young people. Each young person had their own bedroom as well as space to spend time with other residents in a shared sitting room area. Two young people spoke to inspectors and described how they were happy living in the centre and felt safe. They had good support from the staff with attending education, pursuing activities of choice and could buy their favourite foods. They said they liked to attend the young people's meetings each week and felt heard by staff there. They discussed issues that were bothering them and regularly got rules changed that they didn't like and thought were unfair to them.

From a review of centre records, inspectors found that the staff team strongly recognised and promoted children's rights through prioritising their educational goals, medical needs, and access to services that supported their mental health and wellbeing. Young people were asked for their opinions and ideas on decisions made that affected their care and were listened to through key working, joint goal setting and routine consultation. Staff helped them to learn about their rights to practice their religion, speak their own language and share and enjoy their own culture in the centre. The centre's policy on children's rights was aligned to the United Nations Convention on the Rights of the Child (UNCRC) and at interview staff were well informed of these rights and described how they were protected and promoted in their everyday practice with young people.

Children's rights were explained to young people as soon as they moved into the centre through the completion of a comprehensive induction programme. The work recorded was of a high standard and staff helped young people understand

information on the UNCRC, the role of Empowering People In Care (EPIC) as well as who to talk to about a complaint and which services they could access to further support their individual needs. Young people were provided with a prayer mat and a copy of the Qur'an and how to travel to the mosques closest to the centre. Staff also accompanied young person on their first visit there so they would be familiar with the best route and type of transport to take to get there safely. Young people were also given the option to attend religious classes.

Individual work was completed on areas such as sense of identity and culture, family relationships, weekly menus and foods of choice. Young people shopped for the ingredients they wanted and there were regular cooking and baking evenings arranged for young people and staff to sample foods from specific regions and countries. Celebrations were arranged such as birthdays, receiving special awards and graduations as well as recognising religious festivals such as Eid. The centre also used live night cover for young people during the Ramadan period for when their eating patterns changed.

The staff team provided support for those who were applying for refugee status and there was a very strong focus on maintaining contact with young people's individual family members back home or in other countries they had moved to. This was coordinated in collaboration with the dedicated social work department and it helped young people maintain their sense of identity and belonging. Friendships were encouraged too so that young people could invite friends to visit the centre to hang out together or to meet outside of the centre after school or at weekends.

Since the previous inspection in 2023, where it was identified that some young people had not been allocated a social worker, the centre had escalated the issues and advocated very strongly with Tusla on behalf of those it affected. In addition they supported the young people to make individual complaint through Tusla's Tell Us process. This resulted in a positive resolution and the recently assigned social workers who were interviewed by inspectors said that they believed that it was as a direct result of the young people provided with the opportunity to advocate for themselves.

Additional English language classes was also resourced for young people for home work or to improve their engagement in hobbies or other activities within the community. Educational assessments were advocated for by staff to see if specialist supports could be availed of where needed. As mentioned above, group meetings were held routinely and all young people regularly participated. The template in use

was child friendly and reflected discussions and decisions made between staff and young people from week to week. Rights based themes were also debated at this forum, for example; feminism, women's rights, LGBTQ, consent and relationships as well as weekly allowances, menu planning and rules of the centre.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

At the time of admission, an induction programme was completed with each young person where information was explained about; their individual rights and responsibilities, the Red Cross tracing service, how to speak out about dissatisfactions, rules and routines of the centre and what to expect from living there and with peers. The record of the work completed with young people was of a very high standard and staff were careful to provide it at a pace to suit the individual needs of the young people. Staff were sensitive to any language challenges there were and were quick to organise translators so that the details could be delivered to young people in a way that was appropriate to them. Translators were routinely used and young people had opportunities to choose a translator that was more familiar with aspects of their own dialect and culture so that their understanding could be enhanced.

The centre had an information booklet available and leaflets were placed around the communal areas of the centre with additional content about specific services and supports of interest to them. The centre's living skills programme also identified goals as part of placement planning that incorporated their rights and entitlements across a wide range of areas in preparation for moving on from care. Inspectors found good evidence that staff were sensitively supporting young people who experienced trauma in their past and on their journey to Ireland. Care was taken to explore specialist services with young people such as youth advocate programmes, counselling and other therapeutic services and they were encouraged and facilitated to attend appointments and remain engaged.

Social workers who spoke to inspectors complimented the staff team on their dedication, knowledge and high standard of care. Some described how young people were provided with a comprehensive amount of information on their rights and were motivated by staff to take opportunities especially regarding their education. Young people had been made aware why inspectors were visiting the centre and had some knowledge of the National Standards.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1, 1.4
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

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.

Inspectors found that there was strong and effective leadership demonstrated at all levels by the centre manager and good governance practices were evident on centre records. The centre manager had overall authority for the delivery of child centred care to the young people living there. They were supported by a consistent staff team who implemented the organisation's ethos and high-quality care in their everyday practice. The centre manager valued and encouraged a culture of learning amongst the staff team through internal and external auditing, comprehensive review of placement planning and regular team meetings. A schedule of needs-based training was also provided along with the opportunity for new staff to take part in a mentoring programme when they took up their positions. This enabled improvements and progress in quality and safety for young people in the centre. At interview the centre manager and staff had good knowledge of their specific roles and responsibilities and described how working well together as a team contributed to young people

experiencing better outcomes. They were aware of who they were accountable to and were familiar with the overall management structure within the organisation.

The centre manager was present in the centre from Monday to Friday each week. Staff described them as very supportive and gave examples of this in practice. This included being available to them when they needed guidance in their day to day work, regular supervision, clear communication and opportunities to learn along with time spent together to reflect on their daily practice.

Arrangements were in place for the two social care leaders to take responsibility to act up for periods of the centre manager's absences including annual leave and sick leave. Staff stated how sharing this role between both of them worked well and young people and their allocated social workers were aware of the changes in leadership in advance of it taking place. The centre had a delegation register in place which identified the functions and tasks to be achieved by the named staff members undertaking the additional duties. These were regularly reviewed and staff were familiar and knowledgeable about these responsibilities at interview.

Comprehensive team meeting minutes were evidenced on the centre's files with clear details of the discussions and decisions agreed between management and staff. Young people's voices were represented at these meetings and all risk registers were spoken about and reviewed. Direction to staff was noted on the minutes by the centre manager and their oversight along with senior managements' was observed routinely on centre records. This included ongoing auditing to ensure continued compliance with regulations and standards as well as to monitor the delivery of care so that it was effective and safe for the young people living there. Operational policies for the centre were in place too and these were updated in line with regulatory requirements. Policy and procedures review and implementation was discussed at senior management meetings. The centre manager described how they received good support from the director of child and family services who had taken on a number of responsibilities while their direct manager was on leave. In addition, there was evidence to show that they were present in the centre often as part of scheduled monitoring and general oversight. They were familiar and available to the staff and young people when required.

The centre had a policy on risk management including a risk management framework incorporating supporting systems for the identification, assessment and management of risk. The centre manager held responsibility for maintaining the risk register that identified organisational and centre risks including individual risk assessments for

young people. These outlined strategies and interventions to mitigate risk such as online safety, exploitation, self-harm and missing from care.

There was a service level agreement in place and audits available to the funding body that they were compliant with relevant legislation and national standards.

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.

4. CAPA

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