An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: ID 187

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Peter Mc Verry Trust**
Registered Capacity:	**Six young people**
Type of Inspection:	**Announced**
Date of inspection:	**13th & 14th May 2021**
Registration Status:	**Registered from 5th February 2021 to 5th February 2024**
Inspection Team:	**Lisa Tobin** **Eileen Woods**
Date Report Issued:	**18th August, 2021**

Contents

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 Assurance 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 5th February 2021. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 5th February 2021 to the 5th February 2024.

The centre was registered to provide short term emergency care for six young people between 12-18 years of age for a period of three weeks. The referrals came from Tusla, and work in conjunction with the National Out of Hours Service (NOHS) and Crisis Intervention Service Partnership (CISP). All the referrals are for young people requiring an immediate residential placement. The centre offered a strength based, trauma and attachment informed care to each young person guided by the Welltree model of care. There were six 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
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 on the 26th July 2021 and to the relevant social work departments on the 26th July 2021. 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 9th August 2021. 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 187 without attached conditions from the 5th February 2021 to 5th February 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 found that there was evidence of staff awareness of Children's First National Guidelines 2017 and relevant legislation which was seen during interviews and reviewing questionnaires. The team had completed training in Children's First online and with an external facilitator. Policies and procedures were updated in January 2021 including relevant policies around child protection and the safeguarding of young people.

Inspectors reviewed the Child Safeguarding Statement which included the vision and principals to safeguard children from the risk of harm. The risk assessment was part of the statement which outlined the harm identified and the procedure in place to manage the risks of harm identified. Further procedures were discussed including the management of allegations of abuse or misconduct, safe recruitment and selections of workers, provision of and access to child safeguarding training and information, reporting of child protection or welfare concerns to Tusla, maintaining a list of the mandated persons and the procedures for appointing a relevant person. The statement had a review date for 1st March 2022 and a letter of approval from Tusla.

As the centre operated as emergency accommodation, the young people presented in crisis situations. Due to the nature of the service and the length of involvement with the young people, their needs and vulnerabilities were identified through the individual crisis support plan and the pre- admission risk assessment in a much as practicable.

There was a bullying policy in the centre and peer bullying was identified as an ongoing issue. Risk management plans were put in place however, there was no reference to anti-bullying work completed with the young people involved. Staff had increased supervision on the floor when the young people involved were in the house. The young person was offered the complaints process but didn't wish to proceed. After a physical assault allegedly by other peers, staff completed a child protection welfare report form and followed recommendations from the risk assessment carried

out. The ongoing risk of bullying and intimidation was added to the centre risk register at that time. It was identified that both young people required their appropriate move on placements. Staff awareness of safeguarding was evident during interviews and their knowledge of appropriate responses including updating complaints and follow up referral to the Tusla portal.

While reviewing the young people's documents, inspectors saw evidence of staff linking with families, guardians and social workers and any other professionals regularly. Planning meetings were held weekly with the social workers to discuss updates and decisions on move on placements. Staff informed family and social workers how the young people were getting on during their time in the centre.

Each young person was supported in addressing their safety needs while in the centre and while outside of the centre. Key workers completed work with the young people around keeping safe and maintaining contact with the staff. Young people were provided with a mobile phone on admission and the contact details of the centre. Inspectors reviewed individual risk assessments that identified risks that presented from the young people due to any concerning behaviours.

There was a whistle-blower's policy in place and staff showed awareness of the procedures to follow both in interviews and in the questionnaires.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The organisation had a policy on the management of challenging behaviour in place. Staff were trained in a recognised model of behaviour management and refresher training was completed when required. The procedure in the centre after admission was that the management gathering information as efficiently as possible in order to complete the pre -admission risk assessment, the individual crisis support plans (ICSP) and the absent management plans. Pre- admission risk assessments, individual crisis support plans and individual risk assessments were guiding documents used to address the behaviours of the young people. Information passed from linked services was also used to frame the documents. These documents were reviewed regularly by management and staff however inspectors noted some ICSP's had not been updated with new behaviours presented by the young people.

Inspectors noted that restorative work was completed with some young people after incidents of challenging behaviour. Due to the nature of the placements, on some

occasions it was difficult to acquire information about the behaviours of the young people as they may have no previous history or involvement with social work or residential care. Management and staff used community supports which helped the young people in addressing some of their issues. Child and Adolescents mental health services, youth advocacy programme (YAP) and an in-house activity worker were some of the resources available.

Staff used their behaviour management support skills in order to deescalate challenging behaviours. The staff dealt with crisis intervention working through the use of the Welltree model of care which used a trauma and attachment informed approach and referred to the young person's individual crisis support plan. During the emergency admission process, staff informed the young people of the rules and expectations while staying there. Staff carried out key working and individual work with the young people around safety as this was seen as a priority given their current placement. Absent management plans were drawn up soon after admission with involvement from the referring out of hours' social worker or allocated social worker which outlined curfews and procedures if a young person was reported missing child in care.

During interviews and reviewing questionnaires, staff highlighted concerns over the length of placements for young people. The staff identified that it was challenging to manage the behaviours and support positive outcomes when the young people were left in the centre beyond the agreed time frame. The centre's remit of three week placements was extended a number of times for some young people which in turn affected them negatively with seeing peers leaving before them to move on placements. The level of property damage caused by the young people was observed through a trends review and was linked by the organisation to the lack of move on placements in the appropriate time line. Management and staff were aware of the impact on the young people and linked in weekly with the social workers to address appropriate move on placements. The centre created an extension form in order to formalise the system of young people continuing their placement beyond the three-week period. There was no specific policy that outlined the extension process or an escalation policy which would inform social worker team leaders if placements were not progressing within the appropriate time frame. Social workers informed inspectors that the three-week timeframe of move on was not possible to fulfil given the process through the Tusla placement committees and the lack of appropriate placements for the needs of the young people presenting into the emergency system.

The inspectors reviewed the auditing and monitoring mechanism of managing behaviours that challenge. Incidents were recorded as significant events and if required a child protection welfare report. Incidents were reviewed by management and were discussed with the team at team meetings and handovers. There was a significant event review group (SERG) that met to discuss serious incidents that occurred in the centre. A number of staff referred to a serious incident in which the mental health and suicidal ideation of a young person impacted the other young people. The SERG discussed this incident and identified further training around mental health as a requirement, knowledge of the ligature cutter, health and safety issues regarding the roof and structured routines during the day time. Inspectors found that actions identified by the SERG had been completed. The SERG also identified that the centre was not in a position to continue to care safely for that young person, but an emergency discharge had already taken place. The inspectors were informed by the centre manager and the director of child and family service that moving forward the centre would have to consider the suitability of the admission of young people with serious mental health concerns and the implications on the other young people.

Inspectors found that there could be improvements in discussions relating to behaviour management approaches during team meetings as the centre was new to emergency crisis care and would benefit from the shared learning of skills. Inspectors noted that centre trends identified challenging behaviours including fire setting and property damage.

There was a policy in place around the use of restrictive practices which the staff team were knowledgeable of. Inspectors were informed there had been no physical restraints used since the centre opened in February 2021. Some young people's ICSP's identified that restraints should not be carried out due to guiding principles of therapeutic crisis intervention. On reviewing an incident, staff had held a young person in order to enable the release from a ligature. This was identified as a non-routine hold and was used in order to protect the young person. There were other restrictive practices in place which included door alarms, locked rooms downstairs at night-time and window restrictors which the young people were made aware of at admission. The director of child and family services stated they have discussed the introduction of a restrictive log in order to record and review the restrictions more effectively.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors noted there was evidence of an open culture promoted in the centre where staff members and young people were aware of the opportunity to voice their concerns and raise any issues during supervision or at team meetings. Staff in interviews showed an awareness and understanding of the whistle blowing policy and stated they would feel confident using it.

There was a policy for the recording and notification of significant events in place in the centre and staff showed awareness of the processes during interview and in their questionnaires. From reviewing significant events, inspectors saw there was contact with relevant people after an incident had occurred and also noted that there was no area available to name the staff involved in the incident. There was no area for management to comment on the incident which inspectors would recommend to show oversight of the incidents.

Social workers reported receiving significant events promptly and were given the opportunity to add feedback. The significant event register was in place and completed appropriately. Significant events were reviewed at team meetings, SERG's and at senior management meetings. There was evidence of oversight by the centre manager and the director of child and family services of the significant events as they were part of the SERG along with the compliance manager and deputy manager. Inspectors reviewed one in house SERG carried out during a team meeting which was effective in guiding shared learning and the feedback was discussed in the SERG with senior management.

Organisational learning was discussed regarding serious incidents and the lack of resources for young people with mental health concerns. Inspectors were informed this will be discussed to help with future learnings for the centre at the service review.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**Standard 3.1** **Standard 3.2** **Standard 3.3**
Practices met the required standard in some respects only	**None identified**
Practices did not meet the required standard	**None identified**

Regulation 5: Care Practice s and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The centre policies were updated in January 2021 to reflect the specific purpose and function this centre and to include a new policy around chemical poisoning. The centre was currently operating in line with the requirement of Children's First and the National Standards for Children's Residential Centres 2018 (HIQA).

During interview and in reviewing questionnaires, inspectors found that management and staff were aware of the centre policies and procedures. Training has been completed with the team regarding Children's First both on eLearning and through and external facilitator. Staff spoke of having regular training around any updates to the policies and being informed by management of any changes. There was evidence of the team reviewing policies at team meetings. The staff completed a training briefing against the National Standards in February 2021.

There was a system in place to identify gaps in compliance and the audit framework was aligned with the National Standards for Children's Residential Centres, 2018 (HIQA).

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.

Leadership and good management was evident within the centre through the roles of the deputy manager, centre manager and director of child and family services. The centre manager was appropriately qualified and experienced for the role. The centre manager had been working within the organisation for nine years. The staff stated they felt supported by the management in the centre and that both the deputy and centre manager were available for advice and guidance. Inspectors saw there was oversight from the compliance and regulations officer since the centre reopened

under its new purpose. Social worker and guardians that spoke with inspectors reported that the centre was well managed and that there was regular communication to ensure all information was up to date.

There were clearly defined governance arrangements and structures in place that outlined the lines of authority and accountability. The staff were aware of their own roles and responsibilities and the management roles within the centre however some staff were not aware of the organisational structure and roles beyond the centre itself. The centre manager was the person in charge who held responsibility for the delivery of service and linked with the director of child and family services regularly and at senior management meetings and SERG's.

There was a service level agreement in place with the Child and Family Agency and meetings took place quarterly. There was evidence of effective and regular review of policies and procedures to assess compliance with regulatory requirements taking account of national standards and guidelines.

The risk management framework included three tiers – organisational, centre and young people. There were relevant risk assessments drawn up for each tier which was made available to the inspectors. On reviewing the centre and the young people risk registers, there was no review date attached to most risks identified and they were classified as ongoing despite having a new risk rating added. There were no guidelines to show how a risk was escalated to senior management or if it had to reach a particular number in the matrix. There were risks on the register that were linked to young people that no longer reside there. These should be closed off or if the risk is still active should have the relevant young people attached to that risk.
The risk assessments for the young people were completed as soon as the information was supplied or as risk behaviours became apparent. On reviewing the young people's risk assessments, it was noted that they hadn't been updated despite changes in the young person's behaviours such as an increase in the number of missing child from care or absent at risk. Inspectors reviewed a risk escalation document regarding a placement being in jeopardy which outlined the current risk behaviours and the impact they had on the young person and others.

While onsite, inspectors saw that the centre was responding appropriately to the guidelines set out by the National Public Health Emergency Team (NPHET) in relation to the Covid 19 pandemic. Staff were supplied with personal protective equipment, cleaning equipment and hand sanitiser as required. There were cleaning schedules in place and procedures if any visitors were to arrive. There was a

contingency plan in place which catered for a shortfall in staff with relief workers if an outbreak was to occur.

The deputy manager was the delegated person to deputise when the manager was absent from the centre but this had not occurred yet as the centre was opened in February 2021. There was a very detailed delegation log in place which was utilised by the centre manager, deputy manager and the team where staff were assigned to different roles and tasks within the house which included fire safety officer, health and safety officer, first aid officer and training officer among others. There was an organisational on call system with all the managers in the organisation and there was also a second tier available if further support was required. Staff were aware of the on call system when questioned about it and were aware of the support available.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a statement of purpose that outlined the day to day operations, aims, objectives and ethos of the service. The numbers of staff employed and the services available to meet the needs of the young people were described. The centre was identified as a short term emergency placement offering a three-week placement. The centre had extension placements with a number of young people staying beyond the three-week period and one young person was a resident for over eleven weeks which was outside the current purpose and function. The statement of purpose was due to be reviewed in line with the service review at the three-month period with Tusla. The statement was available to the team in the office. The young people were made aware of the statement of purpose in the young people's booklet.

The model of care was outlined which was a new model the centre had taken on, the Welltree model. While the team felt the model of care was beneficial to the young people, they were continuing to work with the facilitator to adapt the model to work within the emergency care system. The team met with the facilitator monthly online in order to address some of the concerns raised by the team with adapting the Welltree model. Inspectors saw evidence of the use of the Welltree model across the centre records.

During interviews with social workers and guardian ad litem, they stated they were made aware of the statement and purpose of the centre however it would be beneficial for Tusla and the centre to circulate information to social workers outlining the specifics of the centre given its new purpose and function. Inspectors reviewed

the professional's booklet which was very well written including frameworks and approaches in the centre.

The statement of purpose and function outlined that the centre offered an activity based programme including physical activities, art, well-being and relaxation activities. Inspectors reviewed the roster and noted that there was one activity worker that worked three days one week and four days the following week which meant the young people were not able to participate in an activity based project on certain days. During interviews and in questionnaires staff repeatedly highlighted the number of staff as an ongoing issue while dealing with six young people presenting with high risk behaviours. Inspectors were informed that the activity worker was at times required to step into the social care worker role as the need was greater at that time. Staff stated they felt they were not in a position to be able to give the time required to fulfil the activity based programme with the ongoing need to attend to the young people in the house. Some staff stated that they had raised their concerns about the staffing levels with senior management and were informed that the issue will be reviewed at the service review. The centre must ensure that they follow through on the programmes set out in the statement of purpose.

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.

Inspectors found that while the quality, safety and continuity of care provided to the young people in the centre was regularly reviewed through audits and oversight of best practice, some issues regarding the level of property damage and the impact of bullying required a more proactive response. During the admission process of young people, staff can address the expected behaviours while staying in the centre. Learning outcomes around mental health would benefit the centre given the previous needs of young people and of future residents. Inspectors reviewed an audit carried out by the compliance and regulations manager against the National Standards relating to the first three months of the centre's operation. It showed a good level of oversight and guided management and the team where actions were required. Inspectors reviewed the Quality Improvement Plan dated January 2021 which outlined 23 different development areas. There were internal audits carried out by the staff regarding accommodation, persons employed, fire precaution and governance and management to name a few.

The centre manager had oversight of the day to day running of the service including reviewing documentation, oversight of the staff on shift, supervision and meeting with the young people. The centre manager reports directly to the director of child and family services. The senior manager's meetings occurred regularly and had clear guidelines and a vast amount of topics that were addressed during the meetings which included auditing, national standards, covid 19, code of conduct and SERG reviews.

Inspectors reviewed the complaints log which held two complaints that were made by staff on behalf of young people in the centre concerning bullying behaviours between peers. The young person did not wish to make the complaint but the staff as advocates felt the complaint was required. Inspectors were shown an excel spreadsheet which identified other complaints that were resolved locally. Inspectors noted that registers were discussed at team meetings. As there were only two complaints to date, there was no evidence of trends to record. On reviewing the complaints policy, inspectors saw that procedures were followed when complaints were made and there was reference to Tusla Tell Us if a young person required it. The young person inspectors spoke with stated they were aware of the complaints process and that the staff were available if they needed to make a complaint.

As the centre reopened under a new purpose and function in February 2021, there was not an annual review completed. However, there was a three-month audit completed against the standards and a quality improvement plan in place to guide the future practices in the centre.

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

Compliance with standards	
Practices met the required standard	**Standard 5.1** **Standard 5.4**
Practices met the required standard in some respects only	**Standard 5.2** **Standard 5.3**
Practices did not meet the required standard	**None identified**

Actions required

- The centre manager must ensure that staff are aware of the organisational structure and the relevant roles.
- The centre manager must ensure the risk registers are up to date, have review dates attached and risks are closed when no longer relevant.
- The registered provider must review the statement of purpose and function around the time frames of placements.
- The registered provider must ensure that there is enough staff available to fulfil the activity programme for the young people and that a review of the staffing requirements is undertaken for the centre when at full capacity.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	None identified		
5	The centre manager must ensure that staff are aware of the organisational structure and the relevant roles. The centre manager must ensure the risk registers are up to date, have review dates attached and are closed when no longer relevant. The registered provider must review the statement of purpose and function around the time frames of placements.	Immediate 28/07/2021 - Social Care Manager informed the staff team of organisational structure. Immediate – 29/07/2021 Risk Registers updated to reflect action. PMVT Under 18s – the centre has been asked by Tusla to provide short term placements in line with purpose and function of 1-21 days. Lack of available move on placements have impacted this. Review is arranged with Tusla for September 2021 and the length of placement as referred to in the purpose and function will be discussed further at	If structures change within the organisation staff to be notified formally at team meeting at the earliest opportunity. Review at Team meetings and at PMVT Under 18s Manager Meetings. Head of Services will review this with SCM at audits also. Action to be agreed after review with Tusla.

		this meeting.	
	The registered provider must ensure that there is enough staff available to fulfil the activity programme for the young people and that a review of the staffing requirements is undertaken for the centre when at full capacity.	One staff member each day continues to be nominated as co-ordinator on-site activities such as art, mindfulness, games, fitness and sports. As planned the field beside the service will be football pitch should young people wish to engage.	Action to be agreed after review with Tusla.
		Other activity worker supports continue to be requested through the National Out of Hours Service and social work departments for individual young people to engage them in activity plans outside of the house in line with their individual needs. The aim of this is to support young people in their own programme separate from other young people in the house. This is crucial at a time of vulnerability and uncertainty for young people to have space away from the group dynamic, particularly given the diverse range of issues which young people can present with at any time and to help minimise any potential impact this may have.	Action to be agreed after review with Tusla.

		Overall service capacity, staffing numbers and other supports available to young people will be reviewed with Tusla at review meeting scheduled for September.	