



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 187

Year: 2023

Inspection Report

| | |
|------------------------------|---|
| Year: | 2023 |
| Name of Organisation: | Peter McVerry Trust |
| Registered Capacity: | Six young people |
| Type of Inspection: | Unannounced |
| Date of inspection: | 14th & 15th August 2023 |
| Registration Status: | Registered from 05th February 2024 to 05th February 2027 |
| Inspection Team: | Lorraine Egan Lisa Tobin |
| Date Report Issued: | 2nd October 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 first opened in 2014 and repurposed in 2021. It was granted its first registration on the 05th February 2021. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 05th February 2021 to the 05th 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 were submitted from Tusla, National Out of Hours Service and the Crisis Intervention Service. While placements were offered on a short-term basis, in exceptional circumstances, applications were made for extensions of one week. These were reviewed by the management team in consideration of the individual circumstances of each young person and other residents. At the time of the inspection, two out of three young people had exceeded the three-week placement period, two by up to three months which included one young person who had been discharged two days prior to the inspection. All the referrals made to the centre were for young people requiring an immediate residential placement. The centre offered a strength-based, trauma and attachment informed care which was guided by the Welltree model. Three young people were 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 | 1.3 |
| 2: Effective Care and Support | 2.2, 2.5 |

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 29th August 2023. 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 15th September 2023. 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: 187 without attached conditions from the 05th February 2024 to 05th February 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The staff team were child-centred in the way they listened to young people and encouraged them to share their views on decisions made about their daily living as well as their care planning. Young people's preferences were gathered on their food choices, meal planning, activity ideas, hobbies and independent life skills. While formal house meetings were not taking place, young people were provided with opportunities through weekly one to one consultations scheduled as part of their timetable. At these sessions they were asked their opinions and wishes on their day-to-day experiences in the centre and how they wanted these improved in practice. This information formed part of the team meeting's agenda for discussion and staff subsequently provided feedback to young people on any updates or actions to be taken. Some of the matters arising included co-living arrangements, relationships with peers, family access, phone use and requests to increase allowances. Inspectors saw evidence where these issues were well responded to and changes were regularly made to improve circumstances and address ongoing grievances or worries that young people had.

There were three young people living in the centre at the time of the inspection. A further two young people had recently moved on prior to the onsite visit, one returned home and one had been discharged on an emergency basis. One young person met with inspectors and a number also completed questionnaires. They were very positive about living in the centre and said it was the best place they had been in a while. They found it easy to talk to staff and liked them a lot and commented that the food was nice and they were listened to. They described how they were given lots of information when they first arrived including how staff could support them, what to do to make a complaint and what the rules of the house were. One said they were unsure where they were moving to next and this was stressful for them. In general, young people described a poor relationship with their social work department and were not aware of their care plans.

An induction process was in place for young people as part of their admission and this helped them to settle in the centre quickly. Information was exchanged by staff through one-to-one sessions which covered areas such as key working roles, fire safety, their own information kept by the centre and how records could be accessed. Guidance was given too on how to contact external advocacy services including Empowering People In Care (EPIC), Tulsa's 'Tell Us' procedure and the Ombudsman for Children's Office. An EPIC advocacy worker had been actively working with one young person who had lived in the centre previously and staff had supported others to self-advocate through 'Tell Us'. Some of these issues had been satisfactorily resolved including an increase in the provision of a clothing allowance for one. An induction pack was also made available and included information booklets for young people their families and professionals. One young person who had moved on from the centre had been supported to make a formal complaint through the Garda Ombudsman Commission.

Key working and individual one to one sessions were consistently taking place between young people and assigned key workers and the staff team. At interview, staff described how this helped to form strong bonds of trust and care so that young people could be better supported to meet their needs and goals. Input on placement planning was captured at this time too and young people were also encouraged to attend weekly planning meetings with social work departments or have their opinions reflected if they didn't want to take part. Encouraging a sense of family belonging in young people was prioritised by the centre and access arrangements were supported by staff in conjunction with social work departments. Social workers interviewed described how staff were proactive in their engagement with young people's families and provided them with regular updates as well as involving them with decisions affecting their children. Inspectors saw evidence of how young people were assisted to build positive relationships with significant people in their lives.

A complaints register was maintained by the centre with a number remaining open from previous residents and inspectors recommend that these are followed up on for close off.

| Compliance with Regulations | |
|-----------------------------|-------------------------------|
| Regulation met | Regulation 5 Regulation 17 |
| Regulation not met | None identified |

| Compliance with standards | |
|---|--|
| Practices met the required standard | Standard 1.3 |
| 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 8: Accommodation
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.

The centre provided short term emergency care for six young people for a period of three weeks. At the time of the inspection, two of the three young people currently living there were some months outside this time period. In addition, one young person who had been discharged to a special emergency arrangement (SEA) two days before the inspection had also been in the centre for three months. Social workers explained the delay saying that there was an ongoing crisis in the availability of suitable long-term placements for young people to move on to.

Extensions to placements were sought by social work departments by up to one week at a time. They were also obligated by the centre to attend ongoing weekly planning meetings between management and staff to review and discuss any progression on the onward plans for young people. Centre and senior management were regularly communicating with the placing social workers to highlight the ever-increasing risks and vulnerabilities that young people experienced as a consequence of remaining in

emergency care beyond the maximum three-week stay. One social care worker at interview said it greatly contributed to young people's increase in levels of stress and vulnerabilities and it was difficult to keep them safe.

Additionally, none of the current young people had an up-to-date care plan on their file and only one statutory child in care review had been completed. One young person did not have an allocated social worker. While the centre's admission process outlined the importance of young people's care plans, records did not always reflect that arrangements were consistently in place to receive these documents from social work departments and this should be addressed. This had also been an emerging issue in the previous inspection of May 2022. When young people's records are incomplete it prevents them from having access to their full care record. Despite the absence of care plans, staff showed strong commitment and dedication to young people and consistent planning was taking place. As mentioned above, weekly meetings were convened with social work departments, progress reports were developed and shared with appropriate professionals.

In general young people and some of their families contributed to their placement plans. One to one sessions were recorded that showed how young people were supported to work towards their goals and interests as well as encouraged to attend child in care reviews when scheduled. Inspectors recommend that the records of this work is strengthened so that young people's contributions are reflected more strongly.

Placement plans were developed and reviewed weekly at team meetings by key workers. While overall they identified young people's needs and described the actions required to meet their goals, these actions were not consistently clear and in general were conflated with the outcomes. This area of placement planning requires improvement so that immediate achievable goals are clearly identifiable and specific actions are linked to each goal including key working. One to one work too should be more targeted so as to show clearly that high-risk behaviours are being addressed. The placement plans should also detail the supports required to ensure the best outcomes for each child. At times inspectors found it difficult to follow young people's records in sequence. A full picture of their needs, experiences and progress was not always clear and the system for maintenance of young people's files should be improved. This also, was a finding in the last inspection and should be addressed as soon as possible. One of the social workers interviewed commended the staff team on their approachability and dedication to reuniting young people to their families. However, they commented that they were unsure if some actions for the young

person were consistently followed through on from the planning stages with the centre.

There were robust improvements in place since the last inspection regarding the coordinating of referrals to specialist services for young people. The staff team strongly facilitated access to a variety of external supports which were responsive to each young person's individual needs, risks and vulnerabilities. Some of these included SASSY, CAMHS, Extern and YAP. Where there were none in place, referrals were made on young people's behalf or social workers were collaborated with to resource them. Staff forged links with a wide range of agencies and encouraged young people to attend appointments where there was a possibility of disengagement. When young people were not progressing in their placements and risks were increasing, specifically regarding their safety outside the centre, strategy meetings were speedily coordinated with local services to address these concerns. Child sexual exploitation protocols were responded to and incidents reported appropriately. Team meetings and handovers were used to ensure that staff were kept up to date on the care approaches and interventions being used with young people. Social workers interviewed spoke positively about the centre's effective communication and described how the progress reports and relevant documents were shared consistently with them each week.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Centre management had strong arrangements in place between external professionals and young people's families. Allocated social workers spoke well of the staff in how they built up good working relationships with them which benefited young people's experience in their placement. They said they were flexible and supportive and endeavouring to make improvements to all care being provided to young people.

As referred to above, one of the challenges for the service was the crisis in availability of onward places for young people once the three-week placement timeline was reached. The centre endeavoured to reduce the likelihood of young people going into homelessness by extending their stay. A mechanism had been established whereby weekly meetings were held with social work departments to update the centre on the progress they were making for discharge. Inspectors saw evidence of regular escalations and requests to Tusla from the centre manager for move-on dates. They consistently highlighted the associated risks for young people remaining in the centre

without appropriate placement options. Weekly overviews were also provided to Tusla outlining the significant events that had occurred as well as any increase in repeated incidents.

Despite this, transition planning was carefully considered and staff worked with young people from once they were admitted to prepare and support them in their onward move. Goals on independent living were set and young people were encouraged to learn how to prepare their own meals, make appointments and travel to them, tidy their rooms, seek employment and educational courses, shop and manage finances. Centre staff worked closely with aftercare workers and advocated for them for continuity of specialist care and services when transition was completed. Staff linked with families alongside social work services where it was possible for young people to move home. One of the recent discharges was for a young person who returned to live with their family and the young person had engaged in some progression sessions with centre staff in preparation for this.

Where young people were progressing to a different service, professional transition meetings were arranged and a clear schedule was prepared outlining the steps for a coordinated move. This included being informed of where they were moving to, details about the new centre and a day and overnight visit to the placement. There was good emotional support provided by staff through key working with the young person to make the move as smooth as possible so that it could be a positive experience for them. When young people required more time with the transition, staff were sensitive to their individual needs and supported them to resolve any issues they had with their move out of the centre.

The centre had a policy in place on leaving care including planned and unplanned discharges. Where emergency discharges took place, a young person's review form was completed outlining the circumstances and events leading to the unplanned exit for them. Young people were provided with opportunities to give feedback in relation to their move through consultation sessions with key workers and other staff members. Inspectors recommend that this is also sought after they have transitioned fully from the centre. These were monitored and evaluated by the centre and senior management and where possible, informed improvements in care provision.

In line with regulatory requirements and with social work approval, arrangements were in place for the transfer of files following young people's discharge from the centre.

| Compliance with Regulation | |
|-----------------------------------|--|
| Regulation met | Regulation 5 Regulation 8 Regulation 17 |
| Regulation not met | None Identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 2.5 |
| Practices met the required standard in some respects only | Standard 2.2 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required:

- The centre manager must ensure that arrangements are consistently in place to receive an up-to-date statutory care plan for each young person from the allocated social worker.
- The centre manager must ensure that each young person's placement plan clearly details their immediate achievable goals and outlines the specific actions and supports required to ensure the best outcomes for the duration of the placement. Key working should be more reflective of the targeted work identified from each placement plan goal.
- Senior and centre management must strengthen the system for maintaining centre files and ensure that young people's records reflect a complete picture of their needs, experiences and progress.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|---|---|--|
| 1 | None identified | | |
| 2 | The centre manager must ensure that arrangements are consistently in place to receive an up-to-date statutory care plan for each young person from the allocated social worker. | <p>The purpose and function of the service as primarily an immediate response and the aim that a placement should be 3 weeks in duration to allow planning by the local social worker for the young people a care plan is not requested immediately as young people may return home or move to alternative accommodation in a shorter period than 3 weeks.</p> <p>Where young people have been in care and have a care plan already in place. This will be requested as part of the admission process.</p> <p>Where young people's social worker request an extension to the 3-week placement our Care Planning Policy will be amended to note that a request for a Child in Care Review be made by the keyworker, Social Care Leader of Deputy Social Care</p> | <p>This will be reviewed as part of the weekly planning meeting with the social work department and will be overseen by the SCM and the DSCM.</p> <p>Where request for a Child in Care review and Care Plan is not actioned by the social worker, this will be escalated to social work team leader by the Social Care Manager and may be escalated further if required.</p> <p>This will process be reviewed by the HOS/ DOS as part of the auditing process, initial review to be completed in December 2023 and on an on-going basis.</p> |

| | | | |
|--|--|---|--|
| | <p>The centre manager must ensure that each young person's placement plan clearly details their immediate achievable goals and outlines the specific actions and supports required to ensure the best outcomes for the duration of the placement. Key working should be more reflective of the targeted work identified from each placement plan goal.</p> <p>Senior and centre management must strengthen the system for maintaining centre files and ensure that young people's records reflect a complete picture of their needs, experiences and progress.</p> | <p>Manager for as soon as possible to ensure that direction for the young person's placement is agreed and recorded. Policy review will be completed by the 15th of October 2023.</p> <p>Review planned by the SCM and DSCM with the Social Care Leaders by 30th of September to ensure that each placement plan outlines individual goals which are achievable, outlines the actions and notes the outcome on the young person's placement plan in line with their individual needs and showing evidence of targeted work around risk taking behaviours.</p> <p>SCM and DSCM will complete an initial review of the files and the DOS and SCM will review the filing system of the centre by the 15th of October to ensure that the young people's records reflect their needs, experiences and progress.</p> | <p>SCM and DSCM will review placement plans on a weekly basis and hold a focused reviewed by 30th November. HOS/ DOS will review this process in December 2023.</p> <p>SCM and DSCM will continue to review the young people's files on a weekly basis and hold a focused reviewed by 30th November. HOS/ DOS will review this process in December 2023.</p> |
|--|--|---|--|