



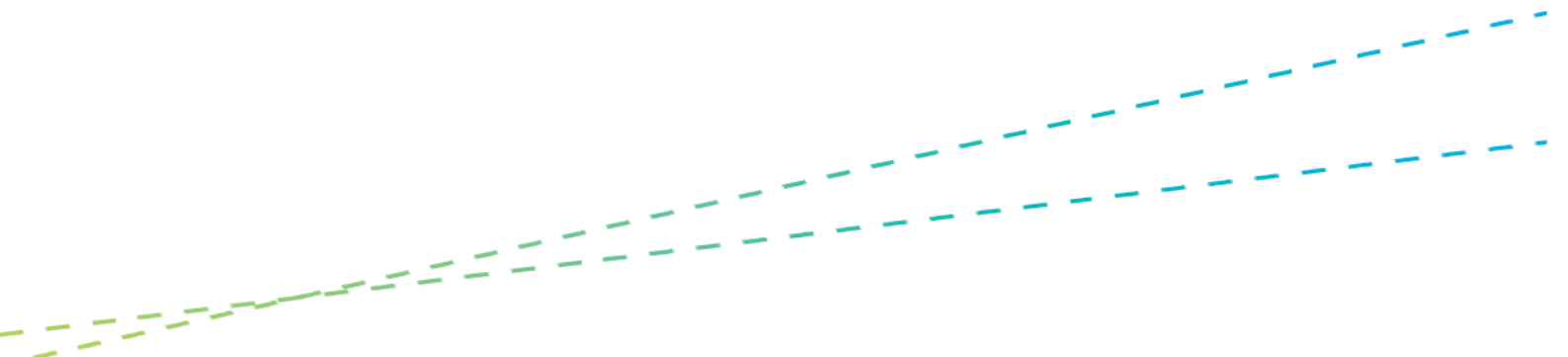
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 067

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Five young people
Dates of Inspection:	15th and 21st November 2018
Registration Status:	Registered from 31st December 2017 to 31st December 2020
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	21st December 2018

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration under the current organisation in 2005 however had been registered previously by a separate organisation in 2003. At the time of this inspection the centre were in their fifth registration under their current organisation and were in year one of the cycle. The centre was registered without attached conditions from 31st December 2017 to the 31st December 2020.

The centre's purpose and function was to accommodate a total of six males, five of whom would be aged between 12 and 18 on admission on a medium to long-term basis in the residential centre and the sixth aged 18, accommodated in a semi-independent but attached apartment on a medium term basis. The centre provides an individualised residential care service to young males to assist in their progression to adulthood.

The inspectors examined standards 7 'safeguarding and child protection', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 15th of November with a second announced day taking place on the 21st of November 2018.

1.2 Methodology

This report is based on a range of inspection techniques including:

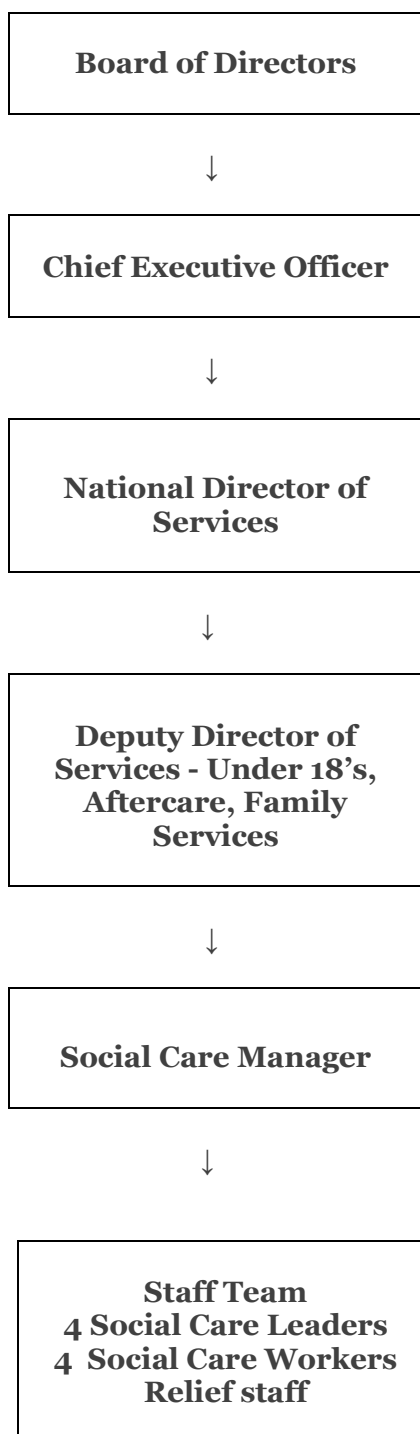
- ◆ An examination of specific sections the centre's files and recording process.

- Register of young people living in the centre
 - Placement plans for young people
 - Statutory care plans
 - Statutory aftercare plans
 - Staff training records
 - Child protection register
 - Risk register
 - The centre's child safeguarding statement
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
- a) The centre manager
 - b) Three members of the care staff team

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, deputy director of services and the relevant social work departments on the 10th of December. There were no identified shortfalls during this inspection

The findings of this report deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 067 without attached conditions from the 31st of December 2017 to the 31st December 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The centre's practices in relation to safeguarding are guided by the *Policies and Procedures for Children's Residential Centres – HSE Dublin NE*, a 2009 document, their recently drafted child protection and safeguarding policy and their organisational HR policy document. Combined, these three documents provide sufficient guidance to staff with regard to their expected practice and responsibilities in relation to safeguarding young people in this centre. However it was reported to inspectors by staff that they had experienced some difficulty in locating the hard copy of the child protection and safeguarding policy document onsite and management should ensure that all staff are aware of the location of all guiding policies.

The HR policy document in particular provides good guidance with regard to recruitment and selection procedures, including vetting practices, induction for staff, code of conduct and professionalism, confidentiality and performance management including supervision and training. Inspectors noted that the policy with regard to induction whereby staff complete shadow shifts is not always adhered to in practice. This should be kept under review and additional measures such as extra supervision should be implemented as necessary.

The centre manager described a wide range of systems and practices in place that are aimed at actively safeguarding young people. These include open and transparent internal communication; lone working practices; regular communication with social workers and aftercare workers where relevant; Gardaí liaison meetings; multidisciplinary meetings; and ongoing risk assessments. Records reviewed by inspectors demonstrated that young people were consulted with on a daily basis by staff members and the manager is also regularly available to them. There was a formal complaints policy and practice in place and the manager stated that all efforts were made to resolve issues with young people in a prompt manner as they arise.

The manager and staff reported that social workers have visited with young people on occasions in the centre and that young people know they can contact them if and when necessary. Representatives from EPIC (empowering young people in care) have visited the centre and met with young people there.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre have a recently drafted organisational child protection and safeguarding policy that was developed in line with the most recent legislation and guidance governing this area of practice. The centre also provided inspectors with a copy of their child safeguarding statement. This statement is on display in a prominent position inside the centre. There is a separately maintained document that includes a detailed risk assessment specific to this service.

The manager stated that all members of the staff team have completed the E-learning programme in Children First. In addition, training records showed that seven staff members have completed child protection training since the revised Children First guidelines were launched in 2017. There were some members of the staff team that have not yet completed this training and the manager must oversee that this is attended to.

Staff members interviewed were clear of their responsibility as individually mandated persons to report any matter of a child protection concern directly to Tusla. The organisation maintains a list of staff members identifying them individually as mandated persons. The manager stated they were confident that all staff members were clear about the procedure to be followed in the event of a child protection concern being made known to them. The deputy director of services with responsibility for this service is the designated liaison person. There were no outstanding child protection matters relating to this centre at the time of this inspection.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

Inspectors found that education was valued and that the educational needs of the young people resident at the time of this inspection were being addressed. Longer serving members of the staff team reported that there was an established practice of positive educational outcomes for young people residing in this centre.

Inspectors found evidence that demonstrated positive ongoing communication with educational services that young people were attending. Each young person was supported to achieve to their individual potential by the staff team as a whole.

At the time of this inspection, three of the four residents were aged eighteen. The manager stated that when required, educational assessments had been sought for young people during the course of their placement in this centre. Copies of any such assessments were on the respective files as was information pertinent to the educational and training courses being attended. Inspectors found that the statutory care plan on file, which had been updated approximately six weeks before this inspection, lacked detail regarding the discussion had at the child in care review in relation to the young person's educational needs. One identified action in the care plan stated that the social worker was responsible for exploring alternative educational options. Whilst the centre's own placement plan and key working demonstrated efforts by staff to support this young person in their education, a more specific plan may need to be devised in consultation with the social worker and with reference to the findings detailed in other reports.

In response to the draft inspection report, the Principal Social Worker for the young person aged under eighteen, stated that education will be put on the agenda for the next planning meeting for this young person however there are other needs that need to be prioritised.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

Young people in this centre could remain with their own family GP if they chose to or alternatively could have access to the centre's registered GP. The manager stated that in general there was a good and open exchange of necessary medical and health information from social work departments with the centre.

There was evidence across all young people's files that access to specialist services including ophthalmic and dental was prompt and well supported by the staff team. There was signed consent by each individual young person on the four care records reviewed by inspectors as all four were over sixteen and as such could give their own consent to treatment. Prior to reaching the age of sixteen, the manager ensures that there is written consent on file from either parents or social workers of young people.

Records of any medication administered to young people are maintained in individual care files and records also showed evidence of consultation with medical professionals regarding the administration of medication where young people were drug affected.

Statutory care plans on file at the centre gave adequate detail regarding the young people's respective health status and identified actions regarding these and general responsibility for same. The centre's placement plan documents were comprehensive in their detail of identified goals with regard to supporting young people in achieving all relevant areas of health and health education.

Training has been completed by members of the staff team in relevant areas regarding health care. Staff members reported these training options to be beneficial in informing their practice.

The manager informed inspectors that they do not have their own centre-specific policies, rather practices in the centre are guided by the *Policies and Procedures for Children's Residential Centres – HSE Dublin NE*, a 2009 document. This document has a policy on general physical health that includes reference to encouraging young

people to quit smoking and to provide them with education regarding same. The deputy director of service stated that this policy document is under review currently by Tusla and the service is awaiting issue of a revised version. In lieu of this, inspectors recommend that centre management ensure that if any additions or centre-specific addendums to existing guiding policy are required, then these are implemented without delay.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*