



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	The Peter McVerry Trust (PMVT)
Registered Capacity:	Five young people
Type of Inspection:	Unannounced
Date of inspection:	01st and 02nd September 2021
Registration Status:	Registered from 31st December 2020 to 31st December 2023
Inspection Team:	Lorraine Egan Catherine Hanly
Date Report Issued:	17th November 2021

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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 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 under the current organisation in 2005. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from the 31st of December 2020 to the 31st of December 2023.

The centre was registered for a capacity of five young people. A semi-independent apartment was also attached to the premises where an additional young person, aged 19 years lived on a medium-term basis before progressing to independent living. The centre's purpose and function had recently changed from the provision of accommodation for all males to mixed gender between the ages of 12 and 17 on a medium to long-term basis. There were three young people living in the centre at the time of this inspection.

The model of care was based on trauma and attachment informed theory and included an assessment of outcomes, promotion of the young person's wellbeing and the implementation of a strength-based approach. There were six domains under which outcomes were assessed and measured, these being that young people are safe and protected from harm, active and healthy, achieving economic security & opportunity, have hope and are connected, respected and contributing to their world.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 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. The inspection was a blended inspection where inspectors spent one day onsite and completed some of the interviews via teleconference.

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 28th September 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 13th October. 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: 067 without attached conditions from the 31st December 2020 to the 31st December 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

There were three young people living in the centre at the time of the inspection and each one had an allocated social worker who was actively involved in their care. Up-to-date care plans were in place for two of the three young people. For the third young person who didn't have an up-to-date care plan, a child in care review had taken place within the previous month and the updated care plan had not yet been received. Minutes from the child in care review outlining decisions reached were shared with inspectors by the centre manager.

Care plans were, in general of good quality with goals, needs, and preferences documented along with specific supports identified to meet the individual needs of the young people. For one young person who was recently admitted to the centre, the goals were not as clearly identified and therefore it was more difficult to ascertain how the centre could provide effective interventions to meet their specific needs and goals for their future based on the content of the care plan. Young people were consulted about their child in care reviews either by setting out their views to the social workers in advance of the meeting or by attending the reviews in person. Where appropriate, parents/guardians were invited to participate and provide their opinions and input.

Placement plans were up-to-date and on file for all young people. The placement plans had been developed based on the Welltree model of care framework, however, inspectors found that the care plan goals were not as easily identifiable in the documents. Despite this, each plan outlined several actions and tasks which were based on the young person's needs from their care plan along with the supports required to achieve the best outcomes. Inspectors found that the placement plans varied in their quality in the way they were completed. For example, a number of sections were not as reflective of goals and actions and some areas on the most recent plans were left blank or unfinished on the document. The director of services told inspectors that where sections on the plan had not been completed, it meant that the

specific indicator had yet to be focused on within the three-month rolling period. The centre manager must ensure that placement plans are fully completed for each young person post child in care review so that tasks and actions based on care planning goals are recorded in full and can be responded to by the staff team.

Placement plans were prepared by the keyworkers and updated every three months. Reviews took place at team meetings by the staff team using a measurement and scoring system linked to the Welltree framework. This evaluation method identified the young person's goals for the specific timeline and measured how well they had been achieved based on reflection and discussion by the staff team. Inspectors found that the minutes did not clearly show the discussions and decisions reached regarding the tracking of outcomes for young people within this process and recommend that the notes maintained are better recorded.

While young people were not formally involved in the placement planning process, there was some evidence to show through key working and weekly reports that their voices were heard regarding their opinions and preferences. However, it was less apparent how individual goals were determined through consultation with young people. On their questionnaires, they indicated that they did not know what their placement plan was, and their families were not consulted in relation to the plan. The centre manager must ensure that young people are facilitated to participate in the placement planning process through consultation on their individual goals. Families, where appropriate must be provided with opportunities to provide input to this process.

There was a strong emphasis on family access and on staff supporting the arrangements in place for young people to spend time with parents and significant others. Young people were facilitated to maintain frequent and good quality contact with their families, and this was done in consultation with allocated social workers. Records showed that where arranged, some young people had regular visits to their homes and could stay overnight or go on excursions with extended family members. The centre maintained records of contact with parents and guardians.

External supports and specialist services based on young people's needs were identified and accessed by the centre. This was done in collaboration with social work departments. Where young people had disengaged, this information was communicated to their allocated social worker and efforts were made to rearrange appointments and maintain consistent links with services where possible. Comprehensive guidance and expertise were also provided to the staff team regarding

their responses to the young people’s needs and individual high-risk behaviours. However, while inspectors observed some of these strategies documented in placement planning, individual crisis management plans and safety plans, the consistency in how interventions were applied by the staff team was less evident on the centre records. Further, there was no discussion of this specialist guidance considered by the wider team at team meetings and support plans did not clearly reflect any recommendations provided. Centre management must ensure that expert direction and guidance provided by specialists is incorporated fully in practice by the staff team. Reflection and learning from the guidance should be shared and discussed with all the staff team and included in the updates of each young person’s support plans.

In general, social workers informed inspectors that there was good communication with the centre about decisions that affect the care of the young people living there. There were consistent strategy meetings taking place and regular contact by the manager and staff regarding updates on young people through phone calls and weekly reports. Social workers said they were notified promptly of any situation or event that arose. However, one social worker stated that there was an absence of a team-based approach to meeting one young person’s goals. They found that the staff team were not cohesive when applying the recommendations of the specialist’s input and this impacted the completion of tasks in the care plan and the outcomes for the young person. The social worker said they would provide this feedback directly to the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
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 placement plans are fully completed for each young person post review so that tasks and actions based on care planning goals are recorded in full and can be responded to by the staff team.
- The centre manager must ensure that young people are facilitated to participate in the placement planning process through consultation on their goals. Families, where appropriate must be provided with opportunities to provide input to this process.
- Centre management must ensure that expert direction and guidance provided by specialists is incorporated fully in practice by the staff team. Reflection and learning from the guidance should be shared and discussed with all the staff team and included in the updates of each young person's support plans.

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.

The centre manager was the person in charge and had been in their post for the past nine years. They had the relevant qualifications and experience for the role and were responsible for the day-to-day operation of the centre. They were supported in their post by four social care team leaders, one of whom had recently deputised for the centre manager when they were on leave for a few months.

The centre manager was supervised by the director of child and family services who was in regular contact through phone calls, emails, and visits to the centre. There were clearly defined governance arrangements and structures setting out the lines of authority within the centre and the wider organisation. While some oversight of centre records was provided by the centre manager and the acting centre manager (at the time of their absence), inspectors did not see evidence of strong decision making and accountability across documentation and young people's files. For example, direction and guidance was inadequate at forums such as team meetings, significant event reviews or on young people's risk assessments and safety plans. Regular

oversight was not noted on the risk registers. Further, there was an absence of consistent internal management meetings taking place between the centre manager and the social care leaders. There was also a deficit in the recording of shared learning and reflection for staff on team meeting minutes which contributes to good quality practice across the staff team. The director must ensure that evidence of the centre manager's leadership is strengthened across all levels within the residential centre. Arrangements in place must show clear accountability, decision-making and a culture of shared learning amongst the staff team.

In interview individual staff were clear on structures within the centre and the wider organisation and in general had a good understanding of their roles and responsibilities. The centre manager and staff team showed dedication and support for the young people in their care. A delegation register had recently been put in place which recorded the names of the staff members and the specific duties they had been tasked with.

Operational policies and procedures for the centre were regularly reviewed with the next full policy update scheduled for 2022. Inspectors were told that where specific policies required more prompt revision, these were completed in advance of the stated timelines and were circulated to the staff team. The centre had updated their purpose and function in the months previous to this inspection to change the provision of accommodation from males only to all genders. While this amendment was noted in an internal management meeting minutes and reflected in their purpose and function, there was no record of it being implemented or discussed within the staff team prior to the admission of a female resident. The director and centre manager must ensure that where policies and procedures are reviewed, the updates are shared and implemented with the staff team in a timely way.

Since the last inspection in October 2020, a risk management framework had been developed and was supported by a risk management policy outlining the scoring and matrix system in use. Two risk registers were in place which included risks relating to young people in placement and centre risks. However, there were anomalies in the maintenance of the logs as not all current risks were entered on the individual register and there were gaps in timelines for the recording of risks on the centre log.

Supporting systems used to identify, assess and manage risk in the centre incorporated collective risk assessments, individual risk assessments (IRA), individual crisis support plans (ICSPs), absence management plans and safety plans. These plans varied in quality and were not always effective. The IRAs and ICSPs

required review in relation to the practical strategies being implemented to mitigate high risk behaviours as a number of these risks were not reducing for some young people. Inspectors found that management were participating in regular strategy meetings with the social work department and the Gardai regarding the response to increased risk for one young person. Centre management must ensure that risk registers are appropriately maintained, reviewed and regularly updated. The effectiveness of practical strategies in use as part of the management of young people’s high-risk behaviours should be revised and monitored.

While significant event reviews were taking place at team meetings and significant event review groups (SERG), the number of incidents assessed at both forums were disproportionate to the amount of events occurring. Further there was no clear process in place in relation to how risks were escalated to the SERG. Inspectors did not see evidence of discussions of significant events or learning from the SERG meetings shared with the staff team members despite this being an agenda item at team meetings. Staff interviewed were not knowledgeable about the risk management framework in use in the centre including the process for escalating risks. The director at interview told inspectors that escalation of risks in the centre will be evaluated as part of the service development plan revision in September 2021. The director and centre manager must ensure that the process for risk escalation in the centre is reviewed and shared with the staff team on completion. Learning from the SERG meetings should be shared with the staff team. Training on the updated risk management framework policy should be provided to all staff.

There was a specific set of risk assessments and procedures in place for COVID-19 and infection control measures were followed in the centre. However, for one young person who was specifically vulnerable in relation to COVID-19, an individual plan had not been put in place in a timely way. The director informed inspectors that an individual risk assessment and supporting plan has since been completed for the young person in this regard.

There was a service level agreement in place with Tusla. A review was underway at the time of inspection as an application had been made for further staffing for the centre. The director of child and family services reported to Tusla on an annual basis in relation to compliance with the service level agreement.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6

Regulation not met	None Identified
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Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The director must ensure that evidence of the centre manager’s leadership is strengthened across all levels within the residential centre. Arrangements in place must show clear accountability, decision-making and a culture of shared learning amongst the staff team.
- The director and centre manager must ensure that where policies and procedures are reviewed, the updates are shared and implemented with the staff team in a timely way.
- Centre management must ensure that risk registers are appropriately maintained, reviewed and regularly updated. The effectiveness of practical strategies in use as part of the management of young people’s high-risk behaviours should be revised and monitored.
- The director and centre manager must ensure that the process for risk escalation in the centre is reviewed and shared with the staff team on completion. Learning from the SERG meetings should be shared with the staff team. Training on the updated risk management framework policy should be provided to all staff.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

At the time of the inspection with three young people in the centre, there were sufficient numbers of competent and experienced staff employed to ensure meeting their needs in a consistent way. However, the director told inspectors that there were

current negotiations underway with Tusla to fund additional full-time posts to ensure compliance with the Working Time Act Directive. The centre had a stable team in place and there were no identified issues with staff retention. Some staff had experience in social care of up to twenty years. The roster provided double cover on a daily basis and the centre manager had stated that there was a third staff on shift six days a week. However, inspectors found a deficit in consistency for the additional day shift cover. Further, the names of the relief staff scheduled for a defined period on the roster did not match the details on the relief panel form submitted by the centre manager. In general, social workers said that the staff team were child-centred in practice and committed to building relationships and providing good care and support to each young person. The centre manager must ensure that effective workforce planning is taking place in a timely way that accounts for all forms of staff leave and is organised to respond to the needs of the children. Any additional staff members must be accessed from a panel of suitably qualified and experienced staff.

While workforce planning was an item on the agenda of some of the centre’s forums, there was an absence of detail reflected on external management records, internal management meetings and team meetings with regards to core training, up-skilling and competencies, learning and study opportunities, supervision, rotas and the various types of leave. For example, there was no discussion noted on the impact of leave taken by the centre manager or details on how the service would ensure availability of sufficient numbers of staff for the duration of that period. Staff interviewed said that they were supported by centre management and the director was available and present in the centre on a regular basis. Access to an employee assistance programme was provided if required. The director and centre manager must ensure that evidence of discussions regarding workforce planning for the centre is strengthened on external and internal management minutes.

The team had access to a social care manager on-call service. This operated 24 hours a day and provided staff with immediate backup to any presenting issues.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed

Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that effective workforce planning is taking place in a timely way that accounts for all forms of staff leave and is organised to respond to the needs of the children. Any additional staff members must be accessed from a panel of suitably qualified and experienced staff.
- The director and centre manager must ensure that evidence of discussions regarding workforce planning for the centre is strengthened on external and internal management minutes.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that placement plans are fully completed for each young person post review so that tasks and actions based on care planning goals are recorded in full and can be responded to by the staff team.</p> <p>The centre manager must ensure that young people are facilitated to participate in the placement planning process through consultation on their goals. Families, where appropriate must be provided with opportunities to provide input to this process.</p>	<p>The centre manager will ensure Welltree placement plans are updated for each young person post review in order to record all goals and actions based on care planning to ensure that the staff team can appropriately respond.</p> <p>The centre manager will ensure that recording will show clearer evidence of how young people are facilitated to participate in the placement planning process through a process of consultation to identify and agree goals. Families of young people, where appropriate will be afforded opportunities to provide input to this process.</p>	<p>Monthly audit will be completed by Head of Services and centre manager of all young person's placement plans to ensure quality is maintained.</p> <p>It will be ensured that all placement plans are brought to staff meeting in order for all staff to be familiar with them, agree on goals and to feedback on outcomes of goals completed to record on each placement plan.</p> <p>Monthly auditing of placement plans by the head of services and the centre manager will be completed.</p> <p>Use of feedback surveys will be completed with young people.</p> <p>Consultation with allocated social workers regarding family participation and inclusion in placement planning process will be completed.</p>

	Centre management must ensure that expert direction and guidance provided by specialists is incorporated fully in practice by the staff team. Reflection and learning from the guidance should be shared and discussed with all the staff team and included in the updates of each young person's support plans.	The centre manager will ensure expert direction and guidance provided by specialists is incorporated fully in practice by the staff team and ensure accurate recording of same in the young person's support plans and other relevant documents. Evidence of guidance and learning will be recorded appropriately and reviewed by the team.	The social care manager will show reflection with staff through supervision recording. Recording of any changes to individual crisis support plans, placement plans, or other documentation will be noted on team meetings minutes. Monthly auditing of team meeting minutes will take place by the head of services and the centre manager.
5	The director must ensure that evidence of the centre manager's leadership is strengthened across all levels within the residential centre. Arrangements in place must show clear accountability, decision-making and a culture of shared learning amongst the staff team. The director and centre manager must ensure that where policies and	The Head of Services is meeting with the centre manager on a weekly basis for a 12-week period, to be reviewed, to ensure that appropriate leadership is evidenced, systems and follow through on plans in place. Team meeting minutes have been re-structured by Under 18s management team to ensure topics are covered appropriately and that shared learning within the team is appropriately supported. The director and centre manager will continue to ensure where policies and	The director of services will meet with the head of services to review weekly meetings and continue supervision with the centre manager to review current practices in the service. Monthly audits by the head of services and the centre manager. Internal audits by the

	<p>procedures are reviewed, the updates are shared and implemented with the staff team in a timely way.</p> <p>Centre management must ensure that risk registers are appropriately maintained, reviewed and regularly updated. The effectiveness of practical strategies in use as part of the management of young people's high-risk behaviours should be revised and monitored.</p> <p>The director and centre manager must ensure that the process for risk escalation in the centre is reviewed and shared with the staff team on completion. Learning from the SERG meetings should be shared with the staff team. Training on the updated risk management framework policy should be provided to all staff.</p>	<p>procedures are reviewed that all updates are shared and implemented with the staff team. This will be recorded in the staff team minutes. Staff teams are encouraged to participate in annual policy review which will be completed in early 2021</p> <p>The centre manager will continue to ensure risk registers are appropriately maintained and monitored. Risk register being brought to team meeting on a weekly basis for additions to be agreed. Risk management framework is currently being reviewed, to be completed by end October 2021.</p> <p>The process for risk escalation is currently being reviewed by the centre manager and director. All feedback from this review will be shared with the staff team. Learning from SERG will be shared with the staff team and recorded appropriately in the staff meeting minutes in line with current procedure. Training on the updated risk management</p>	<p>head of services will review all risk registers.</p> <p>Monthly audit of registers and monitoring of associated risks by head of services and centre manager will be completed.</p> <p>The director of services, head of services and under 18's managers are currently reviewing the risk escalation process to ensure that process is clear to all staff and training workshops will be developed to support staff understanding of the internal and external risk escalation process. This will be reviewed in audit process by head of services and centre manager.</p>
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		framework will be provided to the staff team by end 2021.	
6	<p>The centre manager must ensure that effective workforce planning is taking place in a timely way that accounts for all forms of staff leave and is organised to respond to the needs of the children. Any additional staff members must be accessed from a panel of suitably qualified and experienced staff.</p> <p>The director and centre manager must ensure that evidence of discussions regarding workforce planning for the centre is strengthened on external and internal management minutes</p>	<p>The centre manager will continue to ensure any additional staff are accessed from PMVT relief panel of suitably qualified staff. Staff leave will be planned in advance where at all possible.</p> <p>Workforce planning will be discussed by centre manager and director at supervision on an on-going basis and reviewed by Head of Services and Centre manager to ensure there is an effective staff response to the needs of the young people in the centre.</p> <p>Evidence of discussions regarding work force planning will be recorded in internal and external meeting minutes as appropriate.</p>	<p>Monthly booking forms are submitted to the head of services by the centre manager and will be reviewed as part of the audit. Workforce planning will be reviewed as part of the under 18's manager's meetings and evidenced in the minutes.</p> <p>This will be monitored during audits of the service by the head of services and centre manager.</p>