An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 068

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Peter McVerry Trust**
Registered Capacity:	**Six young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**14th and 15th of July 2021**
Registration Status:	**Registered from the 30th of September 2019 to the 30th of September 2022**
Inspection Team:	**Eileen Woods** **Lisa Tobin**
Date Report Issued:	**24th September 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 on the 30th of September 2004. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th of September 2019 to the 30th of September 2022.

The centre was registered to provide short to medium term care for up to six young males aged between seventeen to twenty-one years of age in a semi-independent style setting. There were five young people living in the centre at the time of the inspection, two of whom were seventeen. 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 was a structured independent living skills programme that ran alongside the trauma informed practice.

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, 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 and the centre manager on the 23rd of August 2021 and to the relevant social work departments on the 23rd of August 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 director of children and family services, head of services and the centre manager returned the report with a CAPA on the 14th of September 2021 and following a request for more detail required for the CAPA an updated response was received on the 16th of September 2021. This was deemed to be satisfactory and if implemented in full would ensure that the regulation would be met in due course.

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: 068 without attached conditions from the 30th of September 2019 to the 30th of September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 two young people under 18 at the time of this inspection in the centre and neither had a care plan specific to this placement. A social work department for one young person had booked for a care plan meeting for this placement to take place within two months of admission. The inspectors found that for four of the five young people, all of whom had been admitted at aged 17, that the various Tusla social work departments had not held a statutory care plan meeting for their placement in this centre. The manager and the staff team advocated for statutory care planning to take place through emails, meetings or calls to social workers. The young people did have aftercare plans created at seventeen and a half and aftercare workers assigned, one of these had been delayed due to reasons beyond the control of the parties involved and arrangements were in place for the updating of aftercare plans. The young people also had copies of care plans from the placements before their move to the centre.

Inspectors found that the centre staff team had to work effectively with the pre-existing care plans and actions from the outset of the placements and did so to a good standard by applying some additional measures around the admissions process. These measures were the creation of transition plans, collective pre-admission risk assessments that captured actions, admissions meetings and regular frameworks of meetings with young people and their social workers and their aftercare workers thereafter.

The acting manager evidenced their actions to contact referring social work departments to seek information, clarify actions and assess any accompanying risks. Thereafter the assigned key workers commenced a process of assessment utilising a tool that informed the overall model of placement planning. The system of assessment for and preparation of placement plans took place in a timely manner upon admission and the quality of the written placement plans on file was of a good consistent quality across all the files. Inspectors found clear identification of needs, planning to meet those needs with work assigned to named persons and reviewed

weekly at team meetings. The formal review of the overall placement plans took place at three monthly intervals.

The work of the team at the centre was focused on the inclusion and engagement of the young people in their placement and their plans for independent living. The team approached the engagement process through relationship building and working at each young person's pace but also keeping hope and ambition in place around core achievable goals, like training or education, health care and individual life skills.

The life skills work was completed both through the placement plan and through an independent living skills programme developed for this service, both worked together. Inspectors would have recommended a review of the two planning processes to combine them for best effect for young people, but this had already been identified by the centre and the directors. A working group had been convened and were part of the way through adapting the best of both planning approaches.

Inspectors found a service that provided consistency and continuity in its provision of a service for this age cohort, they addressed complex needs and non-engagement or avoidance in a straightforward manner, through open communication with young people, weekly planning and a strengths and problem solving approach.

There was evidence of outcomes being tracked and traced weekly at team meetings and through the three monthly formal structured review of the placement plan. The plans identified existing external and specialised supports young people had been involved with, remained connected to or new supports that they may need. There was evidence of direct work in support of engagement with the services that they required and given the age of the young people they could independently access a number of these themselves. The team took whatever practical steps they could to maintain the expert help that most benefitted individuals.

There was connection and communication with family where required and appropriate and the wishes of the young people over eighteen were respected when it came to the level of family contact they wished to complete themselves, with staff or by staff independently. There were records kept of a level of family contact, staff noted that this may not all be fully captured due to the age and number of young people but that staff try to record this on the daily logs. The inspectors found that the centre had a weekly key working report that they completed for all young people and that the family contact section was not generally reflective of perhaps a level of contact that may be taking place. Inspectors recommend that the centre review the

format of the form for those young people over eighteen and to gain feedback from them regarding how family should or could be reflected sensitively on records.

There were records maintained of all contacts with aftercare workers and with social workers, these included records of phone calls, meetings and emails.

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

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

Regulation 5: Care Practice s 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 person in charge of the centre at the time of this inspection was in an acting social care manager capacity, they had stepped up to cover a period of fixed leave for the social care manager. They had been in this post since January 2021 and had the relevant qualifications and previous experience for a centre manager role. There had been a period of preparation for taking on the role that although unexpectedly shortened was nonetheless found by inspectors to be suitable and structured with the support of the departing manager, the Trusts director of children and families service and the then compliance and regulation manager. There were records in place for the delegation of tasks to the acting manager from the manager before they went on

leave. There were also records maintained of tasks delegated from the manager to the staff team.

The governance arrangements in place in the Trusts under 18 services was in a period of expansion and changes to roles and reporting relationships had been communicated to the relevant parties. The lines of reporting remained the same and the structures for the acting manager to report outward were also unchanged.

Inspectors found that there was regular centre based auditing taking place that was quality assured by the external management. External audits had also been conducted quarterly with two having been completed in 2021 to date. The acting manager attended monthly manager's meetings and the agendas for those meetings addressed risk, compliance, safety and quality of care. There was sharing of information, gathering of data and circulation of policies and procedures as required. There was a focus on feedback being brought back to the teams and from the team to the external meeting and reporting mechanisms. The acting manager completed external reports on a range of standalone topics such as staffing, health and safety and maintenance. All these communications were shared with the external management as well as with the relevant department within the Trust.

The acting manager was found by inspectors to have evidenced their oversight of the practices at the centre, of the records and they displayed leadership in the weekly team meetings. They had implemented a roll out of policy review schedules with the staff team.

The Trust had a service level agreement with Tusla that was under review at the time of this inspection, key to this review was the matter of funding for one extra staff member to the existing staff cohort. The director reported to Tusla on an annual basis regarding compliance with the agreement.

The policies and procedures for this centre were reviewed in 2020 and any additional updated policies completed outside that core review had been circulated to the staff team. A policy on Covid- 19 was now part of the core policy document. The staff team had been delegated tasks regarding policy review and presentation at team level and the experienced staff mentored new staff in the implementation of policy in practice. The next full policy review was scheduled for 2022.

The centre had a risk management policy and a risk assessment policy in place. The risk management framework addressed inherent risk and residual risk against

potential impact and likelihood of occurrence. There was a measurement scale applied to the latter two. The acting centre manager maintained two centre risk registers, one for centre risks and one for young people risks. The acting manager reported to the external directors regarding the risk registers and risk was an item on the internal staff meeting, the external manager's meetings and at the senior management team level. The registers were well structured and well maintained. The inspectors noted though that the period of time during the pandemic when certification in the method of management of challenging behaviour could not be renewed was not considered for inclusion on the risk register and was an example of something that at centre level would have merited discussion and measurement regarding any risks presented during that time. Inspectors recommended this to the management team and it was accepted.

For the young people's risk management framework inspectors found that the team were proficient and confident in day-to-day risk assessment and management of same. To further support that work there were risk management plans when required, good quality absence management plans and individual crisis management plans for all the young people. Inspectors found that the young people's risk register was well maintained with a focus on addressing risks that occurred and closing those once the work was completed.

In the management of response to the Covid- 19 pandemic the centre had been regularly updated by the Trust with revised Covid 19 contingency plans and covid policy. As stated, policy on Covid 19 was now part of the core policy document and was included under relevant sections of that document, for example under health. The centre had risk assessments in place for visitors, cleaning and hygiene control measures and was well presented in all regards on the dates of the inspectors visits.

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

Compliance with standards	
Practices met the required standard	**Standard 5.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

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.

The centre had an acting social care manager and seven and a half full time staff. Three of the staff were social care leaders and all staff were suitably qualified. The staffing allocation and funding had been agreed with Tusla historically as a manager plus seven fulltime staff, the Trust had been funding a half post to supplement the staffing at the centre. There are current negotiations with Tusla to fund an additional full- time post. Therefore, at the time of the inspection the centre was not in compliance with the current alternative care inspection and monitoring service memo on staffing (2020) which sets a minimum standard of a social care manager plus eight full time staff in order the satisfy the relevant regulation.

The roster had been managed well by the centre management to provide a consistent group of experienced staff to provide double cover every day and the half post provided a third person on planned days of the week to support appointments, outings and other requirements at the centre. There was a panel of three named relief staff available for the centre. The age cohort of young people meant that they were generally independent and managed much of their own daily plans. There was evidence in individual work reports and daily logs of staff spending time with the young people and being available to them.

There was evidence in the management records both internally and externally of work force planning to accommodate study, training, sick leave, annual leave and other types of leave. The staff had a staff handbook and policies and procedures which detailed the Trusts approach to staff retention. There were HR policies and procedures in place that outlined the Trust's approach to supporting and retaining suitable staff through the provision of appropriate supervision and support, pay and advancement opportunities and an employee assistance programme.

There was an on call service in place and there was a policy and procedure for this. The arrangements for the on call service had been expanded to include additional aftercare management in the structure. Inspectors found that the acting manager

and staff were familiar with the arrangements in place for its use and that there was a means of recording any contact made with on call. There was a low rate of use of on call from the centre which was reflective of the low rate of incidents.

Compliance with Regulation	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

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 registered proprietor and director of child and family services must ensure that an allocation of a manager plus eight staff is in place for this centre in order to ensure compliance with the relevant Tusla ACIMS memo on staffing 2020.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	None identified		
6	The registered proprietor and director of child and family services must ensure that an allocation of a manager plus eight staff is in place for this centre in order to ensure compliance with the Tusla ACIMS memo on staffing 2020.	PMVT CEO and Director of Child and Family Services met with Tusla on the 24th of August and advised of the requirement for 8 staff plus SCM and of need to increase staffing in accordance. Tusla who are reviewing this and will revert as soon as possible. The roster currently provides SCM and 7.5 staff members who are supported by PMVT relief panel who will be made available where required. In the interim Director of Child and Family Services, Head of Services and SCM will continue to monitor the service to ensure that the young people's needs are met appropriately.	Contact with Tusla will be maintained to support this request for increased funding. Social Care Manager internal review, Head of Services audit and review will continue to ensure that care standards are maintained.