



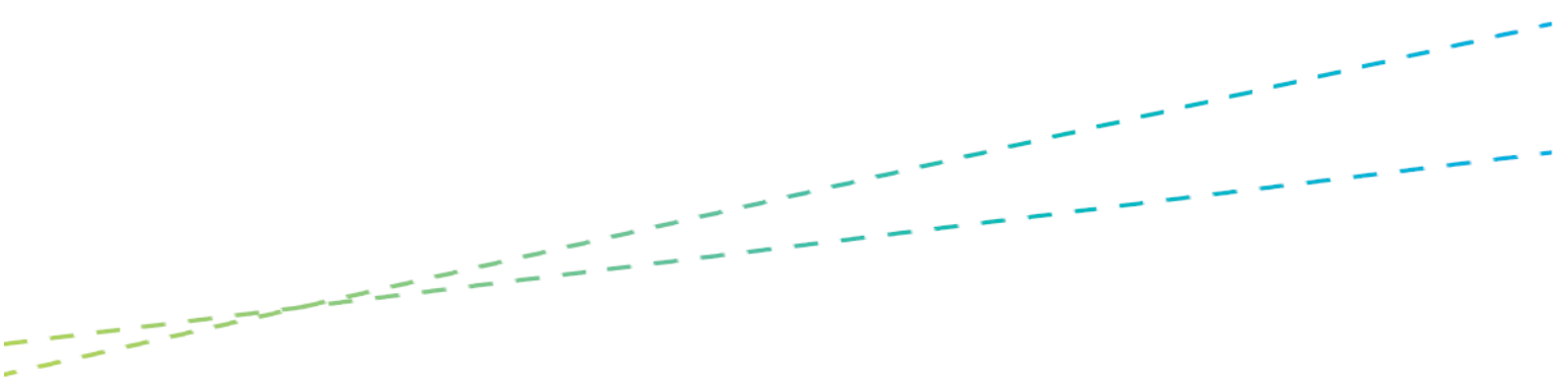
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 069

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Three young people
Dates of Inspection:	23rd and 24th July 2019
Registration Status:	Registered with attached conditions from 3rd October 2019 to 3rd October 2022
Inspection Team:	Lorraine Egan Joanne Cogley
Date Report Issued:	30th September 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.8 Education	
3.9 Health	
3.10 Premises and Safety	
4. Action Plan	16

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 in March 2014. At the time of this inspection the centre were in their second registration and were in year three of the cycle. The centre was registered without conditions from 03rd October 2016 until 03rd October 2019.

The centre's purpose and function was to accommodate three young people of both genders from age twelve to eighteen on admission. The centre can provide for either sole or multiple occupancy. Their model of care was described as working with young people who require a more intensive level of support for a period of time and to help them develop and increase their confidence, coping strategies and self-esteem and to offer support in their move on to appropriate accommodation following their placement.

The inspectors examined standard 8 'Education', standard 9 'Health' and standard 10 'Premises and Safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 23rd and 24th July 2019. There was one young person in placement in the centre and one young person transitioning back to the centre at the time of this inspection.

1.2 Methodology

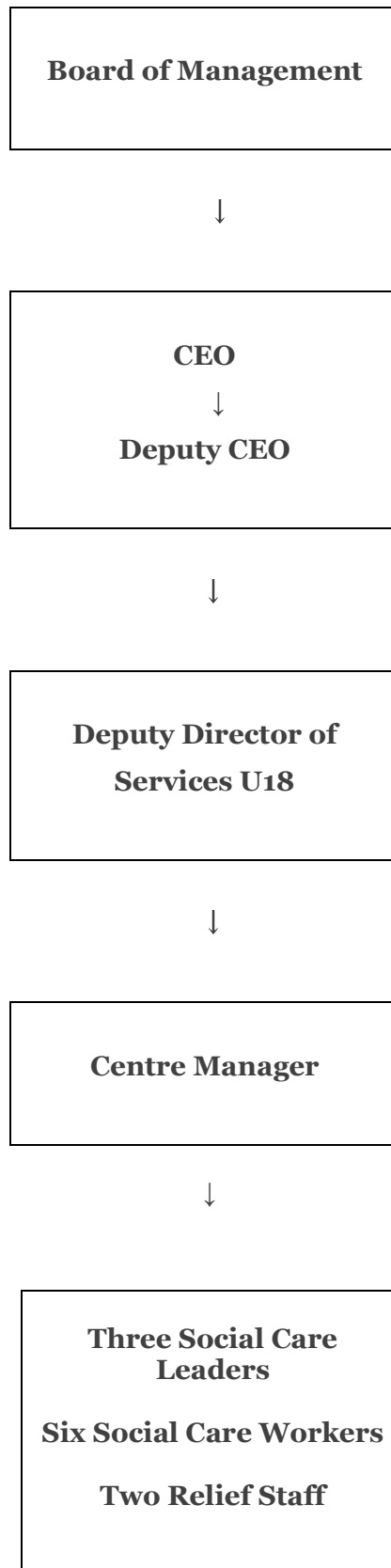
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff
 - b) One CEO of the organisation
 - c) One Deputy Director of Services for under 18's
 - d) Two general practitioners for two young people
 - e) School Principal for one young person
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
 - Centre care files
 - Staff training files
 - Maintenance log
 - Health and safety records
 - Fire safety documentation
 - Centre Audits
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre management
 - b) Three social care workers
 - c) One young person
 - d) The deputy director of services
 - e) One social worker allocated to one young person
- ◆ Observations of care practice routines and the staff/young person's interactions.

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 September 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 24th September 2019 and the inspection service received evidence of the issues addressed.

As it has been identified that there were a number of matters in the centre's application for renewal of registration, that required further attention, it is the decision of the Child and Family Agency to register this centre ID No: 069 with the attached condition from the 3rd October 2019 to the 3rd October 2022 pursuant to Part VIII, 1991 Child Care Act.

That condition being;

1. that PMVT must submit revised amendments to their existing policy document where relevant to reflect current National Standards for Children's Residential Centres, 2018 (HIQA) and updated relevant legislation. The proposed condition will be reviewed as soon as the updated and reviewed policies are submitted to the Inspection and Monitoring Service.

This decision is taken under Part VIII Sections 61 (1) (3) (b) of the 1991 Child Care Act.

3. Analysis of Findings

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

At the time of inspection there was one young person in placement in the centre and one young person was in transition from another service. From a review of the care files, inspectors found strong evidence that education was being valued and promoted. One young person was encouraged and assisted to reach their educational potential by being supported to complete a number of subjects in the leaving certificate, despite having struggled to sustain their placements in formal schooling or alternative education programmes. Furthermore, centre staff had assisted the young person to explore a variety of advanced educational options in accordance with their wishes and interests. As a consequence, the young person attended for interview and had been accepted on a number of courses where enrolment will commence in the autumn.

Inspectors observed evidence on file of the staff team communicating in relation to the coordination of education plans through phone calls, and emails with school principals and placing social workers. There was collaboration in the form of joint meetings with appropriate professionals regarding the re-engagement in education for both young people and every effort made for advocacy of the young people's educational rights. The staff team had sourced an educational and welfare officer with the Child and Family Agency who provided tuition on a weekly basis for one young person in preparation for their state exams. Additional learning supports such as grinds were also made available when required along with the supply of extra resource material relevant to curriculum needs. Inspectors observed education goals as part of placement plans with clear steps implemented in the achievement of these goals through key-working, individual work sessions based on study needs, the development of study plans with timetables and support in the completion of application forms and assistance with interview skills.

As part of ancillary education programmes, both young people were provided with opportunities to attend in-house art education sessions, and outdoor historical

activity programmes. One young person also participated in music lessons with a focus on confidence building and pursuance of their individual interest. Regarding the young person involved in a transition programme for a return to the centre, there was evidence on file of monthly education plans being developed in preparation for their return. This included, the staff team having sourced extensive educational options for them and successfully securing a placement on a specific programme of interest. They had made every effort to collaborate with personnel in this facility to progress the young person's involvement so that they could begin the placement as soon as possible. The staff team had completed planned individual work based on support and encouragement for the young person to attend the course. This work was on-going but subject to review on a monthly basis.

Centre management stated that there was very good contact with teaching professionals in the education settings for both young people. This was confirmed by the school principal through information returned in their questionnaire. Inspectors interviewed the placing social worker for one young person who stated that the staff team's achievement of the educational goals for the young person was exceptional, particularly because of their specific needs and the difficulty for them in consistently maintaining school placements.

There was no educational assessment on file for either young person, however the centre manager said that one was currently being completed in the service where one young person was returning from. The centre manager stated they will have access to this document as soon as it is completed.

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

From review of the care records, inspectors observed that both young people were registered with a general practitioner and there were named general practitioners (GP) identified on file. The centre manager stated at interview that although a medical assessment was offered to each young person on admission, these were refused at that time. However, one young person had subsequently completed a full medical screening and continued to attend all necessary appointments following this.

The care files contained a clear and in general, complete record of all medical and health information from birth, including medical cards, therapeutic plans, evidence of visits to GPs and other medical appointments, dentist and ophthalmic services. Young people were referred and had access to specialist services such as counselling, mental health and art therapy. Medical needs were appropriately addressed by the team that involved follow-up with specialist medical professionals. Holistic programmes were also incorporated into health and wellness schedules, including mindfulness and meditation. On one young person's file, there was reference to specific assessments having been conducted by ancillary services, but inspectors did not observe these on their record. Inspectors recommend that a copy of all health related assessments that have been completed are stored on the young person's file.

There was correspondence evident between the staff team and appropriate professionals regarding health plans including the young people's social work departments. Consultation also took place with the young people and in some cases, their families regarding medical care and treatment plans. There were medical consent forms on file for both young people.

Inspectors saw evidence on records that health needs and actions were identified as part of a previous care plan for one young person, and these were linked through to the placement plans, which outlined the specific goals to be achieved. However, as the most recent care plans for both young people were not on file, this made it difficult to track any review of actions and outcomes that might otherwise have been evident. Inspectors did not see evidence of correspondence between the centre and the social work department requesting the submission of child in care review minutes

or up-to-date care plans and inspectors recommend that these are sought for centre records as a matter of priority.

Health programmes implemented by staff included: sex education, personal hygiene, drug and alcohol awareness modules, healthy eating and diet, smoking cessation and managing anxiety and stress. Furthermore, the centre collaborated with SASSY (Substance Abuse Service Specific to Youth) and a local Youth Project who supported the development and implementation of a number of the sessions. There was also specific guidance offered to young people in relation to the risks associated with the use of illegal substances, the positive attributes of healthy lifestyles and education in sexual exploitation. One young person was regularly attending the gym and prepared and cooked their own meals each day. While there was good evidence of the actions and goals being tracked by the centre through key-working, individual one to one sessions and ancillary programmes, inspectors found that not all of the formal work cited by staff at interview, as having been conducted with young people, was visible on the care files. Inspectors observed the resources and materials associated with the subject matter but recommend that all sessions implemented, as part of health plans, are documented clearly on their care files.

Although the centre was following Tusla's 'Medication Management Policy for Children's Residential Services', inspectors recommend that the service develop their own centre-specific policy and procedures in respect of storage, administration and disposal of medication.

Records of medication administered, both prescribed and over the counter were observed by inspectors on file. Two of the staff team had engaged in formal administration of medication training.

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)*.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre was a two storey building located in a countryside setting but close to a town centre. There was access to transport linking the centre to shops and services. The premises were kept in good structural repair and was decorated to a very high standard. There had also been upgrades to the building which included new wooden floors in the hall. It was well presented and clean throughout, with modern furnishings in all rooms. There was a large kitchen and dining area with a separate space for laundry. Rooms were available within the centre for young people to have visits from friends and family members. The property had recreational facilities such as an in-house gym and an activity room with a free space available for young people to chill-out. There was also a garden area.

Each young person had a room to themselves with bathrooms shared. The centre had recently been decorated and the young people had been involved in decision making regarding paint colours for their rooms and other areas of the property. Inspectors reviewed the centre’s insurance documentation and found it to be adequately insured against accidents or injuries to children. It was deemed to be in compliance with the relevant legislation.

Maintenance and repairs

The centre had access to a maintenance team from the organisation who carried out routine work when necessary. From reviewing the centre’s maintenance records, there was evidence of repairs being carried out in a timely way. The centre had a standard maintenance template in place where a priority level was assigned to the

specific repair required. The template also included, the location, full description of the issue, date it was reported, if it was a recurring issue and the date the issue was resolved. The dates the repairs were resolved and whether they were recurring issues were not noted on the log for any date recorded. Inspectors recommend that staff completes these sections of the record.

Safety

The centre had a health and safety statement and policy which was developed in 2018. There was a designated trained health and safety officer appointed by the service. Monthly health and safety audits were in place with oversight on the reports by centre and organisational management. Inspectors reviewed a sample of the personnel files and found that an appropriate number of staff were trained in first aid with training scheduled for the remainder of the staff team whose certificates had expired. The centre had an effective recording system regarding health and safety hazards, with evidence to show that these were dealt with promptly by the service.

There were two vehicles assigned to the centre and the majority of the staff team were licensed to drive these. Both cars had up-to-date insurance and tax in place along with road worthy documentation. Medicines were safely stored in a secure cabinet in the staff office which young people did not have access to.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

Inspectors saw evidence on file that the centre had written confirmation from a certified engineer that all statutory requirements regarding fire safety and building control had been complied with. There was an up-to-date fire safety statement in place. A fire safety register was maintained by the centre and records were kept regarding fire drills, daily inspection of fire escape routes and maintenance of fire-fighting equipment. The centre had the required fire extinguishers, fire blankets and all fire escape routes were found to be marked. The centre had a maintenance contract with a service provider whereby an annual service was provided and dates were recorded on the register.

There was evidence of fire drills taking place on average on a monthly basis. A total of ten fire drills took place in the centre between July 2018 and June 2019, however the young people would not participate in any of the drills. Although attempts had been made by staff to include them, inspectors did not observe any evidence that alternative protective measures had been implemented in the centre to counter

balance the non-participation of the young people. Further, inspectors observed that the names of the staff involved in the fire drills were not recorded. Centre management must name the staff in the centre at the times of the fire drills and must ensure that young people participate in fire evacuation and drills as a matter of priority or take alternative measures to satisfy themselves, that they have been educated accordingly. Inspectors observed that four staff members had either no fire safety training certificate on file or their training had lapsed. Centre management must ensure that onsite fire prevention and evacuation training is scheduled for all staff and young people as a matter of priority.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- Centre management must record the names of the staff in the centre at the times of the fire drills and must ensure that young people participate in fire evacuation and drills as a matter of priority. Should young people not participate, alternative measures must be taken to satisfy centre management that they have been educated accordingly.
- Centre management must ensure that onsite fire prevention and evacuation training is scheduled for all staff and young people as soon as possible.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.10</p>	<p>Centre management must record the names of the staff in the centre at the times of the fire drills and must ensure that young people participate in fire evacuation and drills as a matter of priority. Should young people not participate, alternative measures must be taken to satisfy centre management that they have been educated accordingly.</p> <p>Centre management must ensure that onsite fire prevention and evacuation training is scheduled for all staff and young people as soon as possible.</p>	<p>All names of staff present for fire drills will be recorded from here on in. Young people will continue to be encouraged to participate in fire drills and educated in relation to fire safety.</p> <p>On-site fire prevention and evacuation training was scheduled and completed on August 7th 2019. Young people were included and fire safety awareness information has been made available to young people.</p>	<p>The centre manager and the deputy director of services will review this as part of the audit process to ensure this is completed.</p> <p>This training will be scheduled in line with refresher requirements going forward.</p>