



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 192

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	3 young people
Type of Inspection:	Announced
Date of inspection:	20th July 2021
Registration Status:	Registered from 14th May 2021 to 14th May 2024
Inspection Team:	Sharon Mc Loughlin
Date Report Issued:	3rd 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. This centre was granted its first registration on the 14th of May 2021 at this location. The service had previously operated and was registered at a different location from February 2021 until May 2021. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 14th of May 2021 to the 14th of May 2024.

The centre was registered to offer a short-term placement for up to three young people aged between 12-18 years who have been identified by Public Health as requiring a period of mandatory quarantine, self-isolation, restricted movements or other Covid 19 requirements. The service provided each young person with a safe and secure place to stay during their period of self-isolation / restricted movement based on advice given by Public Health. The service had an agreement with HSE Area 9 for Covid 19 testing, and the young people were tested on day 1 and day 10, or as advised by Public Health. The period a young person needed to stay was also determined by Public Health for a maximum period of 21 days. If a young person has received a positive Covid 19 test, Public Health advised on the length of stay determined on their presentation of symptoms and a period of time thereafter where they are symptom free and receive a negative test result.

Since the service commenced there have been 12 young people placed for a period of 10 to 14 days isolation depending on Covid 19 status (Max 21 days). While the registered capacity is three, to date there has only been one young person at a time placed in the centre. There was one young person at the centre on the day of the inspection, their period of isolation was up on the following day and they moved to a residential placement.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 6th of August 2021. There were no required actions identified in the draft report and all standards examined were found to be met in full. Centre and social work management were provided with the opportunity to identify any factual inaccuracies within the draft report. The findings of this report 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 192: without attached conditions from the 14th of May 2021 to the 14th of May 2024.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was located on the north side of Dublin and was found to be operating in line with its specific purpose and function. It was child centred and consideration was given to the design and layout of the premises, allowing for the safe isolation of young people for a period of up to 10 days or longer if deemed necessary by Public Health. There was adequate ground floor space available and safe and secure outdoor space for young people to spend time outside during their isolation. The outdoor space was inviting and there were games and activities available for young people and staff to engage in. In interview the social work team leader for the separated children's service stated that the allocated social workers who had visited the house were satisfied with the premises and had no concerns regarding the suitability of the premises for its purpose and function as an isolation service. The bedrooms were well designed and were all en-suite. There were TVs in all the rooms and games, reading materials or art materials available for young people to entertain themselves. The staff quickly identified that having a clock and a calendar in each of the rooms was necessary as the young people often on arrival did not know what date it was or the time and given that most of the admissions were separated children, they did not have access to their own phones for this information.

The young people had access to a kitchen to prepare food for themselves or to get snacks if they wished to do so. The staff prepared all the food for young people who did not wish to cook.

The inspection found that there were robust cleaning schedules in place and given the nature of the service there was a strict policy and guidelines regarding adherence to good hygiene and infection control measures. There were risk assessments regarding

Covid 19 and how to safely manage the environment for the young people and the staff. There was adequate supply of full PPE equipment such as hand sanitizer gowns, aprons, gloves and masks and where there was confirmation of a negative Covid 19 test result appropriate masks and sanitizer.

The centre had an up-to-date health and safety statement and the records showed that staff carried out regular and routine checks on the fire exits and the fire-fighting equipment.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.3
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed.

Actions required

- None identified.

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a range of policies and procedures in place that were there to protect children and to provide guidance to staff. The policies reviewed were in line with Children First: National Guidance of the Protection and Welfare of Children (2017). All the staff had completed training in Children First and as all the staff were social care qualified, they were all deemed to be mandated persons. The centre had an up-to-date Child Safeguarding Statement, which was displayed in the hallway. The staff interviewed were aware of the policies and how to identify and report a child protection concern using the Tusla portal. Since the centre commenced operation in February 2021 there had been no mandated reports made by staff. There was a register in place to record any child protection concerns that may occur in the future.

The centre had a policy and procedure on protected disclosures and staff in interview were aware of who they could raise any concerns with and were confident that these would be listened to and addressed appropriately.

Given the purpose and function of the centre was to provide a safe Covid 19 isolation service for children aged 12 -18 or those who arrive in the country unaccompanied there was only limited opportunity if any for the staff to discuss areas of self-care with the young people. The young people were made aware of the need to keep themselves safe and on admission the rules regarding safe practices were explained to them. Examples of these were that staff would not be in the rooms alone with young people for unaccounted reasons, and the young people were not allowed in each other's rooms. The front door was alarmed to alert the staff to people entering or leaving the building.

Information on Covid 19 and the requirements to isolate was made available to the young people in different languages and interpreters were made available to ensure that the young people understood the information on admission. There were no incidents of bullying behaviours identified to date in the centre and given that there had only been one young person placed there at a time there was no opportunity for peer interactions. The centre did have a policy on managing behaviour and all the staff had completed training in a recognised model of behaviour management.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.1
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed.

Actions required

- None identified

Regulation 5: Care Practices and Operational Policies Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a written and agreed statement of purpose and function that described the aims and objective of the service, the staffing structure and referred to the model of care. This service was established on the request of Tusla to provide an isolation service for children 12 to 18 who needed to isolate or recover from Covid 19. The purpose and function of the service will be reviewed by the registered provider and Tusla in consultation with Public Health and Government guidelines.

The inspection found that the centre was operating in line with the stated purpose and function and was providing young people (mainly separated children) with a safe and child centred space to self-isolate until they move on to either a residential placement or foster care. Since commencing operation all 12 young people moved from the centre within the expected timeframes of 10 to 14 days depending on Covid 19 status (max 21 days) with some only staying for one or two nights. The specific written purpose and function of the service is not available in different languages at present but information regarding Covid 19 and the need to isolate is available.

The social worker team leader for the separated children's service when interviewed stated that they had not received any written information about the service. Initially there was some confusion about what the service was there for, however through communication with the staff and the Out of Hours Social Work team they now have a better understanding of the service.

The internal audits carried out by the agency to date identified the need to have more feedback from the young people and that this will inform how the information about the service will be best developed. This was part of the centre improvement plan and work has already commenced on devising this information that will be easily understood and available in different languages.

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

Compliance with standards	
Practices met the required standard	Standard 5.3
Practices met the required standard in some respects only	Not all standards assessed
Practices did not meet the required standard	Not all standards assessed

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None Identified		
3	None Identified		
5	None Identified		