



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Four Young People
Type of Inspection:	Announced inspection
Date of inspection:	12th and 13th of September 2022
Registration Status:	Registered from the 14th of May 2021 to the 14th of May 2024
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	13th December 2022

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support: Standard 1.1	
3.2 Theme 2: Effective Care and Support: Standard 2.2	
3.3 Theme 4: Health, Wellbeing and Development: Standard 4.2	

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 and Regulation 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 14th of May 2021. At the time of this inspection the centre was in its first registration and was in year two 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 provide multiple occupancy for up to four young people seeking international protection. The age range was between the ages of twelve to seventeen upon admission. The aims of the centre were to provide a safe, nurturing and supportive environment for up to three months short term placements for young people entering the country to seek international protection. Since the last inspection in July 2021 sixty two young people had lived at the centre and the centre transitioned from being a covid isolation service to its current purpose and function in March of 2022.

There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
2: Effective Care and Support	2.2
4: Health, Wellbeing and Development	4.2

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, translators 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 on the 6th of October 2022 and to the relevant social work department on the 6th of October 2022. The registered provider was required to submit any factual inaccuracies noted as there were no identified issues for action in the standards examined. No factual inaccuracies were noted by the response date of the 20th of October 2022.

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: 192 without attached conditions from the 14th of May 2021 to the 14th of May 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found that the management and team at this centre had a good understanding of the principles of children's rights, equality and respect for the individual. This was a short-term setting for young people seeking international protection and the young people, many of them new to the country, were living there for up to three months whilst settling. The centre had adapted rapidly between different service from March of 2022 onwards from covid isolation to this short-term model.

There was a booklet for young people addressing their rights and what they could expect from the centre. The booklets were available in a core range of languages and translators were used as well to ensure good communication. Thereafter translators were available for all important meetings and staff used tools like translation apps to assist day to day. The staff engaged translators for a young people's meeting where the UN Convention on the Rights of the Child were discussed and information for advocacy organisations for children in care provided to the group. There was also a notice board displaying helpful information for the group. The young people were provided with information and guidance on Irish law related to asylum processes by their social work department. Staff were aware of the various legal challenges facing the young people and offered them equal emotional and practical support.

Inspectors recommended that following the success of this session that the team implement a mechanism that ensures rights and inclusion information sessions will be delivered as standard for the various groups of young people who will use the service. An audit completed by the centres line management, in June of 2022, reviewed how the inclusion practices at the centre functions and there were changes implemented in the young people's meetings being more frequent for example. Inspectors found that the young people's meetings were now to be conducted weekly and were devised as a space for young people to gain information and to raise questions, bring suggestions and concerns. The centre were moving from a short

period as a single occupancy back to a multi occupancy and the meetings had not been weekly until recent weeks.

There were recurring themes coming up for the young people related to wishes for more pocket money, later curfews or more free time. The team had reviewed the finances and added additional means for accessing more pocket money, some of the older young people could also gain part time employment which the team helped them to apply for. The nature of the short-term placement had certain requirements from the social work department to protect against risks related to trafficked children and once the profile of the young person's safety had been assessed some additional leeway had been provided. A social worker explained that this was individualised and done in consultation with a young person and the centre team. The management outlined that they give the young people the forum to discuss such matters at the young people's meetings and then give responses, reasons or actions in return. The team were aware of the young people's views of some of the restrictions and worked with them to balance their rights as well as their safety.

The young people were invited to the meetings related to their statutory care plans and their legal status. The team must continue to build on the consultation practices and record their efforts invite young people to see their records like their daily logs. The young people informed inspectors that they were aware of their centre plans but not their statutory care plan and all held the wish to see their social workers more frequently. The social workers interviewed acknowledged this feedback and identified that the centre support good levels of contact.

The young people's right to an education were upheld and they had individualised assessments completed of their current core educational needs. The young people named that reliable access to a dedicated homework or young people's laptop would be helpful for their ongoing development. There was access upon request to a computer and the young people had used that for creating CV's and other documents, the management stated that they would evaluate the level of need for access to a computer and how they could expand on that.

Inspectors heard from the four young people that culturally appropriate meals were discussed and decided at young people's meetings. They said that they liked the food and different cultural, religious and ethical food habits were accommodated. There was access to the kitchen and ingredients with the young people participating in cooking, they were also able to make food or snacks as they wished during the day.

The social workers and the young people themselves stated that they found the team to be fair and caring with respect for gender identity, sexual orientation and race, religion, and family. Two of the young people described the help provided to them in

dealing with the story of their journey as well as being listened to regarding unique aspects of their place or country of origin. The team took a natural teaching and guiding approach day to day and sought advice in informing their role with young people in helping them adapt to the cultural differences they may encounter.

The young people in care advocacy group EPIC have been contacted and they had been invited to the centre to meet the group. The staff team had completed an information session with EPIC and leaflets were available at the centre related to their role. All four young people spoke of the mutual tolerance and respect in the house that was promoted by staff and said that this was present between the young people.

Compliance with Regulations	
Regulation met	Regulation 11 Regulation 12
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.1
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

None identified

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 wellbeing and personal development.

Three of the four young people had either an emergency statutory care plan and/or a care plan on file. The fourth young person's care plan meeting had been completed and a final copy was pending agreement at the time of the inspection.

The centre team created a placement plan which was started without delay upon admission, and these were found to be well presented on file. The organisation had adapted an existing model of placement planning in discussion with their consultant. Inspectors found the plans were relatively lengthy in format but the team described them as appropriate to the placement type and easy to use. Although not completed directly as a format with the young people it was recorded where their interests and wishes were sought. The placement plans were updated with all relevant key work and individual work completed with young people and regarding what information had been shared with them. The current plan was for these to be reviewed at the six weeks and then at the three month point when close to the move on time. Inspectors found that the placement plan reflected the model of a strengths based approach and was reflective of the specific specialised purpose and function of the centre.

The quality and content of the placement plans was consistent across all four files reviewed by inspectors with evidence that each young person was getting the support, orientation and practical actions they needed. The young people had identified additional practical needs not all of which potentially can be achieved here in a short term setting but staff were aware and were able to support the young people to identify these to their social workers.

Inspectors found that the weekly team meetings had a strong focus on planning for young people and this was a busy and proactive team. The young people had key workers with tasks assigned to ensure actions on all the initial elements of the placement. There was evidence of the full team engaging well and the four young people told inspectors that they were always kept aware of appointments and daily plans and that if they had questions and concerns they had people they could and would go to on the team.

The daily handovers supported the implementation of the placement plans and for example contained lists of actions on follow up for the young people's interests. There was a new key work monthly file review introduced and weekly discussion of key work at the team meetings.

For most of the young people there was evidence of contact with the social work department and from their allocated social workers with the centre where it related to core statutory functions. The young people themselves noted that they wished they had more contact available with and from their social workers who held most of the key decision making about their future including where they would be moving to. Inspectors passed on this information to the social workers, they acknowledged this

and the pressures currently faced by their department and praised the centre and the young people for their actions and resilience.

A number of the young people had commenced the process of being referred to or were already accessing external specialist supports. Two young people described very well to inspectors their experiences in life and the value they placed on getting therapeutic support. A young person's referral to CAMHS and another's to a specialist centre for the survivors of torture had been completed. The centre staff were contributing to building up on initial profile of the core emerging emotional needs and a social worker described how this had informed move on options for a previous young person. The team had previously been key partners in the management of a complex case through to a successful move to a suitable service type and further safety and protection for a vulnerable young person. There was evidence that the team had an awareness of and were continuing to learn regarding the trauma involved in the young people's lives prior to and during their journeys including the loss of family and friends and the new uncertainties they face. The team had completed a range of training including from the social work department on related aspects of the work.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
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	None Identified
Practices did not meet the required standard	None Identified

Actions required

None identified

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The young people's statutory care plans and placement plans addressed their overall health and medical needs. All the required medical and health related appointments were identified, booked and recorded for the four young people. The staff team followed up immediately with the social workers to get personal public service numbers and thereafter medical cards in place for the young people. There was evidence on file of the service paying for any immediate medical or dental treatment needed in advance of getting medical cards in place.

The staff team had created medical files for all young people and records of attendances at GP's were on file. There were no standardised baseline health assessments on file, but the records supported that overall good initial and ongoing health information was being gathered, recorded and tracked. This information was reported onwards for the social work file.

Inspectors recommend that the centre consider how they make information available to young people over sixteen leaving the care of the centre to ensure they have their own necessary health and any pending referral information too.

Although generally new to the country the current young people had been in other temporary settings before this centre and where they had an established GP efforts were made to remain with this GP if the young person wished to do so. There was evidence of costings done for dental and orthodontic work and forwarded to the social work department and the young people attended for treatment under the public scheme also. Optician appointments were completed as standard. The young people did not bring medical information from childhood with them in the main but where available this was recorded.

Previous and current young people have been supported through to cognitive and psychological assessments and the staff have advocated for access to additional counselling and support for young people. Currently there was no referral pathway within the organisation itself for counselling and there was some indirect specialist advice available for the team through the social work team.

The team displayed an awareness of the potential for low mood and risk of self harm, they assisted with the provision of caring support within the centre for example related to sleep difficulties and have displayed a commitment to continue to add to their skills base. There were safety or risk management plans for positive mental health support and there was an individual crisis support plan in place for each young person. The team addressed a holistic approach to wellbeing too through good diet, exercise and access to interests the young people had.

The centre had a medication management policy and procedure and the staff had trained in either the safe administration of medication, SAM's or in the recently adopted Tusla medication management policy and procedure. The latter was supported by completion of the relevant online training module on HSELand. The staff had trained in first aid and the organisation were moving towards a new combined PHEC, pre hospital emergency care, training for all staff. There was a delegated first aid person on the staff with responsibility for first aid supplies. There were arrangements for the safe storage of medication with monthly management audits on file.

A young person who arrived with significant medications and the staff team worked well with them, a GP and the social worker to identify the medications and put in place Kardex recording for any that were required to be taken on an ongoing basis. Inspectors reviewed the medication records and where a medication required a break of a number of days we advised that the record clarify that thus not having a gap on the Kardex unaccounted for. We also advised that staff must place any medications provided by an out of hours doctor visit on the medication system without delay.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None identified

Actions required

None identified.