



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: 2025

Inspection Report

| | |
|------------------------------|---|
| Year: | 2025 |
| Name of Organisation: | The Peter McVerry Trust (PMVT) |
| Registered Capacity: | Five young people |
| Type of Inspection: | Unannounced |
| Date of inspection: | 12th, 13th & 14th March 2025 |
| Registration Status: | Registered from 31st December 2023 to 31st December 2026 |
| Inspection Team: | Catherine Hanly Eileen Woods |
| Date Report Issued: | 24th April 2025 |

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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 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 under the current organisation in 2005. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st of December 2023 to the 31st of December 2026.

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 18 years lived on a medium-term basis. 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 and opportunity, have hope and are connected, respected and contributing to their world. At the time of this unannounced inspection, there were three young people living in the centre, all under the age of sixteen.

1.2 Methodology

The inspector examined the following themes and standards:

| Theme | Standard |
|--------------------------------------|----------|
| 2: Health, Wellbeing and Development | 4.1 |
| 6: Responsive Workforce | 6.4 |
| 7: Use of Resources | 7.1 |

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 three allocated social workers. Wherever possible, inspectors will consult with children and parents. In this inspection, one young person agreed to formally meet with inspectors to share their views on this service. 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 27th of March 2025. 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 10th of April 2025. This was deemed to be satisfactory.

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 of December 2023 to the 31st of December 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

Inspectors found that there was good attention to the individual health, wellbeing and developmental needs of the young people. At referral stage, the manager and staff team gathered all known information related to the overall needs of the young person which were then further explored and actions agreed at the initial care planning forum following admission to the centre. Efforts were made by the centre, in conjunction with the social work departments, to maintain young people with their own GP and appointments were thereafter facilitated by the centre. There was positive and collaborative interagency work ongoing to support young people to have their health needs met.

Each of the three young people residing in the centre at the time of this inspection had an identified educational placement and there were apparent efforts and measures in place to encourage and support young people to attend daily. Educational attainment in line with individual ability, as well as training and employment opportunities for young people of appropriate age, was an area of strength long established by this service and its value was shared by the staff team with all young people living there.

Young people were at the heart of decision-making regarding their own lives, being encouraged to exercise autonomy and to naturally develop the necessary skills required to manage their own matters. At the time of this inspection, the three young people were all under the age of sixteen and thus no formal preparation for leaving care/independence had commenced. The centre has, in the past, successfully moved young people on to varied aftercare arrangements in accordance with their respective needs and wishes. The preparation for these moves involved the development of the necessary skillset as well as consideration of supports needed by the young person, both formal and informal, to live independently.

Individual placement plans identified specific areas of need for young people and focused interventions to respond to these. Inspectors found that further focus could be placed on tracking medical and health-related matters through the placement plans. Additionally, inspectors found it difficult to track through key working, some pieces of work that had been named in individual placement plans. Greater oversight of the delivery of key working and the implementation of stated goals within placement plans could address these matters.

The staff team had made connections with external health support services linked to individual young people's care, as well as having attended training specific to young people's general wellbeing in the context of appropriate and safe internet use. Additionally, there were information leaflets available for staff to familiarise themselves with specific health matters and supports available. Given the wealth of experience within the centre and amongst the staff team, it would be of benefit to young people coming to live in this centre, if structured health promotion initiatives were developed to include education around physical and mental health, self-care, safe relationships and could be adapted and implemented as required for individual young people.

Young people were encouraged to be involved in menu planning and grocery shopping. The development of their skillset in planning and preparing meals was encouraged with the support of staff, in line with their abilities. Collective mealtimes were generally not occurring with the current group of young people for a variety of individual reasons. Evidence gathered during this inspection indicated that this was an area of care delivery that required a renewed focus by the staff team to ensure that healthy habits are developed for future life. Greater attention was required in the context of providing healthy eating choices, reducing unhealthy patterns such as regular takeaways or eating processed and frozen food at home, and eating in one's bedroom alone. Staff concurred that a renewed attention to educating the staff team with a focus on the delivery of healthy eating at the centre as well as eating habits would be of benefit.

There had been some negative and on occasion inappropriate interactions between the young people residing in the centre at the time of this inspection that had impact on the potential safety of young people. Managing these types of behaviours amongst residents was not an area new to the staff team and had generally been managed well. Forthcoming meetings were planned with allocated social workers to discuss the presenting challenges and agree a suitable response to these to ensure the safety of all young people within the placement. Inspectors noted that whilst the manager and

staff team acknowledged the negative interactions and the need to manage these, the key working records did not support that individualised and focused work, including communicating clear expectations related to safe and appropriate communal living had been completed with all young people.

The Head of Services for Under 18s had identified through a recent audit that a greater awareness and understanding of risk and the management of same was required across the organisation and had scheduled a date to deliver training on this to the management and staff teams. In the interim, inspectors recommend that nighttime is given attention, in the context of expectations of behaviour, and routines, as well as supervision requirements and implementation. This should include agreed practices, related to use of mobile phones at nighttime and expected sleep routines, being consistently followed through on by the staff team to ensure the safety and wellbeing of all young people.

| Compliance with Regulation | |
|-----------------------------------|--|
| Regulation met | Regulation 10 Regulation 12 |
| 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 4.1 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required

- The centre must ensure a renewed focus on health promotion in its broadest context for all young people in the centre

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

There were ongoing training and professional development opportunities for staff at all levels, aligned to their respective roles and with attention to the centres model of care. The centre manager, alongside the Head of Under 18s Services within the organisation, had responsibility for oversight of the staff teams' training needs and taking action to address these. The feedback provided to inspectors by team members regarding training and professional development opportunities indicated that these were regularly available and valued by the staff team. The matter was discussed at team meetings, in supervision, and occasionally at daily hand over as they related to the presenting needs of the young people. Staff members were facilitated to attend refresher and mandatory training, and records of these were maintained at the centre.

There was an organisation-wide policy on induction for new staff members that outlined a structured process the aims of which were to ensure a smooth transition for new staff, to assist them in understanding the ethos and culture of the organisation, as well as clarifying expectations of their role within the service. The centre manager informed inspectors that this process had been undertaken for the most recently recruited staff member, including centre-specific induction whereby they were paired with more experienced staff for initial shifts. Inspectors were informed that all HR policies, including those relating to induction and staff development and training, were due to be reviewed and updated in due course.

In interview with the Head of Under 18s Services they informed inspectors that an annual training needs analysis for all under eighteens services, conducted at organisational level is optimal however, this had not yet been completed for 2025 due to competing demands on prioritised action within the organisation. There was an ongoing project being undertaken across the organisation that was examining staff induction to the organisation and the training needs aligned to that process as well as to fit with the requirements of the centre's' model of care and the national standards for children's residential centres. Within this project, senior managers and centre

managers were agreeing mandatory training and how best to deliver this across the organisation. The organisation had some identified trainers and were looking to expand this to cover the model of care and other training areas such as crisis intervention training. This would contribute to cost-efficiency and sustainability within the organisation. This training needs analysis must be concluded and implemented on a regular basis to ensure that training and development needs of the staff team are identified and attended to.

The staff team had completed training in areas such as domestic violence and its impact, and online safety, in recent months. Both were reported to inspectors as being appropriate and beneficial to the staff team in their ongoing work with young people. These continuous professional development opportunities should also be included on staff records.

The Head of Under 18s Services stated that a forthcoming managers meeting was scheduled to discuss training needs across the under eighteens services. Inspectors noted that through interviews staff members had their own valuable contributions and this consultation should be opened to ensure all relevant ideas are raised and explored.

| Compliance with Regulation | |
|-----------------------------------|--------------------------------------|
| Regulation met | Regulation 6 Regulation 7 |
| Regulation not met | None identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 6.4 |
| 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 |

Actions required

- None identified.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

The Head of Under 18s Services outlined the structures and measures in place for the allocation of fundings within the organisation to this specific centre. Recent negotiations that the organisation was involved in, as part of a representative group, with Tusla as the funding agency resulted in an increase in capital to the organisation for the delivery of the under eighteens services. Alongside the increase in funding, more stringent accountability and transparency measures were implemented across the organisation to allow for a renewed focus on the needs of young people in the under eighteens services, in accordance with their respective stated purpose and function. These systems, inspectors were informed, have contributed to more sustainable measures as well as more stringent accountability through the various levels of management.

The centre manager was satisfied with the resources made available for all aspects of service delivery including groceries, clothing, activities, and transport. A petty cash flow system was in operation with funds utilised generally via a card payment. They were confident that additional requests for funding for named needs would be accommodated and gave examples of how this had occurred on occasions. Inspectors noted from their review of recent expenditures that greater focus to healthy eating would be of benefit.

The centre had one house car, which had recently been upgraded to a new hybrid model. This had the dual benefit of being a more sustainable and environmentally friendly option as well as enabling more drivers to use it as it was an automatic model. The research that went into sourcing this car was representative of the attention and value placed on meeting the needs of young people in this service.

Some of the young people were engaged with external therapeutic and health services in accordance with their needs. The necessary referral processes were undertaken by the relevant social work departments following discussion and agreement at child in care review or other multidisciplinary meeting forum. Centre management had a clear understanding that if a need was too great or a waiting list too long, they would

endeavour to source the appropriate service privately to ensure the young person's needs were responded to in a timely manner.

The centre was generally well-resourced in terms of staffing at the time of the inspection although did not have a deputy manager following an internal promotional opportunity within the organisation. A recruitment campaign had been undertaken, and the vacant deputy post was due to be filled in the coming weeks. This would contribute to supporting the manager in the delivery of their function. New rota systems were being proposed and at an early stage of discussion. These will require additional staff members to be implemented.

The organisation had a new facilities and assets manager in place which was reported to have improved responsiveness to larger property-related issues. This included an ongoing leak to the roof of part of the property which was hoped to be resolved. The senior management team planned to meet mid-way through 2025 to assess the implementation of planned property works and allocate funds available to the upkeep and ongoing maintenance of the under eighteens services. Upon inspectors unannounced arrival at this centre, the property was warm, clean and well presented with recent updates to decoration and furnishing evident. There was artwork on display that represented the forthcoming national holiday, and the value placed on young people by the staff team.

Public transport options, funded by the centre, as well as taxis and the use of the house car facilitated family access for the young people. This was conducted in accordance with the individual arrangements that were in place, and subject to agreement with the respective social work teams. Inspectors observed that greater focus could be put on recording how and where access occurred/was facilitated and the quality of that, when known, for individual care records.

All three allocated social workers gave positive feedback to inspectors, stating their view of young people being well cared for by an empathetic and caring staff team. They referenced good responses to requests for information and positive collaborative working towards shared goals for young people.

| Compliance with Regulation | |
|-----------------------------------|------------------------|
| Regulation met | Regulation 7 |
| Regulation not met | None identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 7.1 |
| 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 |

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 | The centre must ensure a renewed focus on health promotion in its broadest context for all young people in the centre. | Head of Services will support the SCM and newly appointed DSCM to complete a review of Health and Wellbeing and health promotion with the staff team at the team meeting on the 10th of April, the staff team will be supported to draw together resources to support engaging the young people in this and identify any further actions which will progress this, including the use of the model of care information board in the service which has previously been used as a mechanism to promote awareness and engagement in health promotion. | To be reviewed in audit by the Head of Services and Professional Support Manager by the end of June 2025. |
| 6 | None identified. | | |
| 7 | None identified. | | |