



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: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Peter McVerry Trust</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>23<sup>rd</sup> &amp; 24<sup>th</sup> August 2022</b>
<b>Registration Status:</b>	<b>Registered from the 30<sup>th</sup> of September 2022 to the 30<sup>th</sup> of September 2025</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Eileen Woods</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> September 2022</b>

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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 on the 30<sup>th</sup> of September 2004. At the time of this inspection the centre was in its sixth registration and was in year three of the cycle. The centre was registered without attached conditions from the 30<sup>th</sup> of September 2019 to the 30<sup>th</sup> of September 2022.

The centre was registered as a multi-occupancy service to provide short to medium term care for up to six young males aged between seventeen and twenty-one years of age in a semi-independent style setting. The model of care aims to promote and support the development of each young person towards independence and is underpinned by the Welltree model of care. There were five young people on the centre's register of residents at the time of the inspection. Only one of these was under the age of eighteen and they were being accommodated in a special arrangement away from the centre and its location for their personal safety reasons. Their accommodation was being held open and available to them whilst the matter of sourcing an alternative placement was being heard in the courts.

## 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	3.2
4: Health, Wellbeing and Development	4.3

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. 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 and the relevant social work department on the 2<sup>nd</sup> of September 2022. The registered provider was afforded the opportunity to respond identifying any factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document to the inspection and monitoring service. Centre management informed the Alternative Care Inspection and Monitoring Service on the 20<sup>th</sup> of September that there were no factual inaccuracies in 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: 068 without attached conditions from the 30<sup>th</sup> of September 2022 to the 30<sup>th</sup> of September 2025 pursuant to Part VIII, 1991 Child Care Act.

### 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 property was laid out into six individual flats, with a communal kitchen/dining/living area, in a three-storey terraced setting. Inspectors viewed two unoccupied flats and the main areas throughout the building and found everywhere to be very clean, well presented and with obvious efforts to create a homely ambience for young people residing there. The individual flats were very much viewed by the staff team as the young person's own property and space, and they were actively encouraged and supported to maintain them as such. It was evident to inspectors that the privacy and personal space of each young person was acknowledged and respected, whilst hurdle help and support with semi-independent living were provided to them as and when necessary.

Individual flats were cleaned and painted prior to a young person's admission. Each was supplied with fresh bedlinen and mattress, if necessary, as well as a television and relevant kitchen items. After that, young people could decorate the flat to their own taste and could either purchase further items independently or be supported by the service to do so if necessary. Suitable laundry facilities were located externally in the rear courtyard of the property. Young people were responsible for taking care of their own laundry needs with laundry detergent provided if necessary. The general living area had a range of board games for young people to play with staff members or as a group. There was an outdoor area for young people to store their bicycles if they owned them and a boxing bag for them to use.

Inspectors were informed that, in general, bathroom facilities were sufficient for young people's needs. Two of the flats had ensuite facilities. There were two further stand-alone bathrooms in the property – one downstairs shared by the occupiers of

the adjacent two flats; and one on the top floor of the property shared by the occupiers of the two adjacent flats on that level. Inspectors were informed that where issues had arisen in the past or were currently posing a difficulty with the sharing of bathrooms, these were monitored and supervised by staff. Interventions occurred as necessary, but the emphasis was on supporting each young person to manage and resolve these difficulties amongst themselves.

The necessary paperwork detailing the property's compliance with the requirements of fire safety legislation and relevant building regulations had been submitted as part of the centre's application for registration process to the Tusla Alternative Care Inspection and Monitoring Service and had been renewed with each cycle or renewal of registration for this service. This paperwork will again be required to be submitted as part of the centre's current renewal application process. Inspectors were provided at this time with the centre's safety statement and a site-specific risk assessment the latter document had identified several actions including training for some staff in fire safety, manual handling & food safety; as well as the creation of a chemical inventory, and drills for first aider response to be conducted. Management will need to schedule these accordingly.

There was a policy regarding fire drills as well as a written fire safety procedure in place. Both were clearly understood by staff. Inspectors noted that this latter procedure document was pending an update to account for the widely understood and elsewhere stated change to conducting fire drills from monthly to current practice of quarterly. The centre had most recently had onsite fire safety training in June 2021 and upcoming fire safety training was scheduled at a different location for two identified staff. There was a comprehensively completed risk assessment relating to fire safety inclusive of each individual flat and inspectors recommend that when future onsite fire safety training is scheduled that young people be afforded the opportunity to attend this.

There was a clear system in place for reporting and responding to accidents/injuries and inspectors noted that none such incidents had recently occurred. There were appropriate checks and management systems in place relating to health and safety and fire safety matters.

Inspectors were informed that complaints had been made occasionally by young people about the temperature in their respective flats at various times over the past few years. These had been recorded and were responded to promptly by staff who had found resolutions to the various issues by the provision of heaters and fans and

offering advice and direction to individual young people affected around trying to control the temperature in their flat. Separately there had been a longstanding issue related to the staff toilet that had regularly been addressed either by staff or maintenance personnel action. Though manageable, this issue remained occasionally problematic and was linked to a water pressure problem in the local area outside of the centre's control. Upgrading to the property and the individual flats has happened over the years and inspectors suggest that management continue to have oversight of property-related matters to ensure that this remains a suitable property for the service being provided.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

**No actions required.**

**Regulation 5: Care practices and operational policies**  
**Regulation 16: Notification of Significant Events**

**Theme 3: Safe Care and Support**

**Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

There were several policies in place guiding the approach to the management of behaviour that challenges. There was a significant focus throughout the policies on

the use of both strengths-based and relationship led approaches, and these were evident across records and interviews. There was evidence that young people were supported and educated around their own individual needs and behaviours and encouraged to focus on their strengths and find alternative positive ways in which to manage their behaviours that may present as a challenge. Young people were provided with direction and supports to external services as needed. Inspectors found that there was an acute awareness to mental health amongst the staff team and its impact on young people's lives. This awareness ensured an attention to providing the necessary supports to young people both within and external to the centre where young people were willing to and able to engage in these.

The staff team attend regular training and have input from an external professional in the delivery of their model of care. In addition, the staff team have completed training in harm reduction which is relevant to their work. Behaviours that challenge, reported by the manager and staff team as being an infrequent occurrence, were reviewed through the significant event review mechanism (SERG) at management level with feedback from these reviews provided to the care team. Inspectors reviewed a sample of these records and noted they contained an analysis of the event with relevant connections made to absence management, risk management and crisis support plans for the individual young person concerned and any reviews arising from same. There was evidence within these records also of a connected and inclusive approach involving the young person, their family members and social work team. The records reviewed, including feedback at team meeting and discussions of behaviours at strategy meetings, demonstrated a focus on breaking the cycle of negative behaviours that a young person was engaged in and the positives to be gained from this. The approach clearly represented and was congruent with the semi-independent nature of this service, teaching young people the necessary life skills to manage and support themselves independently in all aspects of life.

Internal and external audits of the approach to the management of behaviour that challenges have been completed. The Head of U-18 Services informed inspectors that the development of these audits was underway within the organisation with the aim being a more in-depth and robust review of the delivery of the stated approach. Inspectors noted that this discussion formed part of a recent manager's meeting with a focus on how best to reflect on effective interventions/strategies being used with regards to positive behaviour support.

Inspectors were informed that there were restrictive practices in place at the centre including the use of CCTV, curfews of young people and restrictions on the numbers

of visitors permitted to young people's flats. Some staff described these as rules of the service as opposed to restrictive practices. There was evidence that efforts were made to discuss these and review them for continuation. Inspectors suggest that further discussion on the matter may be useful to determine what are the boundaries/rules of the service and whether these are separate to or consistent with a restrictive practice. Management can then continue to have a thorough and regular review of these with oversight by external management.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

**No actions required.**

**Regulation 10: Health Care  
Regulation 12: Provision of Food and Cooking Facilities**

**Theme 4: Health, Wellbeing and Development**

**Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

The centre policy and procedure document included several policies aimed at promoting and encouraging young people to engage in education and training opportunities. Inspectors found that the manager and staff team worked with each young person on an individual basis in accordance with their needs and abilities in terms of education and/or training. The staff team have built up over time a comprehensive knowledge of training and further education facilities and resources in the local area and have established good working relationships with these. Due to the age of young people on admission (17 years+) it is rare that a young person would

be attending mainstream secondary school, although that may occur. Usually, young people are either already, or encouraged post-admission, to be engaged in further education, training, or employment in accordance with the semi-independent ethos of the service. Each young person is assisted and supported, in accordance with their needs and wishes to pursue these opportunities. This may involve practical supports around daily routine and transport to the relevant setting, as well as communication between the staff team and the education/training service provider; and the provision of desks for study/work in individual flats.

There were two internal education and training options within the larger organisation that were available to young people residing in this centre. These, alongside the establishment of 'Way2Work' meant that there were more opportunities for young people to pursue their individual educational and training interests in an environment that could better cater to their needs. One young person aged over eighteen at the time of this inspection was engaged in third level education and the centre had experienced this in the past with previous residents.

The one young person under eighteen at the time of the inspection did not have a comprehensive record of their previous educational progress and assessments on file. These records had been requested by centre management and had been secured for other young people's files in the past. In this case, the young person's placement had entered a crisis and other aspects of the young person's care and placement had taken priority by the social work and care teams.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

**No actions required.**