



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 187**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>The Peter McVerry Trust</b>
<b>Registered Capacity:</b>	<b>Five young people</b>
<b>Type of Inspection:</b>	<b>CAPA Review</b>
<b>Date of inspection:</b>	<b>30<sup>th</sup> &amp; 31<sup>st</sup> of July 2024</b>
<b>Registration Status:</b>	<b>Registered from 05<sup>th</sup> February 2024 to 05<sup>th</sup> February 2027</b>
<b>Inspection Team:</b>	<b>Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> August 2024</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 2: Effective Care and Support	

# 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.



## 1.1 Centre Description

This inspection report sets out the findings of a corrective and preventive actions (CAPA) review 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 5<sup>th</sup> of February 2021. At the time of this CAPA review the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 05<sup>th</sup> of February 2024 to the 05<sup>th</sup> of February 2027.

The centre was registered to provide short term emergency care for five young people between 12-18 years of age for a period of three weeks. The referrals were submitted from Tusla, National Out of Hours Service and the Crisis Intervention Service. While placements were offered on a short-term basis, in exceptional circumstances, applications were made for extensions of one week. These were reviewed by the management team in consideration of the individual circumstances of each young person and other residents. All the referrals made to the centre were for young people requiring an immediate residential placement. The centre offered a strength-based, trauma and attachment informed care which was guided by the Welltree model. There were four young people were living in the centre at the time of the CAPA review with a fifth having been very recently discharged.

## 1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 14<sup>th</sup> & 15<sup>th</sup> of August 2023. The inspector requested that the centre management submit all relevant documentation that would demonstrate their progress in implementing the CAPA they committed to. A range of records were submitted, clearly indexed and ordered, including care and placement planning documents for individual young people, audit reports, various meeting minutes, trackers and the centre policy and procedure document. These were reviewed remotely by the inspector and a subsequent meeting was convened with the centre manager via msteams to gather further information.

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 6<sup>th</sup> of August 2024. The findings of the CAPA review were used to inform the registration decision.

The findings of this CAPA review have determined the centre to have fully implemented the required actions and therefore 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: 187 without attached conditions from the 5<sup>th</sup> of February 2024 to the 5<sup>th</sup> of February 2027 pursuant to Part VIII, and 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 8: Accommodation**

**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.**

#### **Issue Requiring Action:**

- The centre manager must ensure that arrangements are consistently in place to receive an up-to-date statutory care plan for each young person from the allocated social worker.
- The centre manager must ensure that each young person's placement plan clearly details their immediate achievable goals and outlines the specific actions and supports required to ensure the best outcomes for the duration of the placement. Key working should be more reflective of the targeted work identified from each placement plan goal.
- Senior and centre management must strengthen the system for maintaining centre files and ensure that young people's records reflect a complete picture of their needs, experiences and progress.

#### **Corrective & Preventive Actions:**

- The purpose and function of the service as primarily an immediate response and the aim that a placement should be 3 weeks in duration to allow planning by the local social worker for the young people a care plan is not requested immediately as young people may return home or move to alternative accommodation in a shorter period than 3 weeks. Where young people have been in care and have a care plan already in place. This will be requested as part of the admission process. Where young people's social worker requests an extension to the 3-week placement our Care Planning Policy will be amended to note that a request for a Child in Care Review be made by the keyworker, Social Care Leader or Deputy Social Care Manager for as soon as possible to ensure that direction for the young person's placement is agreed and recorded. Policy review will be completed by the 15th of October 2023.



- Review planned by the SCM and DSCM with the Social Care Leaders by 30<sup>th</sup> of September to ensure that each placement plan outlines individual goals which are achievable, outlines the actions and notes the outcome on the young person's placement plan in line with their individual needs and showing evidence of targeted work around risk taking behaviours.
- SCM and DSCM will complete an initial review of the files and the DOS and SCM will review the filing system of the centre by the 15<sup>th</sup> of October to ensure that the young people's records reflect their needs, experiences and progress.
- This will be reviewed as part of the weekly planning meeting with the social work department and will be overseen by the SCM and the DSCM. Where request for a Child in Care review and Care Plan is not actioned by the social worker, this will be escalated to social work team leader by the Social Care Manager and may be escalated further if required. This process will be reviewed by the HOS/DOS as part of the auditing process, initial review to be completed in December 2023 and on an on-going basis.
- SCM and DSCM will review placement plans on a weekly basis and hold a focused review by 30<sup>th</sup> November. HOS/ DOS will review this process in December 2023.
- SCM and DSCM will continue to review the young people's files on a weekly basis and hold a focused review by 30<sup>th</sup> November. HOS/ DOS will review this process in December 2023.

### **Review Findings:**

The review of information provided to the inspector for the purpose of this CAPA review process evidenced that the corrective and preventative actions named by centre management had been implemented without delay following the completed inspection process in 2023. Team meeting minutes as well as minutes of meetings at internal and external management levels demonstrated that the findings of the inspection had been accepted, discussed and immediate solution-focused attention given to them.

The policy on care planning had been amended, as committed to, with a clear staged approach to requesting statutory care planning meetings and associated documents. This updated policy was reflected in practice through various records including social work contact, placement planning meetings, placement plans, audits and case record trackers. An internal audit against Theme 2 of the National Standards noted that the changed policy and practice had resulted in a "*marked improvement*". This same

audit noted, with respect to standard 2.5, *“Good follow up with professionals and planning meetings held weekly to support immediate planning for the young people. Improvement in this area dependent on length of placements. More evidence of Care plans and CICRs being sought and completed”*. Whilst challenges persisted for the centre, records showed that staff at all levels continued to pursue appropriate care planning forums and documents of the relevant social work departments.

Strategies had been implemented at centre and governance levels to make the necessary changes required to ensure that young people’s placement plans detailed their immediate achievable goals. Inspectors found that discussions regarding the layout and content of placement plans had resulted in a template that identified broad goals for individual young people. This changed format was noted at a team meeting as being of benefit, allowing greater oversight and tracking of progress in goals identified for young people. These targeted important areas of placement including medical and health needs, progression through the placement, and promotion of independence skills. Where placements extended beyond the intended maximum three-week duration, placement plans evolved to reflect better knowledge of the young person and their specific needs. There was a clear link between goals and actions named in placement plans and individual work being undertaken with young people. Despite the emergency nature of the placement, there was a significant amount of individual work being undertaken with focus across all young people’s files on emotionally supporting young people in as much as the staff team could. The inspectors’ finding in this area matched those of an internal audit conducted in April/May ’24 which noted *“A review of placement plans was undertaken, and the number of goals were reduced to allow focus and consolidation, in keeping with the centre’s short timeframe for placements. The auditor noted good pieces of individual work in line with needs had been completed”*.

Young people’s files were being reviewed on a regular basis, both by centre management having general oversight and through the centre’s auditing mechanisms. Case record audit and trackers had further supported the oversight of files and records at the centre and had identified occasional deficits that were to be addressed. The centre manager reported an additional mechanism, delegating responsibility to key workers, to ensure that all required documentation was secured and maintained on individual care files.

Inspectors found that individual placement plans, individual work records, planning meetings, various risk-related documentation, and progress reports reflected young peoples’ needs, progress within the placement and challenges presenting that required ongoing monitoring and management.

**Further Actions required:**

No further actions required as CAPA has been fully implemented and ACIMS were satisfied with timeframes.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 8 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 2.2</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>