



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 171

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Terraglen Residential Care Services Ltd
Registered Capacity:	2 young people
Type of Inspection:	Remote announced
Date of inspection:	05th & 06th January 2021
Registration Status:	Registered from 17th April 2020 to the 17th April 2023
Inspection Team:	Catherine Hanly Linda McGuinness
Date Report Issued:	4th March 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. The centre was granted its first registration on the 17th of April 2020. 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.

The centre was registered to provide care for two young people aged thirteen to seventeen years on admission, on a medium to long term basis. The statement of purpose describes a relationship based approach to delivery of care drawing on pro-social modelling and attachment theories. There were two 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
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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. Due to an escalation in the numbers of positive cases during the Covid-19 pandemic, separate risk assessments conducted by both the centre and inspectors determined that it was safest to conduct this inspection on a fully remote basis.

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

At the time of this inspection the centre was registered from the 17th April 2020 to the 17th April 2023. A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 18th of January 2021. 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 29th of January 2021. This was deemed to be satisfactory and the inspection service received evidence where relevant of the issues addressed.

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: 171 without attached conditions from the 17th of April 2020 to the 17th of April 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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's policy document included a range of specific policies intended to ensure compliance with relevant legislation and guidance in relation to child protection and safeguarding practices. The centre's policy on child protection had been amended following feedback from an inspection in another of the organisation's centres in 2020 in order to ensure it was compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had a Child Safeguarding Statement and accompanying letter of compliance provided by the Tusla Child Safeguarding Statement Compliance Unit. The manager and staff team had completed the Tusla E-Learning module: Introduction to Children First in addition to internal child protection training. Staff members demonstrated a good level of awareness of the practices in place to safeguard young people in addition to having the requisite knowledge to recognise and appropriately report a child protection concern. The centre manager was the designated liaison person and all staff were aware of this.

The centre had an anti-bullying policy which outlined the procedures in place to respond to and deal with any bullying that may arise. Inherent in this policy, was the centre's ethos and approach in role-modelling positively and appropriately. Records of pieces of work carried out with each of the young people identified individual attention to the areas of self-care and protection that was sensitive to their specific needs and circumstances. The manager had secured training for the staff team that assisted their knowledge and responses to potential identified vulnerabilities. Areas of vulnerabilities were risk assessed and individual behaviour support management plans were implemented. Both young people declined the opportunity to speak with inspectors by telephone but they both returned a completed questionnaire. One of these indicated that the young person was not entirely happy with aspects of their care within the centres including their views on support available to/provided by staff members. Inspectors discussed with the allocated social worker who was confident they were happy in the centre and had established positive appropriate relationships with staff there. Inspectors recommend that this feedback be further explored with a

staff member or member of management that the young person trusts. Both social workers confirmed that based on their interactions with the respective young people, both felt safe and well cared for at the centre.

There was evidence from interviews and in centre records that the centre worked in partnership with social workers, families and other relevant professionals to promote the safety and wellbeing of the young people resident.

The centre had a child protection and welfare form register which inspectors reviewed. Of a total of eleven entries, only one of these had been deemed to be closed. The centre manager had been actively pursuing these matters with the relevant social work department for the purpose of securing a response and/or outcome to the concerns reported. One social worker confirmed that they were actively in the process of arranging a meeting with the young person to address these issues.

The centre had a policy on protected disclosures that staff were familiar with. This policy does not name the 'authorised person' to whom a staff member may make a protected disclosure to within the company and must be amended to clearly reflect the relevant details, including contact information.

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

The centre had a detailed written policy that aimed to promote a positive approach to supporting young people's behaviour including supporting behaviours that challenge and agreed interventions for crisis management. Whilst inspectors found that staff did not articulate the policy well, in practice there was evidence that it informed approaches and interventions at the centre. The management team within the organisation had monthly access to input from a psychologist who provided specific guidance in working with young people based on an analysis of information provided to them by the team working directly with the young people.

The staff team had completed training in conflict resolution and also had completed specific training that was aimed at supporting their interactions with one young person. Further training was being scheduled that would support interventions with the second young person. Records showed that positive behaviour was both incentivised and rewarded. There were key working records that demonstrated conversations with young people that clearly outlined expectations of their behaviour

and the young person's information book detailed expectations also. Records also demonstrated occasions where the young people's voices were expressed and being heard by staff. Staff and the manager referenced the pro-social care model and their knowledge of attachment theories in their daily engagement with young people. Staff spoke in interview of having gathered a good understanding of each young person and utilising relationships already established to support them in managing their emotions and behaviours. Where crisis behaviours had occurred, staff used both individual work and life space interviews to assist young people in understanding their behaviours and to learn techniques that would enable them to manage better in future. The staff team had recently completed additional training that was intended to better assist them in engaging one young person in life space interviews in accordance with their development. Monthly significant event review groups were convened and these forums enabled both the staff team and manager and senior management to not only discuss in greater detail the delivery of the approach to behaviour management but to audit this also.

Social workers had participated in detailed pre-admission risk assessment processes for each of the young people and centre management were satisfied with the level of information provided in order to inform this process. The social worker for the resident young person had been consulted with by centre management prior to the admission of the second young person. Both social workers were satisfied with the level of appropriate information sharing that had occurred at that juncture.

The children had individual crisis management plans and individualised behaviour support plans, the latter of which were devised and reviewed on an ongoing basis as particular events arose. The staff team had a clear understanding of what constituted a restrictive procedure including those that were permitted or not. There was a detailed restrictive practice policy informing this area of practice and practices in place to review these regularly. There was a restrictive procedure in place for one young person but there was a clear assessment of the need for this from a safety perspective and also a plan towards removing this restriction based on the young person's learning and development.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The management and staff teams both described an openness within this centre to learning and service improvement. The staff members named the centre manager as approachable and were confident that any issues raised would be heard and responded to. Senior management, through their auditing and other identified

mechanisms, were keen to demonstrate a commitment to having oversight of service delivery and identifying areas of improvement where relevant. There was a policy that informed practice in relation to the management of complaints at the centre. Inspectors did note that the Director of Operations had brought attention to the area of complaints and noted that this required further development. Inspectors findings concurred with this view as the records reviewed pertaining to complaints at the centre were not complete in their entirety in all occasions. In addition, the detail in the complaints register did not concur with the individual records of complaints provided to inspectors for review. Whilst staff and the manager were clear on the importance of hearing young people’s voices and responding to same and there was evidence of this in individual work and key work records, it is important that all records demonstrate that each matter raised is fully concluded. The centre manager did not describe a robust system of oversight of complaints both notifiable and non-notifiable and should be familiar in their delivery of such a system of oversight. The deficits identified here in relation to the oversight and management of complaints must be addressed by centre management.

The centre had a detailed policy on significant events which included the notification system, management and review of these events. Social workers stated that they were satisfied with the system in place and in general with the level of communication they had with and information they received from the centre. There was evidence that significant event reviews were conducted regularly, and staff stated that these were clear learning forums and that learning from these was also brought to team meetings which was evidenced in records reviewed.

Whilst the centre policy on complaints also included family members and significant others, it would benefit from further detail highlighting how feedback from these persons would be taken on board and used to improve the care provided in the centre.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	Standard 3.1 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- Centre management must amend their policy on protected disclosures to include the name and contact details of the ‘authorised person’ to whom a staff member may make a protected disclosure to.
- The centre manager must ensure that all records relating to complaints are complete and clearly deliver on a system of oversight regarding all complaints made relating to the centre.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The inspectors were provided with a suite of policy documents that had been developed by the senior management team within the organisation. This document had been revised and updated as a whole in June 2020 in order to ensure that the operation of this centre was in compliance with the requirements of regulations, relevant legislation, national policy and the National Standards for Children’s Residential Centres, 2018 (HIQA). In addition to there being a dedicated annual review of the policy document, as situations or practices evolve within the organisation and, with feedback from inspectors, specific policies had been reviewed and amended as necessary. Senior management utilised an oversight system of spot inspections, audits and questioning at team meetings to establish whether staff were appropriately familiar with the policies and were operating in compliance with them.

Inspectors interviewed a number of staff and members of management in addition to receiving completed questionnaires. The information gathered from the centre staff sources indicated to inspectors that there was some knowledge and awareness of the relevant legislation, policies and standards that informed their work in this centre. However, in general inspectors found that the expression of knowledge regarding policies that informed their work, and the standards that must be adhered to, was lacking by the manager and staff team. This same issue was found in another centre within this organisation during an inspection in 2020. Although inspectors were informed by senior management that discussion of policies was to take place at team

meetings and where relevant during supervision, the evidence of this in records reviewed was limited, and in practice the manager and staff did not speak with confidence regarding the policies that inform their work. Senior management must now take effective corrective action to address this issue and to ensure that staff and the centre manager are appropriately familiar with the policies, standards and legislation that guides their everyday work.

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There were clearly defined governance structures and arrangements in place within the organisation and the roles and responsibilities of staff at senior management and in the centre were clearly outlined. The structures were established with the intention of providing the relevant and necessary supports at each level as well as ensuring clear accountability in specific roles. As noted under standard 5.1, there was a recently revised suite of policy documents in place to inform the work of the centre however as also noted above, the understanding of these by the manager and staff team is an area that requires improvement.

The centre had a service level agreement in place with Tusla, the Child and Family Agency; the registered provider was awaiting communication and direction from Tusla regarding the updating/renewal of this. The registered provider provides evidence that they are compliant with relevant legislation and national standards via communications, inspection reports and annual reports that are available to Tusla for review.

The manager was the named person in charge of the centre and had been in post for a period of five months at the time of the inspection, including being in an acting manager capacity. Whilst they had significant prior experience of residential care, they had not been in the role of named person in charge of a service previously. The staff team described the manager as 'approachable' and stated that they readily engaged in discussions regarding daily practice in the centre. Inspectors finding was that the manager required ongoing support, guidance and direction in order to ensure that they developed in this role and that they fulfilled all of their responsibilities effectively. The internal management structure comprised deputy manager and three social care leaders and there were some specific duties delegated to these persons in writing. Staff and the manager described the organisation as one

that encouraged learning and development and this was apparent across records reviewed. The deputy manager acted for the manager during periods of absence and when such absence had occurred there had been agreements in place so that the deputy understood their responsibilities during those periods of time. However, there was no written record kept of when and to whom these duties were delegated and the manager stated that this was an issue that was actively being addressed.

The organisation had a risk management policy which informed the risk management framework and risk matrix system that was to be utilised in the centre. Inspectors observed that there were a range of measures in operation to support the management of risk in the centre including the maintenance of risk registers, pre-admission risk assessments for young people, individual risk assessments for children as need or situation arises and monthly reviews of significant events. In addition, there was specific risk assessment and implementation of Covid-19 measures on an ongoing basis and in compliance with government direction and guidance. Whilst inspectors found evidence of the identification, assessment and management of various risks within the centre, and the staff team had completed training in risk assessment, the staff team did not consistently refer to or describe the policy that informed this aspect of their practice. Senior management must ensure that the manager and staff team are knowledgeable regarding all relevant policies that inform their work.

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 statement of purpose in place which described the model of service provision. This statement included the relevant detail required by the standards, including aims and objectives, services provided and the management and staff employed within the centre. Inspectors were informed that the statement was publicly available within the centre and there was a young person version that is provided to young people and was available also for families although had not been provided to parents of young people resident at the time of this inspection for reasons that were outlined to inspectors.

Inspectors found that not all staff members had received training in the model of care and staff members or the manager did not readily refer to the model of care and its guiding principles and without prompting. Inspectors noted that there was frequent reference throughout supervision and team meeting records to the need to reflect the use and language of the model of care. Whilst inspectors found evidence in written

records of the model of care, senior management must consider further training in the theories underpinning the model of care and how it translates into practice and recording at the centre or additional measures that will effectively ensure that all staff are fluent in their knowledge and expression of the model of care and associated theories.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The internal auditing system in the centre comprised case management planning meetings, team meetings and monthly significant event reviews. The centre manager was also responsible for completing weekly governance reports on the operation of the centre and submitting these to senior management for review and feedback. These systems had the purpose of monitoring the care provided to children and informing improvements to practices and this was clearly understood by senior management but to a lesser degree by the centre manager.

Two external audits of the centre had been conducted by senior management in 2020. These were based on themes two, three and six of the National Standards for Children’s Residential Centres, 2018 (HIQA). In addition, a spot inspection had been convened in October 2020 which was predominantly file review based. Centre management also complete an annual report which gives a brief overview of the measurement of service delivery against each of the national standards. Each of these activities comprised a thorough appraisal of the service delivery. Findings from each were shared with the centre manager who was then required to devise and implement an action plan to address the identified deficits. This assessment system was linked to an overarching quality improvement plan (QIP) with the aim of improving the quality of care provided to children in this centre. As with the internal auditing system, it was apparent to inspectors that the senior management understood and explained the external auditing system clearly. This is an area of learning and development that should be considered for the centre manager.

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

Compliance with standards	
Practices met the required standard	Standard 5.2
Practices met the required standard in some respects only	Standard 5.1 Standard 5.3 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- Senior management must take the necessary action to ensure that staff and the centre manager are appropriately familiar with the policies, standards and legislation that guides their everyday work.
- Senior management must implement the necessary measures to ensure that staff and the centre manager are appropriately fluent in their knowledge and understanding of the centre's model of care and associated theories underpinning it.
- Senior management must take the necessary action to ensure that internal centre management have a thorough working knowledge of the quality improvement systems in operation as they apply to this centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>Centre management must amend their policy on protected disclosures to include the name and contact details of the ‘authorised person’ to whom a staff member may make a protected disclosure to.</p> <p>The centre manager must ensure that all records relating to complaints are complete and clearly deliver on a system of oversight regarding all complaints made relating to the centre.</p>	<p>Director of services reviewed the protected disclosures policy and amended the policy to outline that protected disclosures are made to the Centre Manager of each residential centre.</p> <p>Follow up on all complaints have been completed by the Centre manager. Complaints are reviewed in team meetings on a fortnightly basis. Centre manager will ensure that all complaints issued by young people are addressed in the timelines outlined in the Complaints Policy.</p>	<p>Policies are continuously reviewed on an annual basis by senior management and centre managers. Policies are also reviewed following updated legislation / national guidelines being issued.</p> <p>The centre manager and staff team of the unit will receive training in the organisations complaints policy. The Operations Manager will continue to have regular oversight of the complaints being made in the centre and will ensure that all complaints are being appropriately followed by the centre manager in line with the Complaints Policy.</p>
5	<p>Senior management must take the necessary action to ensure that staff and the centre manager are appropriately</p>	<p>Director of Services has instructed all centre managers to bring a policy each fortnightly to team meetings in the form of</p>	<p>Training on the organisations policies and procedures will begin to be rolled out in the 2nd week of February 2021. All</p>

	<p>familiar with the policies, standards and legislation that guides their everyday work.</p> <p>Senior management must implement the necessary measures to ensure that staff and the centre manager are appropriately fluent in their knowledge and understanding of the centre's model of care and associated theories underpinning it.</p> <p>Senior management must take the necessary action to ensure that internal centre management have a thorough working knowledge of the quality improvement systems in operation as they apply to this centre.</p>	<p>a check and challenge to encourage learning within the staff teams. If issues arise regarding the understanding of policies, it will be discussed further in supervision.</p> <p>Re-fresher training will take place with the centre team and management in February 2021 to ensure that all employees are aware of our Model of Care and the theories that underpin the Model of Care.</p> <p>Operations Manager will conduct an in-depth supervision with the Centre Manager in February (5th -pre arranged supervision) that details the quality improvement systems that are in operations within the organisation. This will include in depth discussions around</p>	<p>management and staff members will receive training throughout 2020/21 in all the policies & procedures that are in line with the National Standards of Children's Residential Centres.</p> <p>During regular monthly audits and spot inspections by senior management, they will engage with the staff team on shift on their knowledge of the Model of Care we use in the organisation and will seek how they implement the model into the day to day work with the young people. This is to support the staff team to develop the confidence they may need to be able to articulate their understanding of the Model of Care.</p> <p>Operations Manager will ensure that quality improvement systems implemented in the centre such as themed audit and action plans, staff team's professional are completed monthly in the appropriate time frame by the centre manager. In the Manager meetings that are held Monthly</p>
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		<p>the monthly audits / spot inspection that are carried out by Senior Management and outlining the importance of meeting the action plans in a timely manner and ensuring that all recommendations have been closed out, to discussing the importance of developing the staff team's skills / working knowledge through professional development plans. This will also be reflected in the centre managers quality improvement plan and will be further assessed by Senior Management during next on site audit and will discuss with other junior management in the house (SCL, DM) at the time of the audit to ensure that they too have a full understanding and knowledge of the quality improvement systems that are in place in the centre.</p>	<p>with all centre managers, discussions are held to outline areas for quality improvement to be further implemented in the centres. This will be continuously monitored by Senior Management.</p>
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