



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

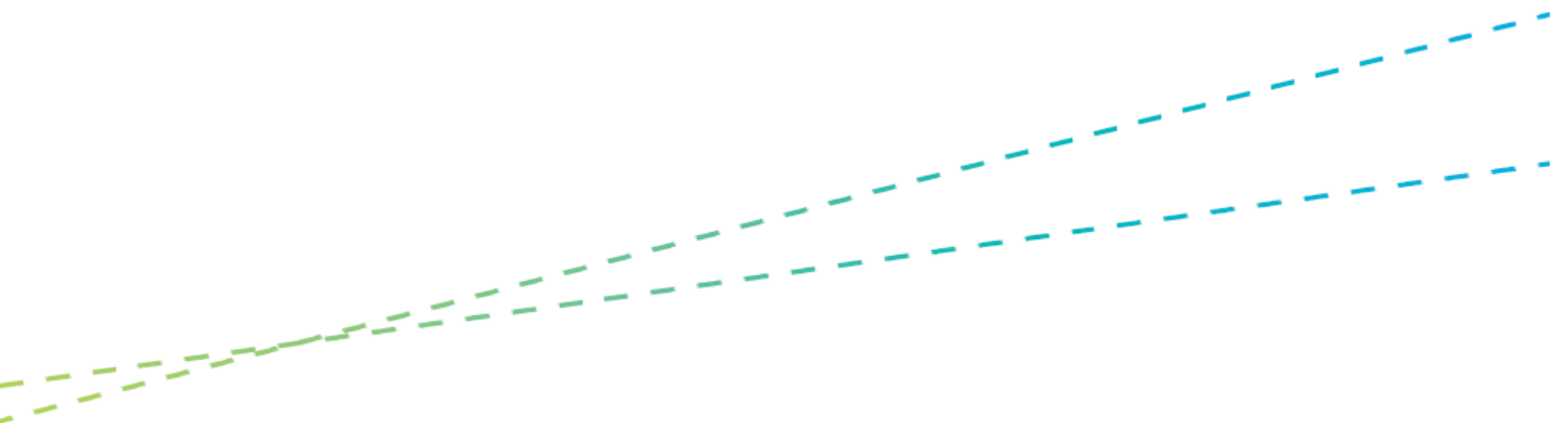
## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 088**

**Year: 2017**

**Lead inspector: Michael McGuigan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Terra Glen Respite Services</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>26<sup>th</sup> of October 2017</b>
<b>Registration Status:</b>	<b>8<sup>th</sup> of April 2017 to the 8<sup>th</sup> of April 2020 with attached conditions.</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>02 February 2018</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

## 1.1 Methodology

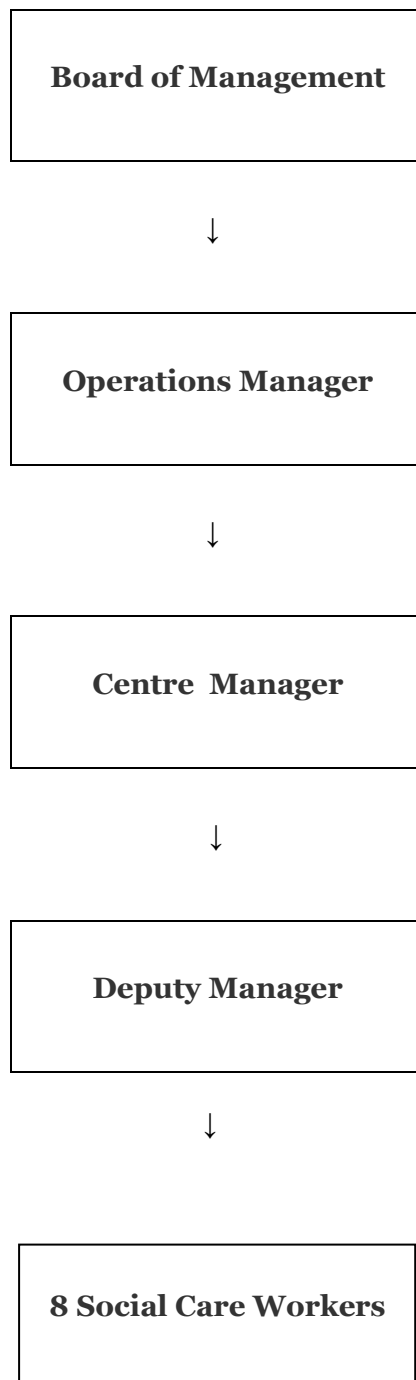
This report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was an unannounced thematic inspection that covered a sample of a number of standards including standards 2, 4, 5 and 10 of the National Standards for Children's Residential Centres, 2001. This was a review inspection given the issues raised in the initial inspection that was conducted in February 2017. This report is based on a range of inspection techniques and data including:

- ◆ An inspection of premises and grounds
- ◆ An examination of the most recent report from the Registration and Inspection Service including the corrective and preventive actions detailed by the organisation
- ◆ An examination of specific sections of the young people's files and recording processes in the centre
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The operations manager for the organisation
  - c) One resident young person
- ◆ Observations of care practice routines and the staff/young person's interactions
- ◆ Telephone interviews and review of questionnaires received from social workers for three young people

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.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

The registration of this centre remains 08<sup>th</sup> of April 2017 to 08<sup>th</sup> of April 2020.

A condition has been attached to the registration of this centre as follows:

That the submitted action plan and corrective and preventive strategies (CAPA) are fully implemented and there are no more admissions to the centre until the centre is inspected again at a date no later than the 30<sup>th</sup> of June 2018.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

None Identified.

#### **3.2.2 Practices that met the required standard in some respect only**

##### **Supervision and support**

The centre has a policy on supervision that states the frequency, purpose and functions of supervision. As part of the inspection process, inspectors reviewed the supervision records for four staff members and found that all of these supervisions were being conducted by the centre manager. During interview the centre manager informed inspectors that they were now carrying out supervisions for the whole team where previously a number of supervisions were conducted by the deputy manager.

Inspectors found from a review of the supervision records that they were not being carried out within the four to six weekly time frames specified in centre policy and that supervision contracts were not in place for all staff. It was also observed that some staff members had only received one supervision to date. It was noted that while there was a general discussion on the behaviours of the young people, discussions on placement planning, key working and care practice were not occurring and inspectors did not find an effective link between placement planning and supervision. This issue was also raised in the last inspection report of February 2017 and inspectors found on this inspection that it had not been addressed.

The centre manager is supervised by the operations manager for the organisation. A review of a sample of supervisions evidenced that these were being conducted within the required time frames and contained discussions on training for the staff team, improving the physical premises, new admissions, staffing levels, the placements of young people and new recording systems. Inspectors also observed that staff team

meetings and handovers were occurring as required and that staff had access to external supports and counselling if needed.

### **3.2.3 Practices that did not meet the required standard**

#### **Management**

There has been a change of centre manager since the last inspection. The new centre manager has been in post for six months, holds a post graduate qualification in child mental health and works on a full time basis. This person reports to the operations manager for the organisation who is also their supervisor. The centre manager signs documents in the centre to evidence that these have been read and also attends handovers, staff team meetings, professionals meetings and child in care reviews. Inspectors found that the centre manager was involved in daily planning when on site and also interacts with the young people and observes staff practice. During this inspection, a review of a sample of the minutes for manager's meetings was conducted. It was observed that these were focused on operational matters such as premises, staffing and budgets and also on the admissions of young people to services. Issues such as the complaints procedure, recording and reporting systems, organisational policy, annual leave, sick leave and training were also discussed. However the actions stemming from these meetings and those identified to complete task were not clearly recorded. Further, there was no record of these meetings occurring between April and June 2017.

During interview with the operations manager they confirmed that they carried out periodic audits of the centre and provided guidance to centre managers on their work practice through supervision. These audits were also noted as occurring in the minutes of the centre manager's meetings. However, the operations manager confirmed that they do not keep records of their governance audits in the centre and as such inspectors could not track decisions on the care and placement of young people or actions and decisions on an operational level in relation to staffing, budgets and premises. The operations manager stated during interview that they did not have a set template or structure for auditing the centre and there was no evidence of how issues were reviewed, recorded or escalated within the organisation or externally if they arose.

Inspectors were informed that themed audits had been carried out on the centre by an external consultant; however, written copies of these were not held on site and the operations manager was unclear during interview as to the theme of the audit for this centre and the outcomes. Inspectors observed that there was limited evidence of the

operations manager having reviewed and signed the care files for young people and there was no written evidence of their governance in the centre.

Issues of this nature were also raised in the last inspection report for this centre and inspectors found that the operations manager did not have suitable mechanisms to satisfy themselves that appropriate care practices and operational policies were in place in the centre. Inspectors found that a number of issues were highlighted in the most recent inspection, many of which remained outstanding. The social care manager was newly appointed and had read the action plan but the operations manager did not have an up-to-date version of the action plan with plans to address any outstanding issues.

### **Staffing**

During the last inspection it was noted that the centre had a whole time equivalent staff complement of six social care workers and one social care leader and a three person sleepover roster was in operation. However, inspectors observed at the time that the centre did not have enough whole time staff allocated to cover all the shifts required and that relief staff and staff from other centres were covering the shortfall.

For this inspection it was again noted that a three person sleepover roster was in place. The centre had eight full time staff available to cover all of the required shifts; however, from a review of the roster and the young people's daily journal, inspectors noted that this was not a sufficient staff compliment to operate the current roster system. The centre manager informed inspectors that some of the shifts were being covered by relief, some by agency and that a number of full time staff were continuing to covering extra shifts.

The centre manager and operations manager for the organisation informed inspectors that the three person roster was in place to facilitate 2:1 staff cover for a young person due to their risk taking behaviours and to ensure safe return from periods of missing from care when necessary. The organisation had requested this increase in staff to support managing these behaviours. A review of the daily journals for young people evidenced a number of occasions in the preceding weeks when only two staff were available and on one occasion the young person was required to get a taxi back to the centre on their own due to staffing shortages. Further, it was unclear to inspectors how the 2:1 staffing ratio was being implemented as allocating two staff to one young person meant that only one staff would be available to work with the other three residents. While the centre manager could support staffing arrangements

during the day, they were not there outside of the normal working week and there was no set structure on how the 2:1 ratio was being applied. During interview with the young person's social worker they stated that the department had agreed (and understood) that the 2:1 staffing ratio would be available for the young person at all times.

Inspectors also found that 17 different staff members had worked with young people in the eight weeks prior to the inspection. Further, inspectors observed that three of the experienced staff in the centre had left in the months prior to the inspection and that a process was underway to recruit new staff. This meant that at times there was not a balance of experience in the staff that were on shift together. The operations manager stated during interview that recruitment for new staff was taking place currently.

During the last inspection it was observed that the CVs for two staff members needed to be improved and updated. It was noted in some instances that the accreditation of qualifications for staff had not been verified by the centre manager and that some references were not of the standard required as outlined in the Department of Health Recruitment and Selection Circular, 1995. A review of a sample of staff files was again conducted during this inspection and it was observed that no CV, references, training certificates or qualifications were held on file for one recently recruited staff member. While this person's Garda vetting was in date, there were no other vetting documents available on site for review. Copies of these documents were requested by inspectors from the operations manager but were not received. Inspectors also observed that efforts had not been made to review the staff personnel files and update CVs and references where required.

### **Training and development**

During the previous inspection of this centre it was found that a number of staff had not received training in MAPA (Management of Actual or Potential Aggression) which is used in the centre for physical interventions and deescalating aggressive behaviours. Further, inspectors observed that not all staff members had received training in Children First: National Guidance for the Protection and Welfare of Children, 2011 and that in some instances there was no confirmation of fire safety or first aid training held on staff members' files.

During this inspection, a copy of the most up-to-date training record was provided to inspectors. It was observed that staff had received training in TCI, medication

management and report writing. However, only one staff member had received fire safety training in the previous two years. Further, there were not sufficient numbers of staff trained in first aid and two members of staff required training in Children First: National Guidance for the Protection and Welfare of Children, 2011.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 16, Notification of Significant Events.***

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 7, Staffing (Experience, Qualifications and numbers)***

### **Required Action**

- The operations manager must ensure that supervisions for staff occur within required time frames, that supervision records reflect discussions on care practice and placement planning and that supervision contracts are in place.
- The operations manager must ensure that core training is up-to-date and that a plan is held in the centre to address the training needs of staff.
- The board of management must implement mechanisms to ensure that appropriate and suitable care practices and operational policies are in place.
- The board of management must ensure that there are systems to assess the quality and effectiveness of the services being provided, including outcomes for young people.
- The operations manager must ensure that there are sufficient full time staff to operate the current roster system.
- The operations manager must review personnel files to ensure that they are in line with Department of Health Recruitment and Selection Circular, 1995.

### **3.4 Children's Rights**

#### ***Standard***

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

#### **3.4.1 Practices that met the required standard in full**

##### **Complaints**

In the last inspection it was observed that there were a number of outstanding formal complaints relating to the care being provided in the centre that had not been recorded or appropriately notified. Action was subsequently taken on these by the centre manager and they were addressed on behalf of the young people.

During this inspection of the centre it was observed that there was an appropriate policy on complaints that stipulates what constitutes a complaint; how a young person can make a complaint; who they can complain to; what the procedures around complaints are and how to appeal the outcome of a complaint. Inspectors found that there had been two complaints since the last inspection. These complaints did not relate to the care being provided in the centre and it was observed that efforts had been taken to resolve them on behalf of the young people. One young person who met with inspectors on the day of inspection stated that they knew how to make a complaint and was happy that efforts would be made to help them with any complaints they had.

#### **3.4.2 Practices that met the required standard in some respect only**

None identified.

#### **3.4.3 Practices that did not meet the required standard**

None identified.

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

During the last inspection it was noted that there had been a number of unplanned discharges from the centre and there were issues with the nature of pre-admission risk assessments and gate-keeping procedures. For this inspection, it was observed that the centre has a policy on admissions and discharges and that referrals to the centre can be made by social workers from any region of the country through the Tusla national private placement team. Referrals are directed to the operations manager who will then discuss these with the centre manager before a decision is made on suitability of the young person.

There has been one admission to the centre since the last inspection. A review of the most recent risk and impact assessments held on file for the young person admitted to the centre was conducted and this document contained information on the behaviours of the referred young person and the current residents. This pre-admission risk assessment also contained information on the strategies for managing behaviours individually and collectively and preventative measures. The document detailed previously assessed needs and risk behaviours and then potential impact on other young people. Inspectors found that this placement was in line with the purpose and function of the centre and that suitable risk and impact planning had occurred prior to admission. Further, there was also ample referral information held in the centre to support the referral and underpin the risk assessment.

##### **Contact with families**

During this inspection a review of the care files evidenced that young people were meeting frequently with family members and that staff supported contact and built relationships with family members. Young person who met with inspectors on the

day of the inspection stated that they were happy with the nature and frequency of contact and there were no issues.

### **Supervision and visiting of young people**

From a review of the care files and also from information provided by the social workers for young people, it was observed that social workers were meeting with young people in line with statutory requirements.

#### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

### **Social Work Role**

Each of the social workers for young people stated that they were satisfied with the care being provided in the centre. There was evidence that social workers received notifications on significant events and respond where necessary. Inspectors observed that adequate referral information had also been provided, that child in care reviews were convened and that young people attended these where appropriate.

### **Emotional and specialist support**

From a review of the care files held in the centre inspectors found that young people were linked into appropriate services as required. There were psychological reports on file to underpin the interventions being implemented through placement plans and key working. A review of the key working undertaken with young people evidenced that their emotional needs were considered through this process and supports were provided as required. Further, information provided by social workers showed that there was ongoing planning and medical, psychological and addiction services had been engaged to support young people.

### **Preparation for leaving care**

Inspectors observed that work on preparation for leaving the care of the centre was ongoing. This work was conducted through the young people's placement plans and the two young people living in the centre aged 16 and over both had allocated aftercare workers. Placement planning consisted of key work on individual life skills and links with community services and supports. From a review of these sessions inspectors observed work on budgeting and finances, emotional resilience, cooking,



keeping personal and communal spaces tidy, seeking employment or training and substance misuse.

### **Discharges**

As noted above, issues were raised in the last inspection of this centre in relation to unplanned and emergency discharges. Since that inspection there has been one discharge and this was to an approved aftercare centre and in line with the goals of the young person's care plan. A review of the centre policy on discharges found that this contained appropriate information and the policy states that young people will be supported when discharged and that their belongings will be stored safely and given to them when they leave the centre.

### **Aftercare**

Two of the young people living in the centre at the time of the inspection were aged 16 or over. From a review of the files, inspectors noted that both had an allocated aftercare worker and that planning for leaving the care of the centre was ongoing. One young person had an identified aftercare placement and while the second young person had been reluctant to engage in planning for their aftercare, work was ongoing with them. Inspectors found that aftercare planning was in keeping with the Tusla: National Aftercare Policy for Alternative Care, 2017.

### **3.5.2 Practices that met the required standard in some respect only Statutory care planning and review**

One young person living in this centre is aged over 18 and as such there is no care plan for them. As noted above there is a relevant aftercare plan and inspectors reviewed previous care plans that evidenced appropriate planning and review. Inspectors observed that care planning for two other young people was in line with regulatory requirements and that reviews were occurring as required.

Inspectors reviewed the care plan on file for a fourth young person and noted this was not relevant to the placement. This young person had recently been admitted to the centre and a review was required to update the care plan and to direct the work to be undertaken with them. Inspectors wrote to the social worker for this young person requesting information on care planning but did not receive a response.

During interview with one young person they stated that they were unsure about the purpose of their placement and the allocated social worker should meet with them to discuss this.

Inspectors found that sections of the placement plan on monthly goals for one young person were frequently blank and there was no evidence of oversight on these plans by the centre manager or operations manager. From a review of the key working that had been conducted with young people, inspectors observed that at times this required more structure. For one young person almost half of all of the key work sessions that were completed related to school and behaviours and a review of these sessions was required to ensure a balance with other areas of need. Inspectors observed that the tasks in the placement plan for one young person were all listed as ongoing and that these were not being reviewed. Further, at times identical information was included from month to month and it was difficult to track progression and outcomes for the young person against the placement plan. However, inspectors also found work in some areas to be well structured including key working on drug use, independent living, aftercare, budgeting and emotional resilience.

It should also be noted that one young person who had been admitted to the centre two weeks previously did not have a placement plan.

### **Children's case and care records**

During the previous inspection for this centre it was observed that a number of the records for key working sessions for one young person were not appropriately filed and had been stored on a shelf and bound with an elastic band and that some information in the young people's folders had been filed in the wrong sections. The care files for young people also contained large amounts of information and did not facilitate ease of access or the tracking of the care being provided to young people.

For this inspection of the centre, it was again noted that care files contained information that should have been archived and inspectors found that it was difficult to track the interventions with young people and the care being provided. There were still a number of care files for young people being stored on top of filing cabinets and these also need to be archived.

Inspectors found that entries in to the young people's daily journals were generally well written and noted the nature of engagements between staff and young people. Positive events in young people's lives were all recorded. However, there was inconsistency in the recording of the young person's voice and the use of the staff reflection section in the young people's daily journals. This should be reviewed by the centre manager to ensure that these sections are used effectively to support planning

for the care of young people and reflect their opinions on the care being provided. The young people's daily journals had all been signed by the centre manager to evidence that they had read these. It was also observed that that each young person's care file contained the required information such as birth certificates, care orders, care plans, pre-admission risk assessments and records of social work contact.

Inspectors reviewed a six monthly placement report for one young person dated May 2017 that provided information on progress within the centre and details on the key working being undertaken. However, inspectors found that this report was exactly identical to a previous placement report and did not contain up-to-date information. The dates had been changed on this report and it was signed by the author as being current. Further, while in the office, inspectors noted that the staff computer was not password protected and the computer was unlocked allowing access to information on young people.

### **3.5.3 Practices that did not meet the required standard**

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

***-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan***

***-Part V, Article 25 and 26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1 and 2, Care Plans***

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

***-Part III, Article 9, Access Arrangements***

***-Part III, Article 10, Health Care (Specialist service provision).***

***-Part III, Article 17, Records***

## **Required Action**

- The social worker for one young person should ensure that an up-to-date care plan is created to direct and underpin the work to be undertaken with them in the centre.
- The centre manager must ensure that there is appropriate oversight and review of the key working in the centre and that there is a structure and balance to the work carried out with young people.
- The centre manager must ensure that a placement plan is created for one young person. The operations manager must review the system for recording and filing information relating to young people's placements to ensure ease of access and the tracking of interventions.
- The operations manager must ensure that any documents relating to previous residents are archived appropriately.
- The centre manager must ensure that reports on young people always contain up-to-date information.
- The centre manager must ensure that the office computer is password protected and that a time out lock is also applied.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

None identified.

#### **3.10.2 Practices that met the required standard in some respect only**

None identified.

#### **3.10.3 Practices that did not meet the required standard**

##### **Accommodation**

This premises is a two story building in a rural area of county Dublin. Each of the young people had a room to themselves and there are a number of communal areas in the building to spend time with friends and family in private if required. There is garden space to the rear of the building and the appliances are domestic in nature.

During the initial inspection of this premises in February 2017, inspectors noted substantial issues that required immediate attention and also found that the décor was not homely or suited to that of a children's residential centre. For this inspection a walkthrough of the building and surrounding grounds was completed with the centre manager. It was observed that while significant work had been undertaken to rectify the issues there were a number of outstanding problems with the décor that needed to be addressed. Inspectors found that while holes in some of the walls had been filled, these had not been sanded or painted and there was also a hole in the flooring in the dining room leaving exposed concrete. Some small holes remained in walls throughout the downstairs. Further, the majority of the rooms in the building needed to be painted and there was a broken door saddle into the sitting room that needed to be replaced. Inspectors also observed that there were issues with the centre's satellite TV subscription and as such young people could not watch TV together or with staff and that the sides on the trampoline were broken and this presented as a hazard.

Inspectors reviewed the Safety and Hygiene Audits completed by centre staff and observed that daily cleaning rotas were in place. However, from a walkthrough of the building, inspectors noted that some areas needed to be immediately cleaned and that curtains needed to be replaced in one sitting room. Further, there was no curtain pole in on young person's room and chairs in the dining room needed to be replaced. Items of garden furniture also needed to be safely disposed of or moved so that they did not present as hazards.

Inspectors noted during initial inspection this year that the heating in the building was not working. From a review of the maintenance logs for March – October 2017, it was observed that staff recorded the heating was not working on two subsequent occasions.

### **Maintenance and repairs**

As noted above there were a number of issues with the premises that needed to be addressed. Inspectors found from a review of the centre maintenance register that over the previous six months a toilet was broken and it was reported by staff that the washing machine and dishwasher were also broken. Staff had further recorded that the oven in the kitchen was taking too long to cook food and needed to be replaced. Each of these issues had been rectified prior to this inspection; however, inspectors found that there were ongoing issues with the premises. It is recommended that the operations manager regularly visits the premises to ensure that maintenance is completed to the required standard and that safety and accommodation issues are addressed. The operations manager must also put in place an appropriate programme of works to ensure that that physical premises and décor are suitably maintained.

### **Safety**

Inspectors reviewed the centre health and safety statement and found this was last updated in February 2016. Further, it was observed that recommendations from the previous inspection on the creation of risk assessments and risk management plans to direct staff on actions in relation to hazards in the centre had not been implemented.

### **Fire Safety**

During this inspection of the centre, inspectors reviewed the fire safety log held for the premises and also completed a walk through of the building with a staff member. Inspectors found that fire drills had occurred on 13/10/17, 19/06/17 and 08/06/17.

There are four fire extinguishers in the building and while three were marked as serviced in January 2017 the fourth was marked as last serviced in February 2016.

From a review of the centre fire safety log it was observed that emergency lighting tests were now taking place; however, these only began in July 2017 and there were none for any month previous to that. Further, checks on the centre fire alarm were not being completed as required. There was also no evidence that means of escape or fire doors were being periodically checked. Issues of this nature were also raised in the previous inspection report of February 2017.

On the initial day of inspection in February 2017 it was observed that the fire extinguishers available in the building were locked in the staff office. Initial risk assessments for relocating these fire extinguishers were created in June 2016 and were subsequently renewed on 08/09/16. During this inspection it was again observed that fire extinguishers had been removed from their allocated housing points and were locked in staff sleepover rooms. The centre manager stated that this was due to a young person using a fire extinguisher to break a car window. There was no available up-to-date written risk assessment to underpin this decision and no evidence that the risk assessment from 08/09/16 had been reviewed. Further, there was no evidence that decisions to lock fire extinguishers away had been made in conjunction or consultation with a fire safety consultant, or that the risk assessments were regularly reviewed to assess whether it was safe to return the fire extinguisher to the allocated housing points. These issues were also raised in the previous inspection report in February 2017.

Inspectors did not find any evidence of a safety management plan to direct staff on how the above issues in relation to fire safety were to be addressed in the event of a fire.

#### **3.10.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, -Part III, Article 9, Access Arrangements (Privacy)***  
***-Part III, Article 15, Insurance***

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, -Part III, Article 8, Accommodation***

***-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)***

***-Part III, Article 13, Fire Precautions.***

**Required Action**

- The operations manager must regularly visit the premises to ensure that maintenance is completed to the required standard and that safety and accommodation issues are addressed.
- The operations manager must put in place an appropriate programme of works to ensure that that physical premises and décor are suitably maintained.
- The operations manager for the organisation must ensure that maintenance is carried out in the centre in a timely manner.
- The centre manager must ensure that there is an appropriate fire safety routine in the centre and that fire safety registers are completed as required.
- The centre manager must ensure that the risk assessments in relation to the positioning of fire extinguishers are reviewed to assess whether fire extinguishers can be returned to their housing points.



## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<ul style="list-style-type: none"> <li>The operations manager must ensure that supervisions for staff occur within required time frames, that supervision records reflect discussions on care practice and placement planning and that supervision contracts are in place.</li> </ul>	<ul style="list-style-type: none"> <li>A Supervision schedule for November 2017 and December 2017 was provided to inspectors.</li> </ul>	<ul style="list-style-type: none"> <li>It is recognised that the system of the Centre Manager providing supervision to all staff has not been successful and therefore the supervision task will now be the carried out by the Centre Manager and Deputy Manager. A centre operation, monthly monitoring system is being implemented. This monitoring form will be completed each month by the centre manager and submitted to the Operations Manager for review. The information contained will provide the Operations Manager with data required for oversight and governance of key operational areas. Operational deficits and practice which is not in compliance with organisational policy and procedure will be addressed by the Operations Manager and reported to the Board of Directors. The staff supervision template in use within the centre is being revised to capture key areas which include, care practice, care and placement planning, key working, progress and outcome measurement for young people (linked to monthly reports). Staff training, continued professional development, review of the previous month, tasks to be undertaken, decisions and worker responsible for action.</li> </ul>

	<ul style="list-style-type: none"> <li>• The operations manager must ensure that core training is up-to-date and that a plan is held in the centre to address the training needs of staff.</li> <li>• The board of management must implement mechanisms to ensure that appropriate and suitable care practices and operational policies are in place.</li> <li>• The board of management must ensure that there are systems to assess the quality and effectiveness of the services</li> </ul>	<ul style="list-style-type: none"> <li>• A recent training audit was provided to inspectors. All staff will have undertaken core training relevant to their role, including refreshers by the end February 2018.</li> <li>• The mechanisms utilised by the Board of Management to ensure oversight and governance of the organisation have included, reports from the Operations Manager, visits to the centre to meet staff and young people, occasional attendance at team meetings and regular Board of Directors meetings.</li> </ul> <p><i>Please see next column for response</i></p>	<ul style="list-style-type: none"> <li>• As part of the organisations strategic plan, a training needs analysis will be undertaken across the service. Development plans will be devised for individual staff, each centre and organisation. The information collated will inform the future plan and enable the organisation to target resources effectively and ensure the staff teams are highly trained in area relevant to the care needs of the young people resident. Each staff members training needs will be included in their professional development plan which will be discussed within supervision and reviewed annually by the Centre and Operations Manager to ensure all targets are met. In order to ensure that all staff receive core training refreshers within the required time frame, the organisation is implementing a human resource data base.</li> <li>• The Board of Directors recognise their responsibility for oversight and governance of the organisation to ensure that young people placed receive a high standard of care. The Board of Directors have engaged the services of an external consultant (to begin January 2018); to develop a strategic plan for the organisation which includes the development, implementation and review of core areas of residential service provision. Review and development of Board governance procedures, which monitor, and measure service quality will be undertaken in the first quarter of 2018.</li> <li>• As noted above, the organisation will be undertaking a strategic review of systems currently in place to monitor and measure</li> </ul>
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	<p>being provided, including outcomes for young people.</p> <ul style="list-style-type: none"> <li>• The operations manager must ensure that there are sufficient full time staff to operate the current roster system.</li> <li>• The operations manager must review personnel files to ensure that they are in line with Department of Health Recruitment and Selection Circular, 1995.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment across the service remains on-going. 4 staff have been recruited into full time positions within this centre. The vetting process will be finalised by mid-January. When the 4 new staff join the team there will be 12 full time staff in post.</li> <li>• Two new administrations have been appointed and will be responsible for the vetting of new personnel in line with the organisations 'safe recruitment policy' and the Department of Health Recruitment and Selection Circular, 1995.</li> </ul>	<p>the quality of service provision. Systems will be implemented which track progress for young people in placement, linked to their care and placement plans, and their monthly progress reports. Information on young people's progress in placement will be collated within each centre and then presented to the Operations Manager in a written report for analysis. The analysis will be a key area of the Operations Manager Monthly report to the Board of Directors. As well as the provision of written reports from the Operations Manager, the CEO will visit each centre once per month to liaise with staff, young people, and view the premises.</p> <ul style="list-style-type: none"> <li>• The strategic plan proposes the organisation undertaken workforce planning, to include an analysis of current staffing levels, skills audit, qualifications and experience. This data, alongside the organisations future development plan will enable senior management to plan for future staffing needs and inform recruitment campaigns for 2018. A website is under development, as it is recognised that social media is a key tool in staff recruitment. The organisation will also review the 'safe recruitment policy' to ensure that all staff are suitable to work with vulnerable young people within a residential setting.</li> <li>• The administrators will be responsible for the implementation and operation of the new Human Resources database, which will hold staff information. Reports from the database will be provided to the Operations Manager to inform them of compliance with recruitment and selection</li> </ul>
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			procedures, training requirements and vetting. This system will support the Operations Manager to ensure compliance of personnel records and highlight any issues which need reporting to the Board of Directors.
3.5	<ul style="list-style-type: none"> <li>The social worker for one young person should ensure that an up-to-date care plan is created to direct and underpin the work to be undertaken with them in the centre.</li> <li>The centre manager must ensure that there is appropriate oversight and review of the key working in the centre and that there is a structure and balance to the work carried out with young people.</li> <li>The centre manager must ensure that a placement plan is created for one young person.</li> <li>The operations manager must review the system for recording and filing</li> </ul>	<ul style="list-style-type: none"> <li>05.10.2017 the centre manager requested care plan care plan review meeting to update care plan from May 2017.</li> <li>29.11.2017 Child in Care Review took place on Centre manager is awaiting the care plan report.</li> <li>The integrative care planning system in operation will be reviewed as part of the strategic system review. This will take place in the first quarter of 2018. Keyworking is a fixed agenda item within staff supervision and this forum provides opportunity for reflection and analysis by the individual worker in consultation with their supervisor.</li> <li>29.11.2017 Placement plan completed</li> <li>A standardised care file system was implemented in September 2017 by the</li> </ul>	<ul style="list-style-type: none"> <li>Terra Glen admission policy requires an up to date care plan which was requested prior to admission. Review meetings are scheduled within six weeks of admission.</li> <li>Systems will be implemented which track progress for young people in placement, linked to their care and placement plans, and recorded in their monthly progress reports. Individual key working is an integral element of the service provided by the centre to support young people in achieving the goals of their placement plan. The system will ensure that key working is planned in advance, in line with the young person's placement and care plan, and contains measurable, achievable outcomes, which are captured in the young person's monthly progress report. Information on young people's progress in placement will be collated within each centre and then presented to the Operations Manager in a written report for analysis</li> <li>Placement plans are formulated within the first six weeks of admission, based on care, plan, referral information and staff observation of the young person.</li> <li>As noted above, the organisation will be undertaking a strategic review of systems currently in place to monitor and measure</li> </ul>

	<p>information relating to young people's placements to ensure ease of access and the tracking of interventions.</p> <ul style="list-style-type: none"> <li>• The operations manager must ensure that any documents relating to previous residents are archived appropriately.</li> <li>• The centre manager must ensure that reports on young people always contain up-to-date information.</li> <li>• The centre manager must ensure that the office computer is password protected and that a time out lock is also applied.</li> </ul>	<p>Operations Manager. The organisation is in the process of transferring all records to the new filing system and this will be complete by the end of 2017.</p> <ul style="list-style-type: none"> <li>• 19.12.2017 SW Dept has agreed to accept previous resident's files</li> <li>• The centre manager will ensure that care files contain up to date information.</li> <li>• The centre's office computer is password protected and time locked. When the computer is not in use it goes into sleep mode and requires a password to re-start.</li> </ul>	<p>the quality of service provision. Systems will be implemented which track progress for young people in placement, linked to their care and placement plans, and their monthly progress reports. Full implementation of the standardised recording system will support ease of access to information.</p> <ul style="list-style-type: none"> <li>• It is the policy of Terra Glen that when a young person is discharged from the centre their case files are returned to the relevant social work department. This policy will be applied to all records of young people leaving the care of Terra Glen residential services.</li> <li>• A centre operation, monthly monitoring system is being implemented. This monitoring form will be completed each month by the centre manager and submitted to the operations manager for review. The information contained will support the centre manager in their oversight and governance of key operational areas within the centre. The data will highlight on a monthly basis if issues are outstanding and require action.</li> <li>• Completed</li> </ul>
<p><b>3.10</b></p>	<ul style="list-style-type: none"> <li>• The operations manager must regularly visit the premises to ensure that maintenance is completed to the required standard and that safety and accommodation issues are addressed.</li> </ul>	<ul style="list-style-type: none"> <li>• The Operations Manager will visit each centre twice per month. As part of this visit an inspection of the maintenance works carried out since the last visit will be undertaken.</li> </ul>	<ul style="list-style-type: none"> <li>• The Operations Manager will receive the centre operation, monthly monitoring report at the end of each month from the centre manager, and maintenance is a key reporting area of this system. The Operations Manager will ensure a high</li> </ul>

	<ul style="list-style-type: none"> <li>• The operations manager must put in place an appropriate programme of works to ensure that that physical premises and décor are suitably maintained.</li> <li>• The operations manager for the organisation must ensure that maintenance is carried out in the centre in a timely manner.</li> <li>• The centre manager must ensure that there is an appropriate fire safety routine in the centre and that fire safety registers are completed as required.</li> <li>• The centre manager must ensure that the risk assessments in relation to the positioning of fire extinguishers are</li> </ul>	<ul style="list-style-type: none"> <li>• A programme of work was provided to inspectors</li> </ul> <p><i>Please see next column for response</i></p> <ul style="list-style-type: none"> <li>• The centre manager will ensure that all drills are fully evidenced in the fire logbook, which was introduced from 16th November 2017. Fire extinguisher annual service has been carried out by qualified personnel. Fire panel and emergency lighting is checked on a quarterly basis by qualified personnel. The centre fire officer is scheduled to attend fire safety training in January 2018.</li> <li>• On 15.03.2017 a risk assessment was completed which resulted in the fire extinguishers being returned to their</li> </ul>	<p>standard of maintenance and accommodation safety, by combining the review of written reports with twice monthly visits to the centre to observe the environment.</p> <ul style="list-style-type: none"> <li>• As noted above, the Operations Manager will ensure a high standard of maintenance and accommodation safety, by combining the review of written reports with twice monthly visits to the centre to observe the environment.</li> <li>• As noted above, the Operations Manager will ensure a high standard of maintenance and accommodation safety, by combining the review of written reports with twice monthly visits to the centre to observe the environment. The Operations Manager will be supported in this role with the provision of centre operation, monthly monitoring reports from the Centre Manager and the monthly site visits by the CEO.</li> <li>• A centre operation, monthly monitoring system is being implemented. This monitoring form will be completed each month by the centre manager and submitted to the operations manager for review. A key reporting area is fire safety and this recording system highlights any deficits in fire safety procedures, on a monthly basis. The report is also presented to the operations Manager who in turn reports any outstanding issues to the Board of Directors.</li> <li>• As noted above, the organisation will be undertaking a strategic review of systems currently in place to monitor and measure</li> </ul>
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	<p>reviewed to assess whether fire extinguishers can be returned to their housing points.</p>	<p>points in the centre. On 13.04.2017 a fire extinguisher was used as a weapon. On 26.07.2017 a young person threatened staff with an extinguisher and they were subsequently removed to an office. However, a risk assessment was not completed at this time. On the 10.11.2017 a risk assessment was completed which resulted in the fire extinguishers being returned to their points in the centre.</p>	<p>the quality of service provision. A model of risk assessment will be developed and implemented across the service to ensure the systematic assessment of risk. The model adopted will assess likelihood of the occurrence of an adverse event and combine this with the potential impact; to arrive at a risk rating. The Terra Glen Management team will utilise this risk rating model to identify, manage and minimise risk effectively across the service.</p>
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