



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 129

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	TerraGlen Residential Care Services
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	13th and 14th June 2023
Registration Status:	Registered from 16th August 2023 to 16th August 2026
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	17th August 2023

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 16th August 2017. At the time of this inspection the centre was in its second cycle of registration and was in year three of the cycle. The centre was registered without attached conditions from the 16th of August 2023 to the 16th of August 2026.

The centre was registered as a dual occupancy service. It aimed to provide care for two young people aged thirteen to eighteen years on a medium to long term basis. The model of care was described as relationship based adapted from pro-social modelling and attachment theory. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the 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.

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 on the 6th July 2023. 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 13th July 2023. This was deemed to be satisfactory and the inspection service received evidence 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: 129 without attached conditions from the 16th August 2023 to 16th August 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

The centre provided a safe and nurturing environment for young people to live. While onsite, inspectors experienced an atmosphere that was calm, relaxed and homely and where there was regular interaction with the young person living there. The staff team were child centred in their practice in helping the young person to voice their views and share their opinions. Consistent efforts were made to listen to the young person so that their preferences regarding their daily living experiences and specific care planning goals could be heard. This was carefully gathered through individual work and daily interactions while in the centre or out on trips together. A number of centre files reflected the young person's comments and conversations so that it was clear what their feelings and thoughts were. Decisions taken at team meetings, handovers and strategy meetings with the social work department was also explained to the young person so that they understood the reasons for any changes to the care being provided. Where they expressed their discontent about living in the centre, centre management facilitated meetings between the social work department and the young person to discuss their issues and to explore options together.

Regular house meetings were scheduled and provided another opportunity for the young person to have their say. While they were not currently engaging with these, they were supported to contribute in other ways such as key working sessions and daily conversations. At interview, staff suggested creative changes that could be made to the format of the meetings so that they would be more suitable to the young person's needs. They hoped this may encourage their interest in re-joining. In addition, inspectors recommend that the young person is given the choice to lead out on the house meetings as well as contributing to setting an agenda that suits them. Information on young people's rights, the complaint's process, external advocacy services such as the Ombudsman for Children were provided in the young person's booklet and there was evidence that an EPIC worker (Empowering People in Care)

had visited the centre recently to give advice on their role in championing young people's rights.

The centre had established a transparent culture for young people and their families to raise concerns, make complaints and provide feedback. Improvements were being made to ensure that the system was capturing all issues brought to their attention either by the young person or family members. One of the parents told inspectors that the centre had recently sought their contribution by forwarding them a questionnaire to complete. They described how some of the suggestions from this feedback had already been put in place. There had been ten formal complaints made by the young person since January 2023 and five of those remained open on the register. Some of these related to staff practice in the centre as well as dissatisfactions with the social work department. The young person met with inspectors and told them that they knew how to make a complaint, but they were unhappy with the way the issues they raised were responded to and they felt that nothing was resolved for them. They described how a lot of staff had left recently and keyworkers changed regularly. They said they only got on with some of the staff now and were no longer content living there.

Inspectors reviewed the complaints and found that the details were well recorded and the young person's own words were comprehensively reflected on the files. They were investigated by the centre manager and escalated appropriately to the director of operations who was the complaints officer. Further they were reviewed and tracked at team meetings, management meetings and through audits. Centre management endeavoured to reach satisfactory resolutions regarding complaints raised about the team. This also included apologies to the young person. They addressed the concerns highlighted by the young person through supervision with staff as well as individual meetings and a revision of policy and procedures. Where the solutions remained unaccepted by the young person, they explored other ways of bringing the issues to a positive conclusion. In addition, they sought guidance from the social work department on alternative approaches to use. While in general, outcomes were discussed with the young person and recorded on the complaints form, some remained undocumented, and inspectors recommend that these are addressed.

The centre had a child centred complaints policy in place that outlined the process for notified and non-notified complaints. The procedures reflected the open ethos evidenced from the centre files and it was in line with relevant legislation, regulations and best practice.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Health, development and wellbeing needs were prioritised by the staff team. A policy was in place that considered young people's physical, mental and sexual health needs. Clear procedures were outlined to guide staff on how to promote and improve each young person's health while living in the centre. From a review of centre files, inspectors found that the young person's health record was well maintained and contained a clear and chronological account of their medical history including the details of referrals made to specialist services. Immunisation records, assessment reports, CAMHS summary report and a preliminary medical report from the young person's GP was enclosed. This information was used to inform the young person's individual health needs while living in the centre. The staff team scheduled regular appointments for GP, optical, dental and sexual health care when required and there was prompt follow-up of return visits were necessary. Alternative therapies were also considered too including reflexology. A medical card and a medical procedure consent form signed by their parent was on file.

There were robust up to date placement plans on file and clear goals were outlined, actioned and completed in line with the young person's care plan. For example, on the specific pieces of health and wellbeing goals identified, key working was undertaken by the staff team on raising awareness on sexual health and healthy relationship building. Prior to beginning this work, good reflection was evident in the interventions and resources put in place to support staff in how to approach the individual sessions with the young person. Evaluation of outcomes showed the progress the young person had made in their understanding and knowledge of these issues and topics.

Centre management worked collaboratively with the allocated social worker and social work department to advocate and make referrals to any specialist services required. Staff facilitated and supported the young person to attend their appointments regularly. There were multiple records on file showing communication with the clinicians involved which reflected the benefits and progression made by the young person because of this engagement. The centre manager also received regular advice from an attachment practitioner. A record of the approaches considered were reflected on centre files and shared with the staff at team meetings and other forums. Staff were encouraged to read the minutes of all consultations and were assisted to implement them in practice with the young person.

A recent assessment report contained on the young person's file reflected a number of recommendations and some of these had been acted on swiftly by the staff team in conjunction with the social work department. One of these included securing a place on a youth enrichment programme at a city university. The team had also received specific training relating to the guidance from the assessment and further sessions were planned as and when they were needed. Regular multidisciplinary and strategy meetings were taking place too to evaluate the young person's immediate goals and to discuss any complex issues that were arising. The young person provided input to the decisions made about their own health care and staff at interview had a keen understanding of their individual mental health and wellbeing needs. The allocated social workers described the high standard of care being provided by the centre and noted the positive changes the young person has made since they began living there. Relationships had also been established with the young person's family also and weekly verbal updates were provided to them by the centre manager. Inspectors spoke to one of the parents and they stated how they found centre management to be dedicated in their work with the young person and described the good progress they had made in many areas since the time of admission.

Appropriate medication management policies and procedures were in place relating to storage, administration, and disposal of medication. The centre manager said that all policies will be reviewed and updated by August 2023. Comprehensive records relating to the administration of medication were on file. In addition, there were audits undertaken and findings were shared with the team to support good practice. At the time of the inspection, there were gaps in the safe administration of medicines training for some staff, however this had already been scheduled and completed while the inspection was ongoing.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found that there were not appropriate numbers of staff employed in the centre at the time of this inspection. This is not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing and the Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings, June 2023. The centre was registered to provide dual occupancy care. There was one centre manager who was supported by a deputy manager, three social care leaders (one of whom was leaving their post imminently) and three social care workers. One of the social care workers was also due to leave

their employment within the following six weeks. This brought the total number of social care worker vacancies at the time of inspection to three. Staffing and recruitment had been a recurring issue since January 2023 with a total of five staff having left their positions since then as well as resignations from three of the senior management team within the organisation. There were four relief staff available to the centre to cover annual and other types of leave.

The roster pattern included two overnight shifts. Currently a day shift was not required. From a review of the rosters from January to June 2023, the deficits in cover for one month were not being filled by relief staff identified on the staffing sheet provided. The roster was supported predominately by social care workers from other centres within the organisation as well as agency staff. The centre manager told inspectors that agency staff were only used where unavoidable so that regularity and consistency could be maintained for the young person. On occasion, there were non-core staff only working together on shifts and at times the names of social care workers completing shifts were not recorded.

The director of operations who had recently been appointed to replace one of the senior management positions, told inspectors that the deputy manager would be temporarily leaving their post as deputy and would be scheduled on the roster to work directly with young people. This was because this supportive function was no longer deemed to be necessary as there was currently one young person living in the centre. This decision would be reviewed when a second young person was admitted. Efforts were made through workforce planning to take account of staff experience and competencies necessary to respond to the needs of the young person living in the centre. Recruitment drives were ongoing but it was proving challenging to find appropriate staff, so gaps remained. These deficits along with the instability of the staff team were negatively impacting the relationships being fostered with the young person. This concern was voiced strongly by the young person when they spoke to inspectors.

Staff described a number of initiatives that were in place to promote staff retention and continuity as well as positive reasons they wanted to work with the specific organisation. These included good support and guidance from centre and senior management and a collegial environment while working on shifts, regular supervision, career advancement opportunities and appraisals. Progression had been made in relation to increases in salaries and death in service benefits were now being rolled out. However, some staff cited areas such as paid maternity leave as important which had not been put in place and there was no regular access to an employee

assistance programme (EAP) for staff. The centre manager said that this could be made available at any time it was required. Despite these incentives to retain staff, high turnover remained an issue. Inspectors recommend that senior management implement a forum so that the core staff are engaged to provide feedback on the promotion of staff retention. Staff who left their employment in the centre had been invited to participate in exit interviews so that their responses could be considered and reflected by centre and senior management.

Some gaps existed in core training for the staff team including child protection, TCI and first aid and these must be addressed immediately. However, centre management were generally very responsive to any specific training needs of the team and were prompt in providing it where required. The centre had clear, formalised procedures in place for on-call which ensured that there was a designated person available out of hours for social care staff to contact for the purpose of consultation when they required it.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that there are sufficient numbers of staff employed in the centre in line with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing and the Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings, June 2023.
- Senior and centre management must ensure that the roster is organised so that an appropriate mix of the centre's core and regular staff team work together on shifts. The names of all social care workers must be consistently recorded on the schedule so as to provide stable and safe care for young people.

- The registered proprietor must ensure that where there are gaps in core training this is provided to staff as soon as possible.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
4	None identified		
6	<p>The registered proprietor must ensure that there are sufficient numbers of staff employed in the centre in line with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing and the Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings, June 2023.</p> <p>Senior and centre management must ensure that the roster is organised so that an appropriate mix of the centre's core and regular staff team work together on shifts. The names of all</p>	<p>Ongoing recruitment for the centre continues. Currently, vacancies are being advertised on many recruitment platforms. All applicants are swiftly reviewed & invited to interview. The organisation is also holding an 'Open Day' for interviews on the 21.07.2023. This open day is being advertised nationally.</p> <p>The expectation of the roster is that new staff will work for a period of time with team leaders or experienced staff members and relief staff members will work with a fulltime staff member. The centre manager</p>	<p>The director of operations has presented staff incentives to the board of directors for consideration so as to make employment with the organisation more attractive. Appraisals for staff along with an increase in the hourly rate has been implemented since the inspection. Exit interviews have also been reviewed and some suggestions provided have already been applied within the centre.</p> <p>Aim: To increase staff incentives Time Scale: 3-6 Months</p> <p>Aim: Centre Manager to have clear oversight on the centre rosters and ensure an appropriate mix of core and regular staff are on shift daily. Time Scale: Ongoing</p>

	<p>social care workers (SCWs) must be consistently recorded on the schedule so as to provide stable and safe care for young people.</p> <p>The registered proprietor must ensure that where there are gaps in core training this is provided to staff as soon as possible.</p>	<p>recognises staff shortages and endeavours to remedy this by ongoing recruitment competitions and the use of consistent staff from other centres within the organisation.</p> <p>The centre manager will ensure that the names of all SCWs are consistently recorded on the schedule.</p> <p>All Core training dates have been identified and added to the training schedule. At the time of inspection, TCI refresher was cancelled due to the needs of individual centres and centres were awaiting a date for this training – A date has been provided for this training.</p>	<p>.</p> <p>Aim: Core training is to be provided to all staff as a matter of priority.</p> <p>Time Scale: Ongoing</p>
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