



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 060

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Terraglen Residential Services Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	04th, 05th & 06th May 2021
Registration Status:	The centre is now closed
Inspection Team:	Sinead Tierney Paschal McMahon
Date Report Issued:	15th October 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 13th of August 2014. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 13th of August 2020 to the 13th of August 2023.

The centre was registered to provide care for two young people aged twelve to seventeen years upon admission 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 were two children living in the centre at the time of the

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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.

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 22nd of July 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 06th of August 2021.

The findings of this report and assessment of the submitted CAPA deemed the centre to be not continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such the inspection registration panel proposed to attach conditions pursuant to Part VIII of the Child Care Act, 1991. Subsequent to the notification of the proposal to attach conditions to the registration of the centre, the registered provider wrote to the Alternative Care Inspection and Monitoring Service stating that they intended to close this centre. The centre closed and was removed from the register on the 17th of September 2021.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had an admission policy that was up to date and reflected the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA). The policy outlined a clear admissions process including a pre-placement assessment coordinated by the centre manager in conjunction with the director of operations to ensure that placements were suitable, and the needs of young people could be met. One young person was admitted as a matter of urgency and inspectors found that the centre's procedure on emergency admissions was followed.

In interview centre management and staff stated that referrals were received and reviewed by the operations manager and the managing director. The referral information was screened against the centre's statement of purpose to assess if the needs of the young person could be met. If it were deemed that this could be achieved the pre-admission risk assessment process began. Records reviewed by inspectors evidenced that the centre manager worked with the allocated social worker to ensure the centre was suitable to meet the needs of the young person. There was sufficient pre-admission information on file for each young person including detailed social history reports and assessment reports. Pre-admission risk assessments and collective impact risk assessments were also in place. Staff interviewed confirmed that all the relevant information was shared with them prior to a new admission. Inspectors reviewed the centre's register and found all admissions to be in line with the centre's statement of purpose.

In general, young people visited the centre in advance of moving in to become familiar with the day-to-day living arrangements and to meet the other young people living in the centre and the staff team. Written information about the centre was

provided to young people and their families. Individual transition plans were created with the young people that involved overnight stays, sharing a meal, meeting their keyworkers and other residents prior to their admission. It was noted during interview that both young people and the staff team found the lack of time for the planned transition of a new young person who required the emergency admission difficult. Staff reported that one young person had recently been discharged from the centre and the current resident was adjusting to this change when the new young person was admitted.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection there were two young people residing in the centre. Neither young person had up to date care plans on file. Both young people had recent child in care review meetings and there was evidence on file of efforts made by the centre to obtain these care plans from the supervising social workers.

Inspectors met with both young people and saw evidence on file of young people being encouraged to attend their review meetings and where they chose not to, work was done with them in advance to ensure their views were represented at the meeting and their voices heard. During interview, both the centre manager and one young person informed inspectors that there were ongoing communication issues with a previous supervising social worker; however, since the young person was allocated a new social worker, communication had greatly improved.

Both young people had up-to-date placement plans on file that were prepared by their key workers. Each young person was assigned two key workers and a case manager who developed a 3-month placement plan that was reviewed monthly. On review of the placement plans, inspectors found that goals were defined by keyworkers and linked to the most recent care plans goals on file. Team meeting minutes evidenced discussion of placement plan goals.

Whilst the centre manager and staff informed inspectors during interview that young people were encouraged to get involved in their placement planning, there was limited evidence of the voice of young people in the development and review of their goals.

The centre's policy on consultation with young people stated that *“all young people shall be encouraged and supported to attend any planning or review meeting that*

are about them or their care". In practice young people were not invited to their monthly placement plan review meetings held by key workers and the case manager. Inspectors could not find evidence in individual work reports that the outcome of these reviews was shared with young people or reports that detailed the goals young people wished to achieve for the month ahead. Whilst the centre had regular contact with parents and guardians, there was limited evidence that parents were provided with opportunities to input and inform the placement plan, in line with the young people's care plans.

Inspectors found that young people were supported and facilitated to access external supports and specialist services they required. They related primarily to capacity assessments and psychological supports. One young person was experiencing delays in receiving a neuropsychological assessment and an in-house educational tutor. The centre and the supervising social worker were continuing in their efforts to secure these supports.

As mentioned, the quality of communication between the centre and supervising social workers was reported in interview as mixed. One young person's social worker was in regular contact with both the centre and the young person stated in their questionnaire that communication was effective. The centre manager reported that for the other young person telephone calls were often unanswered and emails not responded to. The young person in question made a complaint regarding their dissatisfaction with the level of contact from their social worker. This complaint was sent to the social worker being complained about for investigation. From interview and a review of relevant records, inspectors were not satisfied that this complaint was managed in the most effective manner and the outcome of the complaint was not clear as the young person was transferred to a different social work team. The centre must also ensure that young people and staff are aware of additional avenues available to young people who wish to complain such as Tusla's Tell Us Portal.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

On inspection of the premises, inspectors found that the overall layout and design of the centre was suitable to its purpose and function. Each young person had their own bedroom and there was adequate communal space for both indoor and outdoor recreational facilities. Outdoor equipment such as the trampoline was maintained and in good working order. The health and safety statement was up to date and the centre was in compliance with the requirements of fire safety regulations. Monthly health and safety environmental audits were completed and provided a detailed

description of compliance on areas such as fire safety, centre vehicles, maintenance, first aid and water supply. Inspectors viewed a sample of personnel files and found that the staff files maintained a copy of the full driving license. Car tax, insurance and NCT were found to be up to date on the centre vehicles.

Nevertheless, inspectors raised concerns about several health and safety issues with management and the registered provider. Both young people who met with inspectors voiced their dissatisfaction on several levels regarding the premises. They had both used the centre's complaint procedure to voice their concerns and detailed them within a returned questionnaire to inspectors. One young person has made 5 complaints regarding the premises since February 2021 and the other young person had made 2. These complaints related most recently to an infestation of ants in the kitchen. Other complaints related to mould in the en-suite bathroom, general uncleanliness of the centre, showers not working, lack of bedlinen and towels, spoiled food, and the décor needing attention.

The ant infestation was not logged in the maintenance record however a complaint dated 19th April 2021 was on the young person's file. The infestation was addressed by an external company 11 days later. The mould in the young person's en-suite and broken shower resulted in them sleeping in another bedroom until the issues were resolved. One of the storage units in the young person's bedroom was examined by inspectors and found to contain bugs, rendering the unit unfit for use by the young person. The young person reported that the bugs had been previously removed but continued to return.

There was evidence in the maintenance log of re-occurring issues with the heating, with eight separate entries between January and March 2021 that the heating or individual radiators were not working throughout the house.

The maintenance log had further entries this year relating to drains outside the kitchen sink overflowing, showers in both bathrooms and taps in the kitchen and bathrooms not working and electrical equipment such as washing machine, freezer and dish washer broken. A pipe leaking to the back garden from the kitchen sink resulted in an accident for a staff member that required time off work due to an injury sustained. One young person also complained to inspectors about the kitchen door presses hanging off. On inspection, some kitchen door presses were found to be hanging from their hinges and not secured safety. A review of the maintenance log and audits evidenced that some work was undertaken in a timely manner whilst on other occasions maintenance work is recorded as carried over for several months.

For example, two kitchen presses were removed by maintenance for fixing in August 2020 and were logged as an ongoing issue with no resolution on each monthly audit up to an including April 2021's audit. With regards to the décor, the director of services stated in interview that the premises required painting and new carpet, and this was found by inspectors also.

On foot of these findings, the registered provider must provide a detailed plan of action that addresses the ongoing health and safety concerns raised, the re-occurring mould, heating problems and plumbing issues. This plan must also include the updating of décor in communal areas, address the storage in the bedroom that contains bugs, fixing of all kitchen presses and completion of outstanding maintenance matters as recorded in the most recent health and safety audit.

It is the finding of inspectors that the centre is not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 8.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Inspectors reviewed care files for young people and found that staff in the centre maintained an individual care file for each child in the residential centre. Records reviewed by inspectors were not up to date. One young person's care order was out of date by eight months and there was no evidence on file that this had been noted or followed up on by key workers, internal or external management. There was evidence of the centre's attempts to obtain immunisation records for young people; however these records were outstanding at the time of inspection.

All records were held within a locked office and young people could read certain records such as daily logs with staff if they wished to do so. The centre returned all care files and centre records to the relevant social work department when the young person left the centre.

Inspectors spoke with the director of services regarding the absence of an archiving system and were informed that the organisations senior management were in the process of discussing the retention of some digital files. The centre's data protection policy must be updated on completion of this process to reflect the practice of data management.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

There was evidence from centre records, staff interviews and a social worker interview of arrangements in place to allow for good communication and cooperation between services. Aside from the communication barrier with a social worker as previously stated, the centre maintained a good level of interagency cooperation to ensure the best outcomes for each young person. Delays that one young person experienced with access to a specialist service was outside the control of the centre.

The centre had a discharge policy in place that addressed planned discharges as well as discharges that took place outside of the agreed timeframe. Staff interviewed demonstrated an understanding of the policy and procedure. One young person was preparing to be discharged in line with their care plan at the time of inspection. Inspectors found that a partnership approach was in place between the young person, their family, staff team, aftercare worker, social worker, and other relevant persons in the preparation of the discharge plan. The young person met with inspectors and discussed their discharge plan and their involvement in its development.

The centre had a process in place to receive feedback from young people in relation to their experience of care through exit interviews and individual work sessions. Placements were also reviewed by management through a systems assessment, review, and evaluation process. A completed report reviewed by inspectors detailed good reflection and insight into the young person placement. Whilst several areas were covered, the inclusion of the discharge process, the effectiveness of integrated care and feedback from the young person would strengthen the analysis of the placement and the report.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

The centre had an aftercare policy in place. At the time of inspection, one young person was eighteen years of age. Their placement timeframe had been extended as a decision had not been made from a different service provider on their application for aftercare accommodation. The young person had an allocated aftercare worker and was further supported by the staff team in their preparation for leaving care. Separate aftercare needs assessments and plans had been completed and reviewed by both the centre and the aftercare worker in partnership with the young person and their social worker.

A review of records evidenced that regular meetings were taking place to plan the young person's discharge. At one multi-disciplinary meeting the young person expressed frustration that a decision was made without consulting them. The young person stated they wanted full involvement in all meetings and decisions about them. There appeared to be differing opinions between parties including the young person of what type of ongoing support was required to ensure they were supported in the transition to adulthood. However regular meetings took place in an effort to achieve a successful outcome and transition for the young person.

Inspectors found evidence on file of individual work being completed with the young person relating to relationships, budgeting, nutrition, and self-care skills. A resource manual was available to the young person and staff to guide them in the work to be completed. The young person told inspectors that this work involved a lot of handouts and readings and could be made more creative and fun.

Centre management stated that young people were provided with important documentation upon leaving care such as their birth certificate, medical records, and education records in line with the National Standards for Children's Residential Centres, 2018 (HIQA). One young person had recently requested access to their full care file and a risk assessment was being undertaken in conjunction with the social work department at the time of inspection due to the sensitive nature of information contained within their file.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	Regulation 8

Compliance with standards	
Practices met the required standard	Standard 2.1 Standard 2.6
Practices met the required standard in some respects only	Standard 2.2 Standard 2.4 Standard 2.5
Practices did not meet the required standard	Standard 2.3

Actions required

- The centre manager must ensure that young people and their families are facilitated to participate in the placement planning process and record this partnership approach.
- The director of services and the centre manager must ensure that young people and staff are aware of the external avenues available to investigate and manage young people's complaints.
- The registered provider must provide a detailed plan of action that addresses the ongoing health and safety concerns raised, the re-occurring mould, heating problems and plumbing issues. This plan must also include the updating of décor in communal areas, address the storage in the bedroom that contains bugs, fixing of all kitchen presses and completion of outstanding maintenance matters as recorded in the most recent health and safety audit.
- The centre manager must ensure that each young person's care record is kept up-to-date and contains information as specified in the regulations. The out-of-date care order for one young person must be addressed as a priority.
- The director of service must update the data protection policy to reflect the centres retention and archiving of personal data.
- The registered provider and the centre manager need to evaluate the effectiveness of young people's experience of integrated care and incorporate this into established processes.

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.

From June 2020 to the time of inspection there has not been a stable staff team or management in the centre. The inconsistency in the staffing has meant the centre cannot be compliant with their purpose and function and the delivery of child centred effective service. Inspectors found a number of areas of concern with regards to workforce planning at a strategic level. Since June 2020, 10 staff members had left the centre. This included the centre manager, two social care leaders, three social care workers and four relief social care workers. Six of these workers had transferred to a new centre within the organisation, two transferred to an existing centre within the company and two resigned. During interview both staff and young people spoke

of the negative impact of this. Staff mentioned that it had caused uncertainty and difficulty for the young people as they had good relationships with those staff members. One young person who met with inspectors stated that they missed the relationships with key people who had left. This young person had seven different named key workers in the past year and told inspectors that they knew who one of their key workers was now but was not sure who the second person was. A second young person had four different named key workers in the past year with a further change planned for June 2021 due to the resignation of a current key worker. This high turnover of key workers and staff was not aligned with the centre's model of care which was described as relationship based.

In responding to the high turnover rate, senior management had promoted the existing deputy manager to an acting manager role in November 2020. The acting manager had worked in the centre for two years and was familiar with the young people and centre practices. There was a period allocated for the new acting manager to work alongside the exiting manager to ensure a sufficient handover and induction to the role was provided. A worker from a different centre within the organisation was successful in the post as deputy manager and joined the centre in October 2020. In January 2021, the acting manager began a student placement as part of their college commitments that resulted in them being present in the centre an average of 46% of the time between January and April 2021. Inspectors acknowledge that the manager remained in phone contact during periods of their absence; however the newly appointed deputy manager was acting in the manager's absence for a significant period. The deputy manager also worked the rota at times including sleep over shifts. Inspectors reviewed records that named a lack of support and safeguarding due to the absence of daily management and oversight of centre practices.

A further impact of the turnover of staff was a lack of appropriate numbers of staff in the centre with regards to the needs of the young people and the centre's statement of purpose. The centre's application for registration names the centre manager, deputy manager, seven staff and four relief staff as required to fulfil the statement of purpose. There were four weeks in December 2020 and throughout the month of January with six staff rostered. The deputy manager was named as covering shifts and in one week in particular the deputy worked three sleep-over shifts and the manager is recorded as off. A review of the roster by inspectors highlighted that nine staff are required to cover the shift pattern of two sleep-over shifts and one day shift per day. Periods of insufficient staff numbers continued through the periods of January to April. In April, six staff from other centres within the organisation were

rostered in the centre and two relief staff had worked sleep over shifts together with no permanent staff on site. In total, 27 different staff members were entered on the roster in the last year as having worked in the centre. This does not provide continuity of care to ensure young people experience stability.

During inspection, inspectors were informed that the deputy manager and two social care leaders had informed the centre of their resignation. A social care leader who was on maternity leave would be taking over the deputy manager's post in May 2021. The director of services further informed inspectors that the acting manager would be resigning from their post in August 2021, and they were in the process of recruiting a new manager. These changes would result in further implications with regard the number of staff employed in the centre, the continuity of care and further changes in key working for a young person.

The manager considered workforce planning at an operational level. There were opportunities for staff to take their annual leave and arrangements were planned for maternity leave for example. At the time of inspection, the centre had three relief staff for the centre who were suitably qualified and experienced. The centre had a policy of staff retention and inspectors found arrangements were in place to promote retention through including an employee assistance programme, assistance with health plans, employee of the month and educational financial support. The centre had a formalised procedure for on-call arrangements at evenings and weekends.

It is the finding of inspectors that the centre is not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

There were policies and procedures in place to support the recruitment, induction retention, support, and training of staff in line with relevant legislation. A review of a sample of personnel files evidenced that appropriate recruitment records were maintained.

The acting manager had a relevant qualification and experience in management to fulfil the role. They were closely supported by the deputy manager who was in post seven months, had the relevant qualification and experience for the role. Outside of the manager, the longest serving member of staff was two years in post. The

remainder of the eight staff had less than one years' service in the centre with four of these having started in the centre since January 2021. All staff had a relevant qualification however had limited social care or residential experience outside the centre. There had been three disciplinary proceedings in the previous nine months for several different practice issues. Inspectors found that centre management had responded in timely manner and followed the centre disciplinary policy in responding to these incidents. However, inspectors noted a reliance on supplementary supervision rather than planned supervision in supporting and managing workers. This is discussed in standard 6.3.

A review of sample personnel files evidenced some compliance and non-compliance in line with regulatory requirements. Staff had contracts and job descriptions on file as well as references fully checked. There were issues with Garda vetting for two staff. The first was that a vetting renewal invitation failed to be completed by the worker and there was evidence this was discussed by management with them. However, the risk assessment undertaken in response to this did not adequately identify potential risks or name protective actions. A social care leader did not have the necessary experience as per the organisations job description to be in post.

The centre had a written code of conduct for staff within their employee handbook. Staff interviewed were not familiar with the policy and could not describe the content and its use in practice.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff interviewed understood their role and responsibilities and in general, with the exception of the code of conduct, there was evidence they were clear about the policies and procedures guiding their work. There were clear lines of accountability and reporting lines. Inspectors interviewed staff and management and reviewed team meeting and management meeting minutes, young people's care files, supervision, and other records. Team meeting minutes and supervision records evidenced that accountability and professional judgement were encouraged and supported.

There were procedures in place to protect staff and minimise the risk to their safety. These included training in a recognised behaviour management programme, an on-

call system and risk management framework. Each young person had an individual crisis support plan (ICSP) and a behaviour management support plan.

The centre took a proactive approach to on-going learning and professional development opportunities for staff. Reflective practice was evident in the team meeting minutes and in supervision records. This reflection related to practices that the team were encouraged to strengthen and positive feedback on work completed well. Given that some members of the team were relatively new to the centre and to residential care, it was evident from team meeting minutes that the centre management were attempting to build a team-based approach to caring for the young people. However, inspectors noted that the centre manager was required to repeat expectations at team meetings, and it was clear that their expectations of practice was not adhered to by staff. A review of supervision records found that dynamics within the team were raised by staff and management had become aware of this.

There was a supervision policy and process in place which stated that staff members received formal supervision every four to six weeks. The centre management and social care leaders had received appropriate training and provided supervision to the team. Supervisee training was also available to staff and a review of the training audit found that all staff had completed their training.

On review of a sample of personnel files, staff were not receiving supervision in line with centre's policy. Inspectors found an over-reliance of supplementary supervision. Whilst the centre does not have a policy on supplementary supervision the recording template notes that the form should be completed for conversations outside of formal supervision and as an additional recording tool. One staff member had four planned supervisions recorded in the past year and eleven supplementary supervision forms.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The centre had a training policy with the centre manager having overall responsibility for planning, coordinating, auditing, and evaluation of the centre's training programme. This role was supported by the operations manager and the director of services who used the monthly audits to plan accordingly. Inspectors found that staff received appropriate training and development relevant to their roles. This involved learning in relation to the requirements of legislation, national standards, the centre's

model of care and the centre's statement of purpose. All staff members received a formal induction into the centre's policies and procedures.

Prioritisation of training was categorised into three levels. Level 1 included mandatory training, level 2 functional training that was completed following level 1 and the final level 3 covered additional training. Mandatory training including child protection, training in a recognised model of behaviour management, fire safety and first aid were completed for the majority of staff. Two staff were awaiting first aid training and three staff awaiting their fire safety refresher training. Due to training restrictions caused by the Covid 19 pandemic, some staff had not completed the practical element in the recognised model of behaviour management. This was acknowledged by management who were awaiting dates to be finalised once public health guidelines allowed.

Inspectors found that staff had professional development plans on file and training needs were discussed in supervision, team meetings and management meetings. There was evidence of additional training provided to staff including transgender awareness and responding to self-injury training. A workshop had been facilitated that supported staff in understanding and responding effectively to the needs of one young person.

There was a formal induction policy as required under the National Standards for Children's Residential Centres, 2018 (HIQA) and there was evidence of this being completed in full on the sample of staff files reviewed.

Individual training needs were recorded on professional development plans and a tracker was in place that recorded all data in relation to training completed and when refresher training was due for each staff member. Staff files contained up to date training certificates.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 6.2 Standard 6.3 Standard 6.4
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must develop a strategic plan that proactively addresses the:
 - The turnover of staff
 - The adequate number of permanent staff required to fulfil the centre's statement of purpose of function
 - The centres reliance of staff from outside the centre to fulfil the roster requirements
 - The stabilisation of keyworking for young people
- The centre manager must ensure that all personnel files are up to date in line with regulatory requirements.
- The director of services must ensure that only staff who meet the requirements as laid out in the role job descriptions are appointed.
- The centre manager must fully complete risk assessments in relation to out of date garda vetting.
- The registered proprietor must ensure that all staff are familiar with and understand the centre's code of conduct.
- The registered provider must ensure that the staff receive regular supervision as per the centre's policy.
- The centre manager must ensure that all mandatory training is completed as soon as public health guidelines allow.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that young people and their families are facilitated to participate in the placement planning process and record this partnership approach.	At the end of each month, the new acting centre manager will ensure that the young people are being offered to attend the planning meeting. If they decline, they will be offered to have input into the planning meeting and what goals they would like to achieve. This will be noted in an individual work and recorded on the placement planning meeting document and the monthly placement plan. Parents will be contacted towards the end of each month and offered input into the placement plan goals for their child. They will be informed of what goals are in place, any input they would like to have included and be updated as to outcomes of the goals from the previous month.	The new acting centre manager will ensure that both young people in the centre and their parents have more opportunities to have input into the placement goals. The operations manager will also review this throughout the monthly audits that occur within the centre.

	<p>The director of services and the centre manager must ensure that young people and staff are aware of the external avenues available to investigate and manage young people's complaints.</p>	<p>During a team meeting on the 05/05/2021, the Tusla Tell Us Policy will be discussed with the team. They will also be informed about the young person's rights to make a complaint to EPIC and the Ombudsman for Children. The team will ensure follow up with the young people in educating them on their rights and processes to make complaints to external services should they wish to do so.</p>	<p>The new acting centre manager will ensure that all staff members have a full understanding of the complaint process both internally and externally to the organisation. This will be further explored with the staff in their individual supervisions. The centre manager will ensure that the young people have the full understanding of the external complaints process. The operations manager will attend the team meeting on the 5th of August and will, during monthly audits, review the complaints made by the young people in the centre. This will be clearly recorded and documented in the monthly audits.</p>
	<p>The registered provider is required to provide a detailed plan of action that addresses the ongoing health and safety concerns raised, the re-occurring mould, heating problems and plumbing issues. This plan must also include the</p>	<p>The registered provider provided the inspectors with a plan of action to address the health and safety concerns.</p> <p>The new acting centre manager and senior management will ensure that all health and safety issues are addressed</p>	<p>The new acting centre manager will ensure to complete a weekly health and safety check and maintenance check around the centre and submit the report along with the weekly governance report to senior management. The operations manager</p>

	<p>updating of décor in communal areas, address the storage in the bedroom that contains bugs, fixing of all kitchen presses and completion of outstanding maintenance matters as recorded in the most recent health and safety audit.</p>	<p>immediately and that there is accurate recording of maintenance issues and clear follow ups being had within the centre. The centre is being re-decorated, re-painted and new items are being purchased for the house. The completion date for this to be finalised is the end of August 2021.</p>	<p>will ensure to comment on the cleanliness of the centre and on any health and safety concerns during their monthly audits. Senior management will also complete spot checks in the centre to ensure its upkeep is always to a high standard</p>
	<p>The centre manager must ensure that each young person's care record is kept up-to-date and contains information as specified in the regulations. The out-of-date care order for one young person must be addressed as a priority.</p>	<p>The care order for the young person in is now on file and in date. The centre manager will ensure that the young person's care records are kept up to date.</p>	<p>The operations manager will ensure more oversight and reviewing of dates on all documents in future to ensure that no other young person in the centre or within the organisation has an out-of-date care order on file.</p>
	<p>The director of service must update the data protection policy to reflect the centres retention and archiving of personal data.</p>	<p>The data protection policy has been updated to reflect the organisations retention and archiving of personal data.</p>	<p>The director of services and other senior management within the organisation will continue to review the policies and procedures on an annual basis or when changes in currently legislation or</p>

	<p>The registered provider and the centre manager need to evaluate the effectiveness of young people's experience of integrated care and incorporate this into established processes.</p>	<p>The exit interview conducted with young people will now include a question on their experience of integrated care.</p>	<p>amendments required.</p>
<p>6</p>	<p>The registered provider must develop a strategic plan that proactively addresses the:</p> <ul style="list-style-type: none"> ○ The turnover of staff 	<p>The new acting centre manager will work each weekday in the centre. Senior Management to hold another team workshop in early September to see the progression of the staff team and how they are working as a team and with the young people.</p> <p>Organise a staff team day out for team building relationships. Reinforce the employee of the month within the centre to bring about morale and positive acknowledge within the centre.</p>	<p>Senior Management will ensure that all actions are being followed up on by the centre manager and will continue to liaise with the staff team in the centre while on site to see how they are getting on working in the house.</p>

	<p>○ The adequate number of permanent staff required to fulfil the centre's statement of purpose of function</p>	<p>The operations manager to sit in on monthly team meetings within the centre. Ensure professional supervision occurs in a timely manner for all employees in line with policy and procedure and professional development plans are in place.</p> <p>Continue to complete exit interviews with employees who have resigned to get feedback on what areas the centre / organisation could improve on.</p> <p>There is a full staff team within the centre that includes 1 social care manager, 1 deputy manager, 3 social care leaders, 5 Social care workers and 2 relief social care workers. The director of operations will continue to remain pro-active in advertising relief social care workers for the centre.</p>	<p>The operations manager and director of services will continue to advertise for any positions that become available within the centre to ensure that there are permanent staff in order to meet the statement of purpose within the centre.</p>
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	<ul style="list-style-type: none"> ○ The centres reliance of staff from outside the centre to fulfil the roster requirements 	<p>Given that the centre is fully staffed, the reliance of staff from outside the centre has naturally decreased. Should the centre require a shift to be covered, that cannot be filled by the relief team assigned to the centre, the new acting centre manager will ensure to utilise an employee to work in the centre that knows the young person and has a positive relationship with them.</p>	<p>The organisation will continue to ensure at all times that it has appropriate staffing levels for each centre and continue to utilise staff from other centres that have previously worked in the centre to provide care and support to the young people.</p>
	<ul style="list-style-type: none"> ○ The stabilisation of keyworking for young people 	<p>The young person's key working team has been stabilised to include two key workers and a case manager in which the centre manager oversees all reports / planning.</p>	<p>The operations manager will ensure that the young people have the same consistent key working team in place to provide consistent support and guidance.</p>

	<p>The centre manager must ensure that all personnel files are up to date in line with regulatory requirements.</p>	<p>All personnel files are fully up to date in line with regulatory requirements.</p>	<p>The operations manager will continue to oversee the staff files to ensure that they in line with current regulatory requirements. Random staffing files will be audited during monthly audits to ensure that they are fully up to date and supervision is taking place in line with policy and procedure. All findings will be recorded in the monthly audits.</p>
	<p>The director of services must ensure that only staff who meet the requirements as laid out in the role job descriptions are appointed.</p>	<p>The director of services will strive to ensure that all employees in positions within the organisation have the necessary qualifications and level of experience to the best of their ability taking into account the staffing levels for each centre.</p>	<p>Should there be no suitable candidates for a management position within the centre, the operations manager will appoint an employee to an acting position, while continuing to actively recruit for a candidate who meets the necessary experience criteria. This employee will have the appropriate skillset to work in an acting capacity and will have supervision every four weeks and a supplementary supervision in between to monitor their work and review their professional development plan.</p>

	<p>The centre manager must fully complete risk assessments in relation to out of date garda vetting.</p>	<p>Following the inspection, the risk assessments were reviewed and updated. The risk assessments have now been concluded as the garda vetting was received and put on file.</p>	<p>The new centre manager and operations manager will ensure that the risks assessments are completed in full with a safety management plan included.</p>
	<p>The registered proprietor must ensure that all staff are familiar with and understand the centre's code of conduct.</p>	<p>The code of conduct will be reviewed at the upcoming team meeting and all staff will be requested to ensure that they read the policy and sign it.</p>	<p>During monthly audits, the operations manager will ensure that the code of conduct policy has been reviewed in the team meetings and that it has been signed and reviewed by the staff team within the centre.</p>
	<p>The registered provider must ensure that the staff receive regular supervision as per the centre's policy.</p>	<p>The new centre manager will ensure that supervision is taking place in line with policy and procedure every 4 to 6 weeks.</p>	<p>The operations manager and director of services will continue to conduct audits on a monthly basis and will spot check employees supervisions to ensure that they are in line with the policy and procedure.</p>

	The centre manager must ensure that all mandatory training is completed as soon as public health guidelines allow.	The centre manager will continue to work with the director of service in terms of the scheduling of training.	The director of services will continue to follow all national HSE guidance when scheduling training.
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