



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: 2019

Inspection Report

Year:	2019
Name of Organisation:	TerraGlen Residential Services Ltd
Registered Capacity:	Two Young People
Type of Inspection:	Announced
Date of inspection:	27th and 28th November 2019
Registration Status:	Without attached conditions from 13th August 2017 to 13th August 2020
Inspection Team:	Cora Kelly Sinead Diggin
Date Report Issued:	11th February 2020

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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 August 2014. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 13th August 2017 to the 13th August 2020.

The centre was registered to provide care for two children and young people aged twelve 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. The centre describes a partnership approach with all interested stakeholders in their work with young people. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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 17th January 2020. 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 4th February 2020. 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 continue to register this centre, ID Number: 060 without attached conditions from the 13th August 2017 to 13th August 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

The centre had a number of relevant child protection policies and procedures in place which were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre's safeguarding and child protection policy that was last updated in September 2018 as well as a child safeguarding statement (CSS) which was approved by the Tusla Child Safeguarding Statement Compliance Unit. The safeguarding and child protection policy document contained the types and features of abuse, specified those holding safeguarding roles, provided guidance on dealing with reasonable grounds for concern, procedures for dealing with disclosures and for the recording and reporting of concerns. Guidance on protected disclosures, the code of behaviour between staff and young people, safe practice and working alone and safe recruitment and selection procedures were also included. Other safeguarding policies were contained in different sections of the centres overall policy and procedures handbook for example anti-bullying, young people's rights and the complaints procedure. In line with Children First, 2017 there were guidelines in place for keeping parents informed of allegations of abuse.

The centre manager was the appointed designated liaison person and had been trained in the role. Child protection training was provided internally by the organisation. The inspectors observed from the review of a sample of personnel files that two full-time permanent staff had yet to be provided with this training. Staff were found to have completed in the Tusla E-Learning module: Introduction to Children First. Based on interviews and from questionnaires received staff's knowledge of the centres safeguarding and child protection procedures was not consistently in line with policy. Deficits were found with regard to naming types of safeguarding policies governing their work. Staff in interview had a good understanding of their statutory role as mandated persons and responsibility to report disclosures and concerns via the Tusla portal. This was also evident during the review of questionnaires.

The centre did not have a standalone register for the recording of child protection reports. Entries pertaining to these were logged in the centres register of significant

events with records contained in the young people's care files. From the review of the register the inspectors deemed that one entry entered as a complaint in 2018 was a child protection concern that should have been processed in line with the centres reporting procedure. There was no evidence of senior management having identified this during their monitoring of centre registers. The inspectors also found from their review of care files that not all child protection reports were entered in the significant events register. At the time of the inspection a small number of child protection reports that were submitted through the Tusla portal during 2019 and one in 2018 were not concluded. There were few records evidencing staff's efforts in liaising with the relevant social workers in bringing them to a conclusion. The centre manager must address the retrospective child protection concern with the young person's social worker and continue to address the open child protection reports with the relevant social worker until they are concluded. To allow for greater oversight and monitoring the centre manager must ensure that a child protection register or log is kept to record and track child protection reports.

In light of the above findings senior management must ensure that centre management and staff are provided with refresher safeguarding and child protection training to include specifically the thresholds for reporting child protection concerns in order to keep the staff team updated on procedures on an ongoing basis. To keep the area of safeguarding live on a continual basis the inspectors recommend that child protection and safeguarding is a standing item at team meetings and during supervision.

The centre had a system for assessing risks posed by/to the young people and that they were reviewed on an ongoing basis and concluded as necessary. There was evidence of risk assessments being completed in response to the above mentioned child protection reports submitted. The inspectors reviewed a sample of risk assessments and found that they were linked to the young people's support plans. Social workers were consulted and specific assessments were discussed at the organisations significant event review group forum for learning and development purposes.

The inspectors found from the review of centre paperwork, care files and interviews with staff and young people that the young people were supported to speak out when feeling unsafe or vulnerable. However, the procedures to support these situations required improvement. The aforementioned complaint that should have been processed as a child protection report related to one of the young people feeling unsafe when a former resident was residing in the centre. The young person stated in

interview with inspectors of now feeling safe in the centre and supported by management and staff. Topics relating to self-care and protection were included in the young people's placement plans that were comprehensively addressed by staff through keyworking and individual work. They were further addressed in individual safety and support plans.

Standard 3.2

The centre had a positive behaviour support policy that was based on international human rights instruments, legislation, regulation, national policy and best practice principles. The natural consequences and restorative practice approaches supported the behaviour management policy. The inspectors viewed records relating to these approaches during the review of young people's care files. Staff named through questionnaire and interview the ways the policy was implemented for both young people.

The organisation provided core and refresher training in a recognised model of behaviour management and physical intervention that was linked to the centres model of care. Two staff members who were unable to attend a six-month refresher training were scheduled to complete the core training in January 2020. The centre manager must ensure that all staff have up-to-date behaviour management training.

Staff in interview were found to have had a good awareness of the needs of both young people. The individual needs of the young people were named across the various headings in their placement plans for example behaviour, health and physical development, social functioning and relationships. Goals set to meet the identified needs were outlined in monthly plans that were measured in terms of outcomes during the monthly plan review process. Targeted areas of work were followed up through keyworking and individual work. A sample of work undertaken with the young people to meet the goals included respect and boundaries, appropriate phone usage, internet safety and living with others. The inspectors found that bullying was a recurring theme in the centre. It was clear that interventions by staff to date had not proved effective in curtailing the levels of bullying particularly by one young person toward the other. One young person made a complaint in June 2019 following an accumulation of bullying instances the review of which will be included in the next section of this report. Follow up to the complaint included the young person's social worker meeting with them and staff and management conducting focused individual work, keyworking, revisiting the centres anti-bullying policy with both young people, conducting a risk assessment that included the intervention strategies to be taken by

staff in managing future instances. At the time of this inspection bullying remained a concern. The centre manager was aware that a more focused intervention was required and had taken steps to commence the process. The centre manager must ensure that an effective anti-bullying programme is implemented that guides staff and supports both young people in the centre.

Both young people had behaviour management support plans that were regularly updated including when there were changes to their circumstances. These plans were linked to their individual crisis management plans that were also updated monthly and individual risk assessments. Placement plans and individual plans were found to have been discussed and reviewed at fortnightly team meetings. The positive consequences and natural consequences that were entered in sanctions logs were found to have been appropriate and included oversight by the centre manager.

Governance arrangements in place for the centre included the centre manager completing weekly service and governance reports and responding to director of operations themed audits. The monitoring of behaviour management practices were not part of the governance reports and themed audits to date. The registered provider must ensure that there is regular auditing of the approaches to behaviours that challenge in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

Inspectors viewed from the physical restraint and intervention log that there had been no incidents of young people being restrained in the centre.

There were no ongoing restrictive practices in the centre.

Standard 3.3

The centre had a complaints policy with the procedures understood by staff in interviews and from questionnaires. The inspectors found that improvements are required with regard to young people and staff being able to raise concerns and voice their opinions and for management to oversee, respond and monitor same. Current mechanisms included keyworkers appointed to the young people, sections to record young people's voice in their daily logs and the weekly service governance report. Ongoing discussions concerning actual complaints and implementation of its policy and procedures were absent from meetings at all levels in the centre, young people's meetings, team meetings, senior management meetings and further from the supervision process. The will be discussed further in the next section of the report.

There were no formal mechanisms for parents, families or social workers to provide feedback. The registered provider must ensure that there are formal mechanisms in place so that significant people in young people’s lives can provide feedback and identify areas for improvement.

Policies and procedures were in place for the notification, management and review of significant events (SEN’s). Inspectors found from the review of the young people’s files that not all SEN’s were recorded in the centre SEN register. The centre manager must ensure that all SEN’s are recorded in the centre register.

All SEN’s were reviewed by the centre manager prior to being submitted to the relevant parties including where agreed, the young people’s parents, and discussed at team meetings and at the monthly SEN review group meetings for learning and development purposes. The monitoring and auditing of SEN’s was also undertaken by senior management. The young people’s individual plans were reviewed and updated following the review meetings. Social workers confirmed that they received SEN’s promptly and were satisfied with the quality of the reports received.

Compliance with Regulation	
Regulation met	Regulation 16
Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must address the child protection concern retrospectively with the young person’s social worker and continue to address the open child protection reports with the relevant social worker until they are concluded.
- To allow for greater oversight and monitoring the centre manager must ensure that a child protection register or log is kept to record and track child protection reports.
- The registered provider must ensure that centre management and staff are provided with refresher safeguarding and child protection training to include

specifically the thresholds for reporting child protection concerns in order to keep the staff team updated on procedures on an ongoing basis.

- The centre manager must ensure that all staff have up-to-date behaviour management training.
- The centre manager must ensure that an effective anti-bullying programme is implemented that guides staff and supports both young people in the centre.
- The registered provider must ensure that there is regular auditing of the approaches to behaviours that challenge in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).
- The registered provider must ensure that there are formal mechanisms in place so that significant people in young people’s lives can provide feedback and identify areas for improvement.
- The centre manager must ensure that all SEN’s are recorded in the centre register.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The organisations policies and procedures document were last reviewed in September 2018. Inspectors found they were not in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). The registered provider, who held responsibility for ensuring compliance with legislation, regulations and national standards must review and update the policies and procedures document so that they are in line with the HIQA standards. In interview staff did not have a clear understanding of the HIQA, 2018 standards. The registered provider must provide training to centre management and staff on the revised document to guide and promote best care practices.

Standard 5.2

There was a governance structure in place with the director of service, director of operations, centre manager and staff all having clear roles and expectations. It was evident through interviews with management, staff and young people that all individuals were clear of their roles and those of their colleagues.

The internal management structure comprised of the centre manager who was supported by a deputy manager and a social care leader. Both the deputy manager and social care leader were in acting positions due to promotional changes that had taken place in the weeks prior to the inspection. The centre manager had extensive social care management experience. Senior management, staff and young people spoke positively of their leadership skills, supportive style and positive approach to the operational running of the centre and of care practices. The role and responsibilities of the centre manager that were fulfilled Monday to Friday were observed across the review of centre files.

There was an on call policy in place to guide, support and direct staff in the absence of the centre manager. It included the procedure for the person on-call being informed of SEN's outside of normal working hours and for the recording of all contact in the appropriate log/ record. The inspectors did not observe a written record of managerial duties being delegated to members of staff. The centre manager must ensure that a written record is kept of when, and to who, such managerial duties have been delegated and the key decisions made.

There was a service level agreement in place with Tusla, Child and Family Agency.

The centre had a risk assessment and management policy that included guidance on the identification, assessment, management and ongoing review of risks at senior and individual level. The risk management framework included impact risk assessments completed in consultation with social work departments and pre-admission risk assessments both of which the inspectors viewed on the care files. In interview staff detailed the procedure for completing daily risk assessments that included a risk matrix that were recorded in the centres risk register.

Standard 5.3

The centre had a statement of purpose that was on display in the staff office. It was observed from the statement provided to the inspectors that it was subject to a six-month review by the centre manager and the board of management in August 2019. This review did not take place. The statement included the aims, objectives and ethos of the service, referenced management and staff employed in the centre, outlined the policies guiding staff practice and stated how it intended to meet the care and support needs of the young people including accessing external specialised supports if required. The model of care was detailed in the statement and staff demonstrated in interview their knowledge of the model in their everyday care practices with the

young people. Staff were provided with model of care training that was supplemented by regular refresher training. The centre manager must ensure that the statement of purpose is reviewed in a timely manner.

Standard 5.4

The organisation and centre had systems in place to assess, review and develop the quality and safety of care provided to the young people. The director of services and director of operations held responsibility for the operational running of the centre and ensuring continuous compliance and monitoring of the implementation of legislation, regulations and standards. This was through the forums of monthly senior management meetings, oversight of weekly governance reports, visits to the centre, supervision and quality assuring all elements of care practices. Senior managements input and direction was evident from the inspector's review of the governance reports and audits. Improvements are required with respect to the senior management meetings. As they lacked a standing agenda information relating to complaints, concerns and incidents in the centre were not regularly recorded, monitored and analysed. The inspectors recommend that there is a standing agenda at these management meetings to include concerns, incidents and complaints and that learning from discussions is communicated to staff in the centre to promote improvements.

Internally, care practices were subject to discussion and review at team meetings, daily handovers and during supervision. Senior management oversight was evident across the sample of records viewed. The inspectors observed from the review of care files and centre records that decisions reached, following discussion across the various forums were linked to young people's individual plans and tracked accordingly.

The centres auditing system consisted of the director of operations completing monthly themed audits with the centre manager holding responsibility for responding to non-performance areas identified. The director of operations stated in interview that the organisation was in the process of developing a governance audit framework to be in line with the National Standards for Children's Residential Centres, 2018 (HIQA). Three audits had been completed to date during 2019. As mentioned earlier in this report the inspectors identified some deficits in practices that were not picked up by senior management as part of their monitoring and auditing roles. Improvements in practice are required in this area. Senior

management must ensure that audits conducted inform improvements in practices so that better outcomes for young people are achieved.

At the time of the inspection the centre had not completed an annual review of compliance with the centre’s objectives. The inspectors recommend that senior management develops a tool to annually review compliance with the centres objectives and that timely action is taken to promote improvements in work practices to achieve better outcomes for children.

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5

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

Actions required

- The registered provider, who held responsibility for ensuring compliance with legislation, regulations and national standards must review and update the policies and procedures document. The registered provider must provide training to centre management and staff on the revised document to guide and promote best care practices.
- The centre manage must ensure that a written record is kept of when, and to who, such managerial duties have been delegated and the key decisions made.
- The centre manager must ensure that the statement of purpose is reviewed in a timely manner.
- Senior management must ensure that audits conducted inform improvements in practices so that better outcomes for young people are achieved.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must address the child protection concern retrospectively with the young person's social worker and continue to address the open child protection reports with the relevant social worker until they are concluded.</p> <p>To allow for greater oversight and monitoring the centre manager must ensure that a child protection register or log is kept to record and track child protection reports.</p> <p>The registered provider must ensure that centre management and staff are provided with refresher safeguarding and child protection training to include specifically the thresholds for reporting</p>	<p>Centre manager has contacted relevant social work departments (SWD) and is currently awaiting responses. Directors have been updated on progress and the responses from the SWD. Director of operations will liaise with the principal social worker in the absence of a prompt response from the SWD.</p> <p>A separate child protection register is currently in the process of being drawn up. This is being completed by administration and will be in place in all centres by February 2020.</p> <p>Child protection and safeguarding training had been reviewed prior to inspection and is already operating across centres to include more information on thresholds. Revised training will be provided to the</p>	<p>Centre manager will monitor and oversee the child protection register when developed to ensure that all entries are tracked and followed until they are concluded. Director of operations will monitor same.</p> <p>As above.</p> <p>The registered provider will ensure that staff are provided with regular safeguarding and child protection training.</p>

	<p>child protection concerns in order to keep the staff team updated on procedures on an ongoing basis.</p> <p>The centre manager must ensure that all staff have up-to-date behaviour management training.</p> <p>The centre manager must ensure that an effective anti-bullying programme is implemented that guides staff and supports both young people in the centre.</p> <p>The registered provider must ensure that there is regular auditing of the approaches to behaviours that challenge in line with the National Standards for Children's Residential</p>	<p>team as a refresher on 10th February 2020.</p> <p>Two social care workers were absent for their refresher training due to annual leave and sick leave. These staff are now attending the 4-day TCI core training on the 26.01.20-29.01.20.</p> <p>An anti-bullying programme facilitator has been sourced. All staff will attend training day on the 06.02.2020. The training will be applied to practice in the daily workings and interactions with the young people. When required, the centre manager will ensure that it remains a live topic at team meetings and staff supervision.</p> <p>The auditing tool has been revised and updated and is in line with the National Standards for Children's Residential Centres, 2018 (HIQA). This will be used to conduct quarterly themed audits including</p>	<p>Centre management will monitor annual leave days overlapping with training dates. If there is an overlap, staff will be provided with earlier training dates to ensure they are within the 6-month period for a refresher.</p> <p>The centre manager will ensure that the anti-bullying policy is implemented and monitored in the event of bullying being an issue in-house.</p> <p>The directors will complete monthly monitoring visits to the centre and conduct quarterly themed audits of approaches to behaviour to challenge to ensure that required actions and close outs have</p>
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	<p>Centres, 2018 (HIQA).</p> <p>The registered provider must ensure that there are formal mechanisms in place so that significant people in young people's lives can provide feedback and identify areas for improvement.</p> <p>The centre manager must ensure that all SEN's are recorded in the centre register.</p>	<p>approaches to behaviours that challenge.</p> <p>A new feedback form will be implemented and circulated to parents by February 2020. This will be provided to parents as part of the induction of young people to the centre, in advance of TUSLA Child in Care Reviews for the young people and upon request by parents. The centre manager will review the feedback and escalate recommendations and complaints to directors.</p> <p>All SEN's are recorded in the SEN register. An audit of the SEN register was completed by the directors in February 2020 and all SEN's are recorded in the register.</p>	<p>occurred.</p> <p>Through auditing and monitoring processes the directors will oversee and review this mechanism and apply any resources required in areas requiring improvements.</p> <p>The centre manager will ensure that the SEN's are recorded in the centre SEN register. In their absence this will be the responsibility of the acting centre manager. Directors complete a themed audit in the centre quarterly and all registers are audited as part of the audit. Feedback and direction is given to the SCM and Directors verify action on the next themed audit or sooner in a monitoring visit to the centre.</p>
5	The registered provider, who held responsibility for ensuring compliance	Some policies had been updated already prior to inspection. The centres policies	The registered provider will ensure that policies and procedures comply with

	<p>with legislation, regulations and national standards must review and update the policies and procedures document. The registered provider must provide training to centre management and staff on the revised document to guide and promote best care practices.</p> <p>The centre manager must ensure that a written record is kept of when, and to who, such managerial duties have been delegated and the key decisions made.</p> <p>The centre manager must ensure that the statement of purpose is reviewed in a timely manner.</p> <p>Senior management must ensure that audits conducted inform improvements in practices so that better outcomes for</p>	<p>and procedures are under review by the directors and centre managers as a working group. The full manual is due to be reviewed and reprinted by Sept 2020. Alongside this a review of policies and procedures will now be part of the manager's agenda at the fortnightly held team meetings.</p> <p>This is completed within the monthly managers meeting. The deputy centre manager and team leader are both part of the decision-making process. A list of tasks delegated is recorded within the manager's meetings minutes.</p> <p>The statement of purpose has been reviewed and updated. This will occur on a 6-month basis by the centre manager to ensure the purpose and function remains in line with TerraGlen's Model of Care.</p> <p>The director of operations updated the organisations internal auditing system to be in line with the National Standards for</p>	<p>regulations, legislation and standards.</p> <p>The centre manager will ensure that a record of delegated tasks is maintained.</p> <p>The centre manager will review this on a 6-month basis. They will link with senior management to discuss any changes that may occur.</p> <p>The director of operations will ensure the continual update and improvement to the auditing systems of the organisation. The</p>
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	<p>young people are achieved.</p>	<p>Children's Residential Centres, 2018 (HIQA) in December 2019. Themed and full audits are completed in centres quarterly and corrective, preventative, root cause analysis fed back to centre managers to address. Directors will verify action completion through monitoring and auditing visits.</p>	<p>director of operations will inform the Board of Management (BOM) of requirements for improvements across the organisation at monthly BOM meetings and apply action accordingly.</p>
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