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: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**TerraGlen Residential Care Services**
Registered Capacity:	**Two young people**
Type of Inspection:	**Announced**
Date of inspection:	**23rd & 24th September 2024**
Registration Status:	**Registered from 16th August 2023 to 16th August 2026**
Inspection Team:	**Catherine Hanly** **Cora Kelly**
Date Report Issued:	**10th December 2024**

Contents

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 third cycle of registration and was in year two 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. This young person was under the stated age range of the centre's statement of purpose and thus approval with the Tusla Alternative Care and Monitoring Service (ACIMS) via a derogation process had been secured for this child's placement. However, on the day the lead inspector telephoned to inform centre management of the upcoming inspection and make initial arrangements for it, the centre manager informed ACIMS that a twenty-eight days' notice to discharge the young person had been issued by centre management to the social work team responsible for the child. This was then escalated to 24hours following a significant event one week later but was ultimately extended with the agreement of all parties until an alternative placement became available for the child. During the days this inspection took place, the child was being reported on an ongoing basis as missing child in care (MCIC) and had not been present in the centre for six days when inspectors arrived on the first day. An alternative placement had been identified but would not become available for two days following on from the initial day of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.5
3: Safe Care and Support	3.3
6: Responsive Workforce	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 worker 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 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 10th of October 2024. 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 23rd of October 2024. This was deemed to be not satisfactory – it was not completed in full, and the inspection service requested a meeting with the registered proprietor and centre management to provide them with clarity on what was expected as part of the CAPA submission process. This meeting took place on the 22nd of November 2024, after which centre management were given a further period to submit a complete CAPA. A completed CAPA with supporting evidence was submitted on the 29th of November 2024.

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 of August 2023 to the 16th of August 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

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

There was one young person in placement in this centre at the time of the inspectors visit. They had been there for approximately ten weeks and had resided in a secure care placement prior to that. There had been a clear transition process and plan implemented and realised for this young person's move to this centre which was aligned to the centres admission policy. Staff from the centre had met with the young person in their previous placement and had provided them with verbal and written information on this centre and its location. They had opportunities to visit the centre and meet staff and management over a two-week period prior to moving in. A family member had also been offered the opportunity to visit prior to admission. It was clear that the admission process had considered the needs of the young person and what might be required to transition successfully to this centre. However, as will be detailed further in this report under standard 6.4, there were significant gaps highlighted in the provision of core training – including model of care and training in a therapeutic model of response to crisis behaviours – that should have been considered and addressed prior to the admission of this young person from their special care placement.

The referral process utilised by the Tusla National Placement Team (NPT) had recently changed and the referral and placement-seeking process of the current young person was the first time centre management had experienced this new Collective Risk Assessment (CRA) procedure. The centre manager described it as challenging due to the amount of work and onus that they felt was placed on centre managers to secure meetings and to complete paperwork required. They also reported it as being quite drawn out with associated financial and other implications on the service. They informed inspectors that they have reported this feedback formally to the NPT. Inspectors noted that from the social work side of this process, practice was not in keeping with the expectations of procedure outlined in the CRA – a social work team leader had not stepped into meetings in lieu of the absent social worker. This is outlined as a requirement so that no unnecessary delays occur in referral and admission. The centre's policy on admissions had not been updated to align to this new practice process in place by the NPT. Inspectors were advised that the policy document was due to be renewed in September 2024 and centre management must prioritise the amendment of this policy.

The centre was provided with a significant amount of previous information known to the social work team about this young person's care history to date. Members of the staff team had been involved in the statutory child in care review (CICR) that had been convened a few days prior to their admission to this centre and all parties were satisfied that this was an appropriate admission to a centre that could meet their identified needs, in line with their purpose and function. The CICR had assessed the child's needs and actions had been identified to attempt to meet these.

Inspectors were unable to ascertain the views of the young person on their admission to the centre as they were absent from the centre at the time of inspectors visit, having been reported as missing child in care (MCIC) and were not going to return to it as a discharge notice had been given to the social work department.

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

Since it commenced operations in August 2017, the centre had admitted a total of eight young people. The current placement was the only admission in the current cycle of registration that commenced in August 2023. Their discharges were a mix of emergency/unplanned and aging out at 18. End of placement reports were completed for all previous residents, and these were described as a summary progress report from admission to discharge, however inspectors were informed that these were not maintained at the centre thus were not reviewed by inspectors. The centre manager described in detail the planned discharge of the most recent young person that had turned eighteen whilst living in the centre. This was described as a positive experience for them, they had been actively involved in securing their own accommodation and continued to be supported occasionally post discharge with practical assistance by staff with college applications for example.

Inspectors reviewed one record of a systems assessment, review and evaluation report. This was completed on the placement of the young person that had been most recently discharged from the centre since the last inspection took place in June 2023. That young person had been residing at the centre for almost two years prior to their discharge which had been unplanned. This report drew conclusions from the admission, placement and discharge of the young person. However, it did not report on any learnings and inspectors could not see how the information was used to promote improvements in the centre. Such reports, should they continue to be utilised, would benefit from the addition of learnings being noted and actions to be instituted to prevent re-occurrence from future similar challenges should they arise. The manager and staff reported that despite the unplanned nature of this young person's discharge, staff had informed them about where they were moving onto and supported them in the process by some pieces of individual work.

The care records for all previous residents had been returned to Tusla, as the referring agent. Centre management must consider the format and type of records they should maintain to contribute to meaningful reviews of and learning from placements.

As stated above, a discharge notice had been given by centre management to the social work department responsible for the young person in placement. Initially, twenty-eight days' notice had been given but this and escalated to 24hours following a significant incident. There had been a collaborative approach leading to this decision with ongoing communication between centre management and the social work department. Strategy meetings had been convened to discuss how best to keep the young person safe whilst the social work department sought an alternative placement. Due to the risk presented, a joint decision was made not to inform the young person when an alternative placement had been secured, however their family was informed. There had been no plan agreed, at the time of the inspection, about how the young person's belongings would be returned to them/brought to their new placement.

The centre had a questionnaire for young people to complete upon leaving the centre but did not have any completed by young people for inspectors to review. The manager stated in interview that they had not secured formal feedback from young people as they were often reluctant to engage. To evaluate each child's experience of integrated care, centre management must implement a formal process of securing feedback from each young person placed in the centre. This feedback should be utilised in a process of regularly evaluating the effectiveness of children's care experience.

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

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 2.1** **Standard 2.5**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre management must ensure that their admission policy is aligned to current Tusla practice.
- The centre management must ensure that learnings from placements contribute to service improvements.
- The centre manager must implement a formal system of securing feedback from young people regarding their experience of living at the centre including integrated care.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors noted the management and staff team operated good practices of consulting with young people, encouraging them to express their voice and tried to respond to that. The social worker for the young person confirmed to inspectors that they were satisfied with the level and type of communication they had with the centre, identifying the manager as their main point of contact. There was a significant emphasis on risk identification for the current young person's placement and the staff team were being encouraged to raise concerns and report incidents in this context to keep the young person and staff safe. Practice guidance documents developed and regularly reviewed by the staff team in response to presenting behaviours included individual crisis support plans (ICSPs), behaviour support management plans (BSMPs), absence management plans (AMPs), and risk assessments. Inspectors noted that the BSMPs were lengthy documents running to six pages in length. The number of risk assessments on file was into the fifties despite the young person only being in placement approximately ten weeks at the time of the inspection. The social worker confirmed that they received all reviewed and updated risk assessments but acknowledged that they did not read all of them, given the volume and length.

Inspectors found that there was no consistently demonstrated way in which the staff team kept themselves informed about the approach to be undertaken with the young person due to the various documents available to them in response to incidents. Staff interviewed did not reference the model of care in use, nor was it described as underpinning their approach to the delivery of care. One staff referred in interview to their training and use of techniques in a model of behaviour crisis management that they would utilise in responding to an emerging crisis event. Inspectors found the approach to care being delivered to be heavily risk-informed and risk-led, as opposed to delivering on the centres stated pro-social model approach, with risk response being incorporated as needed.

As noted previously, the manager referenced the challenges experienced in securing feedback from young people that have left the centre. Inspectors were provided with completed questionnaires from previous professionals involved in the care of young people that had previously resided at the centre. The feedback was largely positive. These questionnaires may benefit from seeking suggestions for practice or service improvement templates which could then be implemented. Inspectors were not provided with direct evidence of how any feedback previously received was implemented into service improvement.

The centre had policies and procedures in place for the notification of incidents and there was good oversight of this mechanism by the centre manager. Parents or identified family members were informed of relevant incidents where this had been agreed by the allocated social worker. As stated above, the social worker was satisfied with the way they were notified of incidents and the detail they were provided with. Inspectors reviewed a sample of the thirty-four significant event notifications (SENs) that were on file for the current resident, in addition to sampling records of the significant event review group (SERG) meeting records that covered the time of previous and current residents. There were inconsistencies in the SENs reviewed – the use of on-call was not consistently and clearly documented within the record; the need for implementation of a specific plan or review of existing one was not consistently documented, rather what was noted was a generic 'to be reviewed and updated where necessary'; and persons notified was not consistently recorded. There were five records of the SERG mechanism to date in 2024. Inspectors noted from these records that the process was not reflective of a typical review of either one single or multiple SENs with an emphasis on learning to promote and influence change and improvement. Inspectors found from a review of all relevant documents that staff were consistently praised for actions taken or how they managed incidents of a challenging nature. What the various records lacked, was robust and consistent commentary on the effectiveness or otherwise of plans in place, actions and responses by staff and on-call or management, and clear evidence of learning from events and bringing that forward. This needs to be improved on. The on-call system in place also needs to be reviewed within the context of notification and management of incidents.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None Identified**

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 3.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that necessary mechanisms are implemented for young people and other relevant persons to provide feedback and identify areas for improvement.
- Centre management must ensure that incident review mechanisms clearly demonstrate that learning is used to inform the development of best practice.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

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

A record of all training was maintained by the Human Resource department within the company, and they provided the centre manager with up-to-date information on the status of all training for staff in the centre. Training available to all disciplines of staff included child protection, the centre's model of care, first aid, a model of therapeutic crisis support, risk assessment, and medication management, amongst others. The company had several trainers that delivered the training to staff teams across the organisation and there were efforts with specific training provided to tailor it to the need of the teams. Training needs were discussed at team meetings and within individual supervision sessions and there was evidence that training, including attendance to refreshers as required, was valued within the organisation. Staff were facilitated to attend their training though this was noted in audits as being a challenge for centre managers and the organisation. These audits lacked evidence of analysis of the reasons for the challenge and focused on the financial implications for the company. A focus on improving attendance and decreasing cancellations may be of benefit.

Some additional training outside of what was deemed to be core training had been provided to the staff team throughout the past year. This included child sexual exploitation and self-injurious behaviour. The latter training was in response to behaviours presented by the current young person in placement and had also been identified in an audit completed by the director of operations in June 2024. The former was not directly applicable to young people in this centre and was looked upon as a general learning opportunity. Inspectors noted several gaps in the provision of core training for the staff team. These were not identified in audits reviewed by inspectors and included some staff who had not yet completed the model of care training provided internally despite this having been raised at team meetings since early July. Another staff member recruited in April 2024, had not completed the training until five months later. Recently recruited full time staff (June and July 2024) were only completing training in the therapeutic crisis support model at the time of the inspection in late September. This model was identified as being closely aligned to the centre's model of care within the policy document. The use of this model was a daily requirement to support the staff team in responding to the young person's presenting behaviours. Yet another staff member, providing regular relief cover to the centre, had not completed training in this model of therapeutic support, the centre's model of care or child protection. They had been employed in April 2024. Centre management must undertake a regular training needs analysis to determine the training needs of staff, as assessed against their respective roles and with consideration for the centre's statement of purpose. A plan of implementation should accompany this.

There was a formal induction policy in place that was implemented for all staff coming to work in the centre. This was delivered over a three-day period and enabled the onboarding staff member to familiarise themselves with new colleagues, the recording system at the centre and the young people in placement.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None identified**

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 centre management must undertake a regular training needs analysis to determine the training needs of staff, as assessed against their respective roles and with consideration for the centre's statement of purpose. A plan of implementation should accompany this.
- Centre management must implement adequate systems that ensure unnecessary gaps do not occur in the provision of core training.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre management must ensure that their admission policy is aligned to current Tusla practice. The centre management must ensure that learnings from placements contribute to service improvements. The centre manager must implement a formal system of securing feedback from young people regarding their experience of living at the centre including integrated care.	Admission Policy has been updated in aligned to current Tusla Practice. (Please see attached) Senior Management to conduct a meeting with the SCT & Centre management to explore YP's placement after discharge – At this meeting the YP's System Analysis & Learning Outcome Form will be discussed (Please find attached) The organisation has an exit interview in place which is to explore YP's experience of care within the service.	Senior Management & Centre management continue to discuss Policy & Procedures at Monthly Management Meetings. Learning outcomes discussed at meeting after discharge to be implemented by centre management and governance by Senior Management through centre audits. System Analysis Reports to be reviewed at Board of Director Meeting. Please see Template attached.
3	The registered provider must ensure that necessary mechanisms are implemented for young people and	The centre has feedback forms that are shared with family & relevant professionals twice a year.	Please see the examples of Feedback forms from SW & GAL attached along with a screenshot that evidences the process of

	other relevant persons to provide feedback and identify areas for improvement. Centre management must ensure that incident review mechanisms clearly demonstrate that learning is used to inform the development of best practice.	 Keyworker to complete a SERG form prior to SERG meetings (Please see attached). This form is to be discussed at SERG with the SCT & Senior Management & learning outcomes to be clearly recorded in SERG minutes and regularly discussed at team meetings (Please see amended Team Meeting template)	sharing this information. Centre Management & Senior Management to have clear governance & oversight cover the implementation of learning outcomes in monthly audits.
6	The centre management must undertake a regular training needs analysis to determine the training needs of staff, as assessed against their respective roles and with consideration for the centre's statement of purpose. A plan of implementation should accompany this.	The agency to devise a Training Analysis to determine the training needs of staff in response to staff's individual roles. This document will include a clear action plan to reflect the needs identified in this report. This will be completed within a three-week period. The SERG template has been updated to reflect the centre's training needs. (Please see attached) A Training Matrix has been devised to highlight centre's training needs. (Please see attached)	This Training Analysis is to be shared with Senior Management and the Organizations training schedule is to reflect the needs of each centre and individual staff members under the supervision of Senior Management.

	Centre management must implement adequate systems that ensure unnecessary gaps do not occur in the provision of core training.	Training audit is completed & shared with Senior Management before the 5th of every month. Training needs is explored with each individual staff member in supervision as per Supervision template. Training needs is explored with the team at every team meeting as per Team meeting template.	Senior Management to have oversight of the training needs of each centre.