



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 060

Year: 2018

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Terra Glen Respite Services
Registered Capacity:	Two young people
Dates of Inspection:	19th April 2018
Registration Status:	Registered without conditions from 13th August 2017 to 13th August 2020
Inspection Team:	Catherine Hanly
Date Report Issued:	7th June 2018

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in August 2014. At the time of this inspection the centre were in their second registration cycle and were in year one of the cycle. The centre was registered without conditions from 13th August 2017 to 13th August 2020.

The centres purpose and function was to accommodate two young people of either gender from age twelve to eighteen years on admission. The centre describes a partnership approach with all interested stakeholders in their work with young people.

The inspector examined only standard 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 19th of April 2018.

1.2 Methodology

This report is based on a range of inspection techniques including:

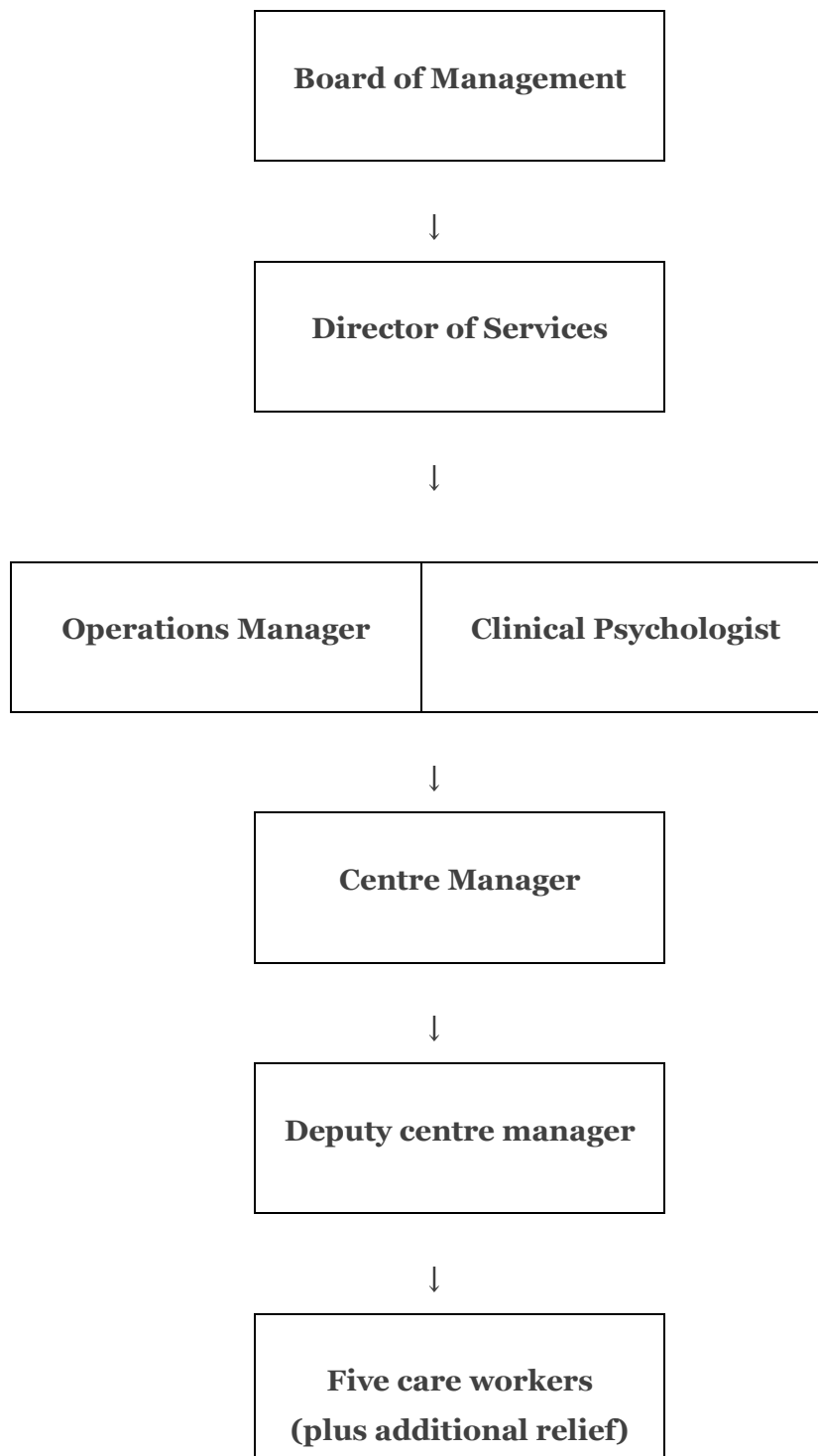
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the following records at the centre:

Staff training records; centre and motor insurance documentation; fire safety documentation and certification; fire drill records; fire checks; health and safety records; safety and hygiene records; car and premises maintenance records; risk assessments for young people; medication administration records.

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 management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 15th My 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 29th May 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 060 without conditions from the 13th August 2017 to the 13th August 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The inspector found that the main living areas of the centre were in good structural repair and nicely decorated. There were some furnishing matters identified by the inspector during the audit of the premises that were identified as requiring attention by the centre manager.

The centre was very domestic in style and had suitable cooking and laundry facilities. There was sufficient space both within the centre and in the enclosed private back yard for young people to have visits from friends, family or social workers in private. There were two dedicated bedrooms for young people. These were vacant at the time of the onsite inspection and both were identified as requiring significant work to bring them to a suitable standard of accommodation and ambience.

Play and recreational facilities and resources were individualised depending on the needs and interests of each young person residing in the centre and the manager was able to evidence how these had been provided to young people in the past.

Young people were involved in decorating and furnishing their own bedrooms and were provided with storage facilities for their personal items. The inspector did raise the matter that young people could not, at the time of the inspection, lock their own bedrooms and asked that the manager review this matter when looking into the matter of replacing existing doors for fire safety purposes.

Maintenance and repairs

The centre manager maintained a record of all matters requiring maintenance at the centre. A review of these records found that in general matters were dealt with

promptly by the designated maintenance person or qualified tradesperson where required.

The newly introduced auditing system completed by the operations manager included a section for the review of the property and maintenance matters. The operations manager will need to ensure that this audit is consistently completed and matters identified are addressed. Inspectors noted that although maintenance matters have generally been promptly addressed, a system of prioritisation may need to be introduced by managers so that the living environment continues to be well maintained for all young people.

3.10.2 Practices that met the required standard in some respect only

Safety

The centre has a comprehensive health and safety statement on file that was dated June 2017 and was scheduled for review in June 2018. One staff member had designated responsibilities as fire safety officer and a second member was the designated health and safety officer.

There were weekly safety and hygiene audits and the findings of these informed the maintenance log. Records reviewed showed that property damage was a consistently recurring matter that was being responded to by management.

The entire staff team and relief staff members had completed training in first aid.

There was a first aid box kept in the staff office and this was fully stocked. Medicines for young people were stored in individual locked cabinets in the staff office. Records of medication administration indicated that these had been administered in accordance with directions given and were appropriately signed by staff members.

The inspector reviewed the records relating to car insurance, required documentation for roadworthiness and maintenance for both house cars. There was evidence to support that such matters were overseen well on an ongoing basis by the person with assigned responsibility for these matters. Missing from the file on the day of inspection was a tax disc for one car and road worthiness certification for the second. The manager stated that they would pursue these matters and the inspector was awaiting the outcome of this at the time of issuing the draft inspection report. The inspector also noted a specified exclusion in the motor fleet insurance policy and directed the manager to ensure that this was brought to the attention of all staff members.

Fire Safety

There had been a number of incidents of fire setting in this property in the months prior to the onsite inspection. When the inspector visited the centre, they noted that none of the internal doors at the property were fire doors nor were they treated with fire retardant spray. The inspector brought this matter to the attention of the centre manager and proprietor and requested that they have a fire safety expert review the property to ensure compliance with relevant fire safety requirements. The inspectors subsequently received a statement to this effect from the centre's fire safety company after internal fire doors had been fitted and all fire fighting equipment had been checked.

The centre's health and safety statement included a specific section on fire safety in the property including fire safety precautions and means of escape. The inspector noted that there was reference in this statement to the use of fire retardant spray being used on furniture on an annual basis however the manager stated that this is not conducted in practice. Therefore this fire safety statement must be revised to ensure it accurately reflects practices at the centre.

Following the most recent fire setting episode, it was found that curtains in the young person's bedroom were not fire retardant. The manager must ensure going forward that all such materials are fire retardant and that there are regular audits of same.

The manager and majority of the staff team had certificates on file stating that they had completed fire safety training. The remaining four staff members were scheduled to attend this training following the onsite inspection. Staff and young people participated in regular fire drills, the details of which are recorded. On occasion it is noted that a young person refused to participate in these drills however corrective action to address this was not recorded. The manager must ensure that where issues such as this arise during fire drills, corrective action is taken and recorded.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must secure the relevant certification and paperwork for the house cars.
- The centre manager must ensure that the fire safety statement is reviewed in the existing health and safety document and submit this upon completion.
- The centre manager must ensure that where deficits arise during fire drills, corrective action is taken and recorded.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.10</p>	<p>The centre manager must secure the relevant certification and paperwork for the house cars.</p> <p>The centre manager must ensure that the fire safety statement is reviewed in the existing health and safety document and submit this upon completion.</p> <p>The centre manager must ensure that where deficits arise during fire drills, corrective action is taken and recorded.</p>	<p>This was attended to and submitted to inspectors on 29th May.</p> <p>The health and safety document is due for review in June 2018.</p> <p>A key work session has been completed with the y/p in relation the importance of fire safety, purpose of fire drills and what to do in the event of a fire</p>	<p>An administrator has been appointed to the service and information pertaining to the centre cars road worthiness, taxation and insurance is now centralised. When the relevant paperwork is due for renewal the centre manager will now receive a reminder email.</p> <p>Health and safety document will be reviewed by end June 2018 and once reviewed this will be forwarded to Inspection.</p> <p>A sign in/sign out book in respect of fire safety has now been implemented to ensure all staff are aware of where the young people are in the centre at all times.</p>