



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: o88

Year: 2018

Lead inspector: Michael McGuigan

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Terra Glen Respite Services
Registered Capacity:	4 young people
Dates of Inspection:	18th of April 2018
Registration Status:	08th of April 2017 to the 08th of April 2020
Inspection Team:	Michael McGuigan Linda McGuinness
Date Report Issued:	06th of July 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 on-going 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 on-going 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 April 2011. At the time of this inspection the centre were in their third registration and were in year one of the cycle. The centre was registered with conditions from 8th of April 2017 to the 8th of April 2020.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as a child centred relationship based model.

This inspection was a review of the corrective actions and preventative strategies set out in the action plan provided by the organisation following the last inspection. Inspectors examined aspects of standard 2 'management and staffing', 5 'planning for children and young people' and standard 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 18th of April 2018.

1.2 Methodology

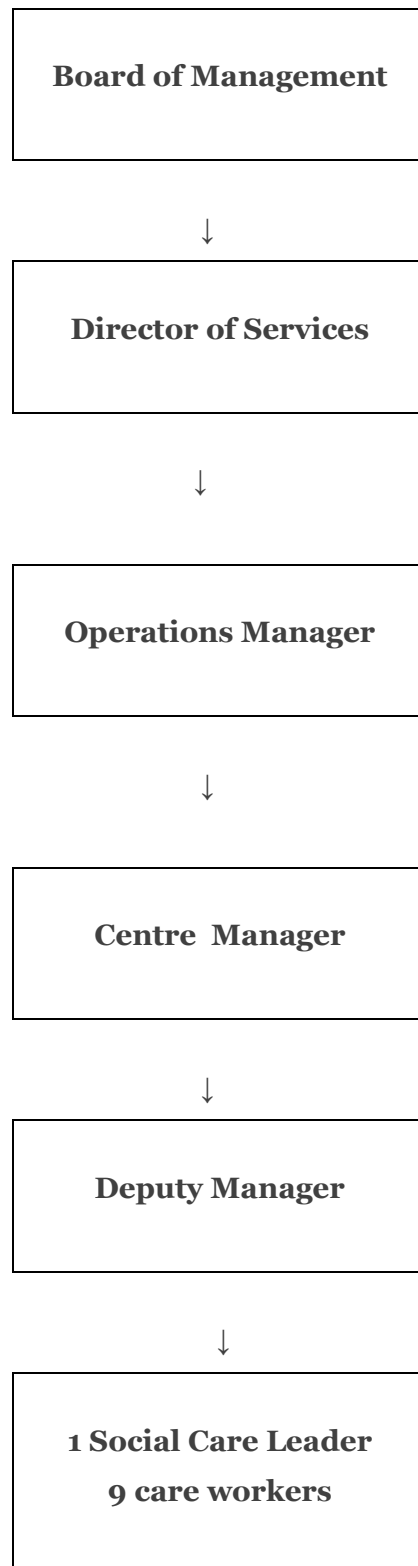
This report is based on a range of inspection techniques including:

- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process including care files; supervision records; management documents; health and safety and fire safety documents.
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The operations manager
 - c) A member of the board of management
 - d) The lead inspector for this service
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains from the 08th of April 2017 to the 08th of April 2020.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

None Identified.

3.2.2 Practices that met the required standard in some respect only

Management

This centre has a permanent full time manager who has been in post for twelve months and is supported by a deputy manager. The centre manager holds a qualification in mental health and reports to the operations manager for the organisation who is also their supervisor. Inspectors observed that the manager or deputy manager signed documents in the centre to evidence their governance and also that they chaired handover and staff team meetings and attended professionals meetings. During interview with the CEO for the organisation, inspectors were informed that a new director of service had been employed to oversee the work of the operations manager and each of the centres. This person will have responsibility for training the centre managers and operations manager and the service was also adding a clinical neuropsychologist to their team.

From a review of the team meeting minutes it was observed that frequently there was no set agenda and often issues relating to young people were only briefly discussed. Further, actions and those responsible for completing these were not being clearly recorded. A sample of minutes of the centre managers' meeting minutes was also reviewed. These meetings addressed issues such as contracts and fire logs, petty cash and on call policies and they were well attended by centre managers and line managers for the organisation. However, for these meetings it was at times unclear who was responsible for following up on the agreed actions. Further, this was not used as a forum to discuss practice and share knowledge on supporting young people and behaviour management.

During interview with the operations manager they confirmed that they carried out periodic audits of the centre and provided guidance to centre managers on their work practice through supervision. The centre manager forwarded a monthly written report on all of the operations in the centre and this report was used as the basis of the operations manager's audits. The report contained information on staffing issues, training, premises, care planning, placement planning, significant events, child protection concerns and key working. From a review of the audits carried out by the operations manager, inspectors observed that often the focus of these was on the care files and the presence of documents rather than on the quality of care being provided. There were a number of recommendations in these audits; however, often they did not relate to the planning of care for young people. Further, there was no set template or system for feedback to the centre manager following audit or system for tracking the actions that were to be taken. The operations manager had chosen not to use the formal audit template that had been created and had provided hand written notes following one audit and an email with recommendations following a second audit. The audits conducted by the operations manager evidence that they had identified deficits in a number of areas including the absence of supervision contracts and issues with significant events. Inspectors noted that these issues should also have been identified by the centre manager through their governance in the centre.

There was an acknowledgement from each of the centre manager, the operations manager and the CEO during interview that further analysis and fine tuning of the audit system was required over the coming months to ensure that it was effective. A working group had been established to review the tools in operation, however, inspectors observed that a more effective system of tracking the issues identified during audits and how these were to be addressed was required. Inspectors also reviewed a copy of the quality assurance checklist being used by the CEO for the organisation on their visits to the centre and noted that some of the sections in relation to team meetings, complaints, child protection and significant event notifications were blank. The CEO stated during interview that in future external oversight and governance would be the responsibility of the new director of services.

There was evidence that supervisions for staff members had been reviewed by the operations manager. Further, Inspectors observed from a review of the centre registers that some of these had been signed by the operations manager, but it was noted that the complaints register had not been signed and reviewed and it is important that this occurs.

Supervision and support

The centre has a policy on supervision that states the frequency, purpose and functions of supervision. During the last inspection of this centre inspectors found that supervisions were not being carried out in line with the frequency stated in the policy, that supervision contracts were not always in place and that discussions on placement planning, key working and care practice were not occurring.

For this inspection, it was found that there was a substantial improvement in the provision of supervisions by the centre manager. From a review of a sample of supervisions, inspectors noted that supervision was now occurring within the required time frames for each of the staff. These supervisions appeared to be led by the centre manager and often staff members did not have anything for the agenda. It was also observed that the template being used by the centre manager for supervisions was not fit for purpose. While it contained a review of decisions at previous supervisions, a section for discussion on professional development, reflection on practice and the application of the model of care, there was not enough discussion on the planning of care for young people or staff care practice included. Further, inspectors noted a variance in the standard of supervisions provided by the centre manager and deputy manager. It was found that one new staff member had not had supervision since they started work in the centre five weeks before the inspection and it is important that new and inexperienced staff receive regular supervision to support them with care practice and placement planning.

The centre manager was supervised by the operations manager and the records for these supervision contained appropriate discussions on operations matters in the centre. These supervisions were within the required time frames.

Staffing

During the last inspection it was noted that the centre had a whole time equivalent staff complement of six social care workers and one social care leader and a three person sleepover roster was in operation. This roster system was still in operation during the most recent inspection; however, the staff compliment for the team had been increased to nine persons.

From a review of a sample of staff files, inspectors found that these generally included up-to-date Garda clearances, induction checklists, verified references for staff, copies of qualifications and training certificates. However inspectors found that for one staff member the induction check list had not been fully completed. From this it was unclear what aspects of their induction had been undertaken. Further, it

was also observed that the third reference for this staff member only contained a record of the dates of employment and this is not sufficient to meet the requirements of the Department of Health Recruitment and Selection Circular, 1995.

In some instances the qualifications for staff members had not been verified by the organisation and inspectors noted that risk assessment had not been created for a staff member who had offences noted in their Garda vetting.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

Required Action

- The centre manager must ensure that team meetings have a set agenda, that actions / decisions are clearly recorded and that the records reflect discussions on the planning of care for young people.
- The operations manager must ensure that minutes for centre managers' meetings clearly record the actions agreed and persons responsible.
- The director of service must ensure a system exists for feedback and tracking actions following centre audits and that the audits focus on the quality of care provided to young people.
- The director of service must ensure that the governance mechanisms in place are reviewed to ensure suitability.
- The centre manager must ensure that supervision records reflect discussions on the planning of care for young people and care practice.
- The operations manager must ensure that vetting in the centre is in line with the Department of Health Recruitment and Selection Circular, 1995.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Children's case and care records

Inspectors found that young people's daily logs were generally written to the required standard and included an overview of the events of the day for the young person. The centre manager had signed entries to evidence that they had reviewed these.

However, the section for the young person's voice was not being used effectively and at times contained comments on issues such as the weather and basic plans for the day. There were also times when words and entries into logs were scribbled out and this should be addressed by the centre manager. There were notes on individual work and some of the staff reflection that was included was insightful and supported the effective planning on behaviour management for the young people. Inspectors observed that young people's care files were generally structured to facilitate ease of access to information on the young person. Issues identified in the last inspection such as archiving and password protection for the centre computer had been addressed by the centre manager.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Inspectors found that there was a care plan for one young person that was in date and related to their placement in this centre. However, there were a number of complex diagnoses included in this care plan that were not reflected in the placement plan created by the centre. The care plan for a second young person was dated 24/11/17, however, care plan reviews were not occurring as required under National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive. Further, an up-to-date care plan for the third young person, who was placed in the centre under a specific derogation was not available.

The new placement plan system is based on the headings of health, family and social relationships, hobbies and interests, education, emotional and behavioural supports. The placement plan for one young person was dated 01/01/18 – 31/03/18 and as such was out of date on the day of the inspection. It was also unclear to inspectors how key working was directed and how the goals for the month were being reviewed and tracked. Further, the majority of the tasks listed in placement plans were allocated to the young person’s key worker and were noted as on-going. Some of the tasks lacked detail on how they would be achieved and were goals rather than setting out specific work to be undertaken. Inspectors also found that the review section entitled *task completion* was either blank or had on-going included in it throughout this placement plan. There were session planning sheets that accompanied the placement plan, however, all of the work was allocated to January and there was no evidence of planning for February or March. Further, there was no evidence that the placement plans for young people had been reviewed by the operations manager as part of the audit process in the centre.

The service’s new integrated care planning system includes placement plans, progress reports and monthly review documents. However, inspectors found gaps in the completion of each of these documents and they weren’t always on file for young people. Further, a review of the progress reports and monthly review documents for February for one young person found these contained identical information and the purpose of having two forms was unclear. It was also observed that plans contained out of date information and goals in some instances. Inspectors found that the key working recorded in the centre was at times more detailed than the placement plans and in some instances did not match the planning documents. The *monthly review forms* completed for two young people were different forms (despite this being a new system) and did not have the same headings. One placement plan that was reviewed by inspectors contained descriptors of the young person’s behaviours and it was difficult to understand the planning that was in place for him given the amount of information contained in the document. There were no key work goals against much of the information included in this plan. As noted above, a working group has been convened to review the integrated care planning system and it is important that this process is concluded quickly.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency did not meet the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

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

-Part III, Article 17, Records

Required Action

- The centre manager must discuss the use of the young person's voice section with staff to ensure this section of the daily logs is used effectively.
- The social workers for two young people must ensure that there are up-to-date care plans on file.
- The director of services must review placement planning in the centre to ensure its effectiveness.

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

This premises is a two story building in a rural area of county Dublin. Each of the young people had a room to themselves and there were a number of communal areas in the building to spend time with friends and family in private if required. There was garden space to the rear of the building and the appliances were domestic in nature.

During the last inspection, inspectors found that a number of issues required immediate attention and also found that the décor was not suited to that of a children's residential centre. For this inspection a walkthrough of the building and surrounding grounds was completed with the centre manager. It was observed that

significant work had been undertaken to rectify the issues and the décor was now warm and homely throughout. Appliances were domestic in nature and there was suitable light, heat and ventilation in the centre.

Maintenance and repairs

As noted above there were no evident issues with the premises and inspectors found the building to be in good repair. There was a new system for recording and tracking maintenance and there was confirmation of on-going work in the centre. There was also evidence of a weekly cleaning roster and the centre was clean and homely on the day of the inspection.

Fire Safety

Inspectors reviewed the fire safety log held for the premises and also completed a walk-through of the building with the centre manager. Inspectors found that fire drills had been completed monthly over the six months prior to the inspection. It was observed that on occasion young people were slow to participate in these drills and the centre manager had created risk assessments to address this. Daily weekly and monthly checks on the means of escape, the fire alarm system, automatic door releases, fire fighting apparatus and emergency lighting were all completed as required. However, the centre manager stated that the organisation was considering moving away from the recording and monitoring system in place for fire safety and inspectors would recommend that this system is maintained as it was proving effective.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

Safety

Inspectors noted that there was no evidence that the centre health and safety statement had been reviewed since 20165. The previous action plan for this centre noted that the operations manager would ensure that issues relating to maintenance and safety would be addressed through audits and visits to the centre. However, this is the third consecutive inspection where this issue has been raised. Further, it was observed that recommendations from the previous inspection on the creation of risk assessments and risk management plans to direct staff on actions in relation to hazards in the centre had not been implemented.

3.10.4 Regulation Based Requirements

The centre 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 13, Fire Precautions.

3.10.4 Regulation Based Requirements

The centre did not meet the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

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

Required Action

- The director of services must ensure that an up-to-date safety statement is in place in the centre.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The centre manager must ensure that team meetings have a set agenda, that actions / decisions are clearly recorded and that the records reflect discussions on the planning of care for young people.</p> <p>The operations manager must ensure that minutes for centre managers' meetings clearly record the actions agreed and persons responsible.</p> <p>The director of service must ensure a system exists for feedback and tracking actions following centre audits and that the audits focus on the quality of care</p>	<p>A team meeting minute taking template has been implemented across the service to ensure the planning of care for our young people is prioritised within our team meeting forum. Furthermore, it sets out the agenda of the meeting and clearly defines actions arising and persons responsible.</p> <p>Completed.</p> <p><i>Minutes for these meetings were received by Tusla Registration and Inspection Service</i></p> <p>Following inspection, the monthly managers' report has been revised to confirm that actions identified from the previous month have been completed.</p>	<p>Operations Manager (OM) will ensure the template is consistently implemented as part of her themed monthly review within the centres across the service. Director of Services (DOS) will be undertaking themed audits across the service to ensure a high quality of service</p> <p>OM will ensure minutes of managers' meetings are reviewed to ensure actions arising, decisions agreed and persons responsible are clearly defined. DOS will be undertaking themed audits across the service to ensure a high quality of service.</p> <p>DOS will be undertaking themed audits across the service to ensure a high quality of service.</p>

	<p>provided to young people.</p> <p>The director of service must ensure that the governance mechanisms in place are reviewed to ensure suitability.</p> <p>The centre manager must ensure that supervision records reflect discussions on the planning of care for young people and care practice.</p> <p>The operations manager must ensure that vetting in the centre is in line with the Department of Health Recruitment and Selection Circular, 1995.</p>	<p>Review is currently being undertaken</p> <p>Completed <i>Supervision template was received by Tusla Registration and Inspection Service</i></p> <p>An administrator has been appointed within the service and will assume responsibility for the vetting of new staff. On completion of the initial vetting the Centre Manager must validate the information obtained.</p>	<p>Review will be completed by 20/07/2018</p> <p>OM will ensure that all supervision records reflect planning of care for young people as part of the monthly themed review. DOS will be undertaking themed audits across the service to ensure a high quality of service</p> <p>Personnel files have been reviewed and an improved recording system has now been implemented. A revised reference request template has been introduced to ensure the organisation's vetting process meet the standards.</p> <p>OM will review the vetting of all new staff within the service as part of the centres monthly themed review.</p> <p>DOS will be undertaking themed audits across the service to ensure a high quality of service</p>
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<p>3.5</p>	<p>The centre manager should discuss the use of the young person’s voice section with staff to ensure this section of the daily logs is used effectively.</p> <p>The social workers for two young people should ensure that there are up-to-date care plans on file.</p> <p>The director of services must review placement planning in the centre to ensure its effectiveness.</p>	<p>Completed at team meeting.</p> <p><i>Minutes for these meetings were received by Tusla Registration and Inspection Service</i></p> <p><i>No response was received from the social work departments on this matter.</i></p> <p>A new placement planning system was introduced across the service whereby there is a greater emphasis now placed on the allocated social workers to engage within the placement planning processes more effectively in identifying areas that require the focus of work. The placement plan is reviewed every three months. This system will support the measuring of outcomes for young people placed in the care of the centre.</p>	<p>OM will ensure in her monthly themed review of the centre that the y/p’s voice section is used effectively. DOS will be undertaking themed audits across the service to ensure a high quality of service.</p> <p><i>No response was received from the social work departments on this matter.</i></p> <p>OM in her monthly themed review of the centre will focus on the quality of the information recorded. DOS will be undertaking themed audits across the service to ensure a high quality of service.</p>
<p>3.10</p>	<p>The director of services must ensure that an up-to-date safety statement is in place in the centre</p>	<p>The Health and Safety statement is currently under review.</p>	<p>Will be forwarded to Registration and Inspection on 16.07.2018</p>