



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 114

Year: 2018

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Terra Glen Respite Services Ltd.
Registered Capacity:	Four young people
Dates of Inspection:	15th and 16th January 2018
Registration Status:	Registered from 14th March 2016 to 14th March 2019 with no conditions attached
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	30th April 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 March 2016. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered without conditions from the 14th March 2016 to the 14th of March 2019.

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 relationship based, derived from Pro Social Modeling and Attachment Based theories.

The inspectors examined standards two 'management and staffing', four 'children's rights', six 'care of young people' and seven 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 15th and 16th of January 2018.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:

- a) Four out of eight (including relief) possible staff available to work in this centre

- b) The social workers with responsibility for young person/people residing in the centre.
 - ◆ An examination of the centre's files and recording process including relevant sections of both care files of the young people resident at the time of this inspection; centre registers; staff personnel and supervision records; hand over, team meeting and management meeting records.

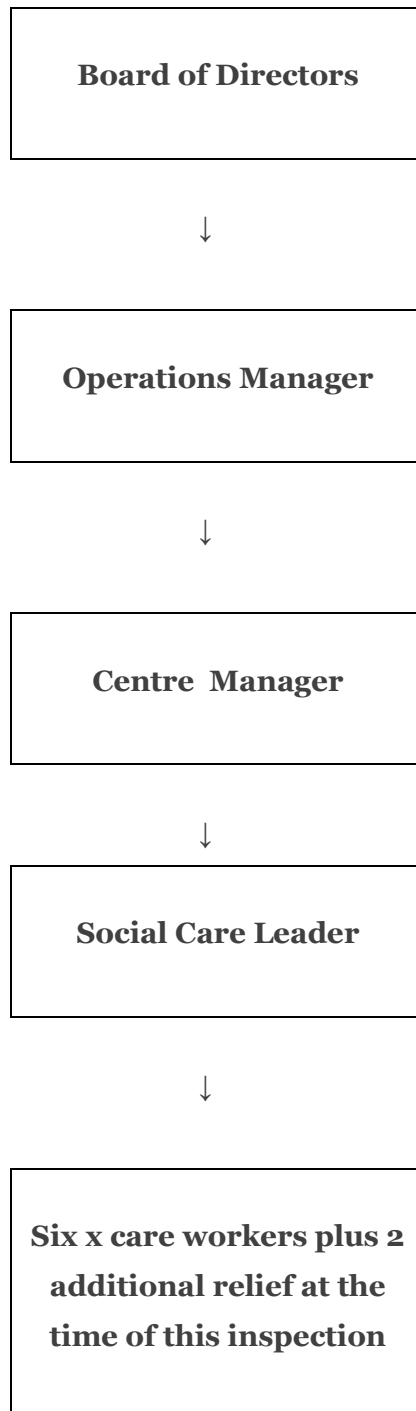
 - ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Three staff members, one of whom was the child care leader
 - c) One of the two young people residing in the centre

 - ◆ 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.

1.2 Organisational Structure



2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 14th of March 2016 to the 14th of March 2019. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 23rd of February 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 19th April 2018.

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: 114 without conditions from the 16th March 2016 to the 16th March 2019 pursuant to Part VIII, 1991 Child Care Act.

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

Training and development

The centre manager and social care leader share responsibility for oversight of the training needs of the staff team and schedule training as it is required. At the time of this inspection all of the staff team had a social care qualification and none were attending post-qualifying training. The majority of the staff team, with the exception of a very recently commenced employee, had completed training in first aid, child protection, fire safety and the use of physical intervention.

At the time of this inspection in January 2018 the staff team overall had a low level of experience in the field of residential care and inspectors recommend that the centre manager implement a needs-led programme of development for the staff team.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

Both social work teams for the young people placed in the centre at the time of the inspection were satisfied that they were being notified of all significant events in a prompt manner. Whilst the inspector with responsibility for oversight of these reports has not raised any issue with the speed of reporting, queries have been raised on several occasions about the quality and content of these with both the centre and senior management. Queries had also been raised about the management of incidents that arose and requests for supporting policy documentation from the centre manager. Inspectors did not find strong evidence of consistent practices of reviews of significant events and the implementation of learning from same.

Management

The centre manager had been in post only three months at the time of this inspection, having previously managed another centre within the organisation and also worked as a staff member in this centre. The manager has the relevant qualifications and experience for this role. They are supported in their role by a social care leader who had previously been the manager of this centre. The centre manager reports to an operations manager who in turn reports to the board of directors. Inspectors found evidence of attempts made by the newly appointed manager to put in place structures around certain practices including supervision, team meetings, key working and the rota. There was evidence also of the manager emphasising expectations of the staff team in the implementation of placement plans and goals for young people in particular, as well as efforts to put daily structures in place and behaviour support plans for the young people in the centre at this time. However inspectors identified a lack of oversight and clarity regarding some practices, including the physical intervention, complaints and allegations of a child protection nature as well as poor governing policies and the lack of policy guidance in areas like behaviour management. There are significant developments that must occur in these named areas as well as in the area of oversight and governance that must be attended to as a matter of priority.

Inspectors did not find sufficient evidence of effective oversight by senior management that was having a direct impact on the operation of the center. Senior management, in their response to an inspection of another service within the organisation, have identified a raft of measures aimed at implementing solid oversight and governance structures. Inspectors did not find evidence that these reported structures and practices had yet had any impact on the delivery of this service at the time of the inspection. These reported measures must be implemented without delay.

Register

The manager maintains a register of all young people that have lived in this centre since it commenced operations. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Inspectors noted that the register did not state in full the address to which two young people had been discharged. This detail must be included in the register.

Staffing

The manager confirmed that the staff compliment at the time of the inspection consisted of one child care leader and six social care staff. Inspectors were provided with information on five social care staff at the time of the inspection, four of whom were appointed to work in the centre during the nine months prior to this inspection in January 2018. All five of these social care workers had no experience of working in a children's residential centre prior to commencing their employment with this organisation. The manager was of the view that the current staffing levels were adequate though records reviewed in the centre demonstrated that there had been occasions where staff had worked back to back shifts and shifts additional to their weekly hours despite the centre having a relief panel of staff available. These were due to staff shortages and staff illness on occasions. The manager did acknowledge that should the number of residents increase then staffing numbers would need to increase also. Inspectors recommend that centre management review staffing arrangements and deployment prior to admitting any other young person to this centre. There is currently only one staff member that is qualified and experienced to child care leader level therefore the centre is unable to have a staff member of this level on each shift. The overall level of inexperience across the team at the time of the inspection presented the manager with a significant challenge in providing a balance of experience and inexperience across each shift. In an effort to counterbalance this, the child care leader works day shifts across the week and the manager stated that a significant part of their role is to mentor and guide the staff team. Centre management will need to focus significantly on developing the staff team skills and knowledge through a dedicated ongoing programme.

Inspectors reviewed the personnel files of those staff recruited since the last inspection of this centre in June 2016. The manager is not consistently involved in the recruitment and vetting processes but does have access to all personnel files for staff working in this centre.

Inspectors found that practice in this area was not consistent with expected requirements and in general the practice of vetting needs to be improved considerably. Qualifications were not consistently verified with the respective awarding bodies and some references did not clearly identify the name of the referee, the organisation and the length of time the employee had worked there. Inspectors also noted inconsistencies in the selection of references for candidates and the quality of reference verification. These matters must be addressed by senior management.

There is an induction process in place which is recorded and staff reported to be of benefit to them in their role.

Supervision and support

The centre had a written policy on supervision for staff which stated that it should take place on a 4-6 weekly basis however from a review of records these timeframes have not been adhered to consistently. The centre manager was responsible for the supervision of the staff team at the time of the inspection having taken over this role from the previous manager in October 2017. There was evidence within the records examined of a clear focus by the new manager on placement plans and goal-oriented work. This will need to be further developed to ensure an ongoing effective link between supervision and the implementation of individual placement plans. It was the manager's reported intention that specific key work supervision would commence and address this issue.

Records of team meetings reviewed evidenced that these were not convened on any consistent basis over the past year. The manager reported that it was their intention to convene these on a weekly basis going forward. This will need to be attended to in order to ensure that there is consistency amongst the staff team in the delivery of care to young people and also to provide regular opportunities for discussion and development as a team. This is a priority given the level of inexperience amongst the team at the time of this inspection.

The manager stated that post crisis debriefing is provided to staff members as required and that there are additional external support mechanisms available to staff where necessary.

Not all staff members had a copy of their contract on the personnel files examined by inspectors. Those contracts on file varied significantly in terms of the quality and accuracy of the detail within them and this matter must be attended to by senior management.

Administrative files

Inspectors found that the recording systems in the centre were well organised and there was evidence of the manager and operations manager having oversight of these. There was some evidence of management identifying deficits within recording systems, for example the operations manager had noted duplication in the

numbering system in place in one of the centre registers and the manager stated that corrective action would be taken to address this. However inspectors found other deficits in recording of significant event notifications and physical interventions and there was no evidence to support that these had been identified by either the centre manager or the operations manager. Inspectors are aware that senior management within the organisation intend to implement a range of tools and systems that are aimed at quality assuring practice on a regular basis. These systems will need to be meticulously deployed in order to adequately capture any deficits in recording and address these promptly.

The manager is cognisant of the need to maintain young people's records in perpetuity.

There are clear records relating to finance in the centre and these are overseen by the manager through a number of mechanisms on a frequent basis.

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 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.*

The centre has not 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 7, Staffing (Numbers, Experience and Qualifications).*

Required Action

- Centre manager must ensure through oversight of recording that significant event reporting is accurate and clear.

- Centre management must ensure that there is a clear system of review in place that demonstrates the implementation of any learning arising from reviews of significant events.
- Centre management must implement mechanisms to ensure that appropriate and suitable care practices and operational policies are in place in this centre.
- Centre management must ensure that there are systems in place to assess the quality and effectiveness of the services being provided, including outcomes for young people.
- Centre manager must ensure that all necessary detail is included in the centre register.
- Centre management must demonstrate how they intend to develop the staff team skills and knowledge through a dedicated ongoing programme.
- Centre management must ensure that vetting practices comply in full with the requirements of vetting legislation.
- Centre manager must ensure an ongoing effective link between supervision and the implementation of individual placement plans.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

None identified.

3.4.2 Practices that met the required standard in some respect only

Consultation

There was evidence contained within records of key working, individual work, young people's meetings and daily logs of efforts made by staff members and the centre manager to consult with young people on an individual and group basis. Social workers also confirmed that they consult with young people regarding their placement in this centre and their overall care plan.

Inspectors interviewed one young person resident at the time of this inspection and they confirmed that they had been provided with the opportunity to be involved in the decoration of their bedroom. They did however state in a number of ways that they felt they were not listened to by staff in the centre or their social worker, particularly with regard to their views on their placement in this centre. Inspectors shared this information with the centre manager and the allocated social worker, who were already aware of it, and have asked them to revisit this with the young person. Whilst there were welcome documents contained on both young people's files inspectors did not see evidence of staff going through all aspects of this document with the young people. Similarly placement plans did not clearly demonstrate that the young people were supported to actively contribute to the content of these plans.

Access to information

The centre has a written policy on young people's access to their own information. There had been a number of significant events approximately eight weeks prior to this inspection prompted by both young people requesting access to their records which resulted in displays of inappropriate aggressive and abusive behaviour by both young people towards staff. Following these the manager stated that a decision had been made and communicated to the young people that 24 hour notice would be

required for them to access their records in the centre. In addition the manager had communicated to the staff team that young people be offered the opportunity on a regular basis by staff to read their daily logs. Inspectors have reviewed the written policy submitted by centre management and recommend that this policy be reviewed and amended to include the 24 hour notice clause and to provide clear direction to staff in this area of practice.

Parents were provided with relevant information about the placement at the time of this inspection, a decision that had been made by the respective social work teams.

3.4.3 Practices that did not meet the required standard

Complaints

Inspectors found that written policy and practice with regard to complaints by young people in the centre was ambiguous – the policy stated “*Complaints are concerned with three aspects of the care task: Child Protection; Service provision and Staff conduct*”. This ambiguity may have contributed to the lack of clarity in the recording and reporting of separate matters pertaining to complaints and allegations of a child protection nature. Centre management must develop and implement a clear policy on complaints. This policy should provide clear guidance to staff in this area of practice.

There were five formal recorded complaints on file – four made by one of the young people resident at the time of this inspection and a fifth made by a family member of one of the residents. These corresponded to entries in the centre’s complaints register and pertained to aspects of service provision. However a sixth matter that had been originally notified as a complaint through the significant event notification (SEN) system was not accounted for in either the complaints section of young person’s file or on the complaints register at the centre. This matter was responded to by inspectors at the time who stated that due to the content and nature of the report it should be more appropriately recorded and reported as a child protection matter; there was no evidence of this change in categorisation on the SEN register in the centre. With regard to the five complaints recorded on file, inspectors found that some detail, including names of persons, was lacking and conclusions/outcomes/actions arising from the complaint was unclear or not specified. In one occasion the record noted that the complaint was not upheld and the manager confirmed inspectors view that the outcome of the complaint demonstrated that it had in fact been upheld however the opposite was reflected in the written record of this matter. Centre management must ensure that staff have a clear understanding of their role in relation to recording matters of complaint, and

management must subsequently understand and demonstrate their responsibility in this area of practice.

The young person that inspectors spoke with stated their reluctance to formalise any of the difficulties that they had expressed to inspectors stating that it was their opinion nothing would change as a result. This matter must be addressed by the staff team and the allocated social worker to ensure that the young person has a belief in the system.

At the time of this inspection, there was no identifiable evidenced system of centre management monitoring the incidence and outcomes of complaints. Centre management must implement a clear system of monitoring and oversight of all complaints arising in this centre.

3.4.4 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 II, Article 4, Consultation with Young People*.

Required Action

- The centre manager must demonstrate clear and consistent evidence of their consultation with young people and the inclusion of their views in the daily running of the centre.
- The centre manager must ensure that the revised policy and ongoing practice regarding access to information is consistently implemented.
- The centre and senior management must ensure that there is a clear complaints policy and practice implemented inclusive of recording and reporting systems.
- The centre manager, staff team and allocated social workers must undertake a piece of work that ensures trust by young people in the complaints system.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Absence without authority

The centre had a written policy regarding the management of absences by young people. Each young person had an individualised absence management plan on file. These had been devised at the time of each young person's admission in conjunction with the respective allocated social worker and had been reviewed at regular intervals throughout the placement. whilst there had been some absences from this centre the manager stated that it was not a regular feature.

Race, culture, religion, gender and disability

The manager and staff aim to provide young people in the centre with opportunities similar to those of their peers. The importance of family in their respective lives was acknowledged and reflected in practices at the centre with efforts made by the staff team to support and facilitate young people in their access and contact with family members.

The centre has a written policy on culture, disability and diversity.

3.6.2 Practices that met the required standard in some respect only

Individual care in group living

There was evidence across various centre records and gathered through staff interview and questionnaires of young people being cared for in this centre in a manner that took account of their individual needs. This individual attention to care was reflected in weekly plans and individual and key work records in particular. Young people are provided with frequent opportunities to participate in activities and

hobbies that are of individual interest to them. There was evidence that the staff team had provided opportunities to celebrate the Christmas period in ways similar to those experienced by the peers of the young people in the centre.

Inspectors noted particular attention has been given to the area of personal care and hygiene since the new manager commenced their role in this centre.

Inspectors did find that the staff team were mindful of the emotional life of young people however this care and attention was at the time of this inspection being provided in the absence of any consistent input from clinical specialists. The manager and social workers for the young people agreed that such input was required and a process was underway at the time of the onsite inspection to commence the provision of support and intervention by identified professionals. The manager will need to ensure that this input is understood and appropriately implemented by the care team.

Provision of food and cooking facilities

There was evidence that young people in the centre were consistently provided with adequate amounts of nutritious and healthy food options. Neither of the young people resident at the time of this inspection had a specific dietary requirement. Efforts are made by the staff team on a daily basis to engage in mealtimes together with young people and inspectors experienced this during this inspection.

A healthy balanced diet was an identified goal for both of the young people residing in the centre at the time of this inspection however for both their level of engagement with this was limited and the staff team will need to increase their focus and efforts in this area of care provision and perhaps with the addition of specialist input for one young person.

3.6.3 Practices that did not meet the required standard

Managing behaviour

The centre does not have one comprehensive written policy on behaviour management that brings together the various elements/approaches in the centre to this area of practice. The manager described a range of measures that are utilised to support young people and respond to inappropriate behaviours. Some but not all of these appeared to fit with the stated model of care although there was no direct relationship to this evidenced. These include naming expected behaviours, behaviour support plans (the acronym for which appears to vary in records), risk assessments, sanctions and the use of an identified behavioural intervention programme.

Inspectors found evidence of these various tools in writing on individual files however the realisation of certain aspects, for example behaviour support plans regarding routines, was less evident. Inspectors were informed from a number of sources that certain staff were more stringent than others in adhering to boundaries with young people regarding their behaviour.

Centre management must devise a robust policy that encapsulates all aspects of behaviour management interventions and tools used in this centre and can give all staff a clear guide in this area of practice.

Inspectors reviewed records in individual care files that named behaviours between the young people as bullying. One social worker also stated that it was their view that one young person was being bullied by the other; however this was not a view that was demonstrated consistently by the manager and staff during the inspection in interviews. The centre's policy which was intended to guide practice in this area was brief and inadequate. There was limited evidence of reference to a stay safe programme with one young person however a robust approach to addressing and resolving this issue was not evident. Centre management must devise a policy on bullying that promotes a safe and positive living environment and provides clear direction to all staff to respond to this issue.

The centre had a written list of permissible consequences however there was no comprehensive policy on the use of sanctions in the centre explaining the reasoning behind the use of same and the practice of implementing them as and when required. Inspectors did not find adequate evidence that the use of sanctions was entirely consistent with promoting the identified developmental needs of young people in the centre. There was inconsistent recording of the use of sanctions and limited evidence of monitoring of these by centre management. Centre management must ensure that a robust policy is devised and implemented regarding the use and monitoring of sanctions in this centre.

Restraint

The centre changed the method of physical restraint that they utilise in the second quarter of 2017. Inspectors were informed that all of the current staff team had trained in the new method however were unable to verify this as there were no certificates of completed training on file for some staff members. The manager stated that they were in the process of pursuing this at the time of this inspection in January 2018 despite the training having reportedly taken place in September 2017.

Information gathered by inspectors demonstrated a lack of clarity regarding the type of physical restraints that were to be used with each of the young people; inadequate and incomplete detail in the recording of physical interventions; a high number of interventions that were classified as ‘non-routine interventions’; there was an inconsistent correlation between individual records of physical interventions and the entries documented in the centre’s significant event notification register. There was no solid evidence that significant events involving the use of physical intervention were reviewed by an internal review group on a regular basis as per the centre’s own policy. Centre management must address the deficits in this area as a matter of priority.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- Social workers and centre management must take responsibility for their respective roles in ensuring the delivery and implementation of specialist input towards the care of young people in this placement.
- Centre manager must ensure that a consistent approach is implemented to address the dietary needs of young people.
- Centre management must devise and implement a robust policy that encapsulates all aspects of behaviour management interventions and tools used in this centre.
- Centre management must devise a policy on bullying that promotes a safe and positive living environment and provides clear direction to all staff to respond to this issue.
- Centre management must ensure that a robust policy is devised and implemented regarding the use and monitoring of sanctions in this centre.
- Centre management must ensure that all staff are appropriately trained in the use of physical restraint and can evidence this.
- Centre management must ensure that physical restraint is appropriately used in accordance with relevant training; is recorded accurately and its use is closely monitored.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

Safeguarding

The centre does have a written policy on safeguarding young people however inspectors found that in general this is an area of practice that requires development and improvement. It is noted earlier in the report that aspects of the recruitment process, including the seeking of references and the quality of these could be improved. It has also been identified throughout this report that ongoing training and development is required for the staff team and the supervision forum will also need to be strengthened in particular to ensure a thorough working knowledge of necessary safeguarding practices. Practices regarding complaints needs to be significantly improved so that young people feel they can be heard through this process. Centre management must ensure that there is consistency in staff practice when working with young people so that each young person knows what to expect in terms of a professional working relationship.

Young people do have access to the telephone however some contact is supervised. The use of the telephone appears to be an ongoing point of frustration for young people and should be explored further.

3.7.3 Practices that did not meet the required standard

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Inspectors found evidence amongst records and through interviews that a significant lack of clarity exists regarding knowledge of what constitutes an allegation and the procedure to be followed in the event of a young person making an allegation of a child protection nature. The information gathered by inspectors in the centre relating to reports pertaining to allegations did not definitively match that of the social workers. Not all records relating to child protection concerns had been concluded by the relevant social work teams. Some child protection matters had been incorrectly reported to the social work team leader of the allocated social work team. This appears to have been either a misunderstanding or miscommunication.

The centre does have a written policy regarding this practice area however the manager stated that it was under review at the time of the inspection to ensure that it was in accordance with revised Children First Guidelines.

The staff team have at various times completed the Children First training and more recently, all of the staff team had completed the new online version of this training. However, given the findings at the time of this inspection inspectors recommend that centre management source specific training for the staff and management teams in this area of practice to ensure that there is absolute clarity on the matter and to ensure that all staff and management are aware of their respective recording and reporting responsibilities and any ensuing action that must be taken, particularly where a young person makes an allegation against a staff member. Centre management must conduct a comprehensive review of all records and ensure that all matters of a child protection nature have been appropriately notified to social workers so that they can determine whether further action needs to be taken.

Required Action

- Centre management must ensure that all aspects of their safeguarding policy are consistently implemented.
- Centre management source specific training for the staff and management teams in the area of child protection.

- Centre management must conduct a comprehensive review of all records and ensure that all matters of a child protection nature have been appropriately notified to social workers.

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>Centre manager must ensure through oversight of recording that significant event reporting is accurate and clear.</p> <p>Centre management must ensure that there is a clear system of review in place that demonstrates the implementation of any learning arising from reviews of significant events.</p>	<p>Social Care Manager reads and signs off on all significant events as they occur. SCM records all events into the SEN Register SCM has completed training with the staff team at a team meeting on 17.11.17 to ensure that the significant event reporting is accurate and clear.</p> <p>SCM now brings SEN's to team meetings to ensure that staff's practice in the event of any incidents are reflected upon thus ensuring learning for the staff.</p>	<p>A new manager's monthly auditing tool has been introduced to the service in April 2018. Part of this audit requires the SCM to satisfy themselves that all SEN's are reported within the correct timeframes and meets the required standard. Operations Manager (OM)audits the managers monthly report on a monthly basis and through supervision with the manager discusses any issues that may arise. Furthermore, the OM has implemented a new system across the service whereby there is an OM oversight and governance log on site. When reviewing the centre's files', the OM will identify any issues, and this will be reflected in the new OM log. It will agree the action plan to be taken and who is responsible for same.</p> <p>The Social Care Management and the staff team will attend monthly SERG to discuss all SEN's that have occurred in the unit throughout the month. This review group is now going to be chaired by a clinical psychologist who will advise and support staff on recognising why behaviours are</p>

	<p>Centre management must implement mechanisms to ensure that appropriate and suitable care practices and operational policies are in place in this centre.</p> <p>Centre management must ensure that there are systems in place to assess the quality and effectiveness of the services being provided, including outcomes for young people.</p> <p>Centre manager must ensure that all necessary detail is included in the centre register.</p> <p>Centre management must demonstrate how they intend to develop the staff team skills and knowledge through a dedicated</p>	<p>SCM has reviewed all young people’s working documents and ensured all staff are familiar with same. The SCM sits in on all handovers ensuring that clear direction and consistency is given to the staff team. The SCM completes all supervisions with the staff team. In consultation with the SCM the CCL leader completes key working supervision with the designated key workers. The SCM holds fortnightly team meetings and staff’s attendance at these are compulsory.</p> <p>SCM oversees the individual person-centred monthly plan, monthly progress review to ensure that all identified monthly goals are being met.</p> <p>The SCM has taken responsibility for the register for young people living in the centre.</p> <p>The SCM has submitted a schedule of training for the staff team and the manager themselves that has been and is due to be completed. This training includes: New Systems Training</p>	<p>presenting and what interventions need implementation to effect positive change.</p> <p>The service has introduced a new recording system for the planning of young people in its care to ensure that the delivery of that care is focused and person-centred. The SCM as part of her oversight in completing her monthly audit report ensures that the work with the young people in her care is planned and is completed. OM audits the managers monthly report on a monthly basis and through supervision with the manager discusses any issues that may arise.</p> <p>A new system was introduced in January 2018 with a specific focus on the young person’s placement plan. Allocated SW’s are invited to a monthly planning meeting on the 30th of each month to identify the work to be completed for the coming month and review the work for the month previous thus ensuring the outcomes for young people are measurable.</p> <p>A new monthly manager’s audit tool was introduced in April 2018 and part of the information required includes the admission and discharges of young people from the centre.</p> <p>The monthly manager’s audit requires that all staff training is up to date.</p>
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	<p>ongoing programme.</p> <p>Centre management must ensure that vetting practices comply in full with the requirements of vetting legislation.</p>	<p>which will be reinforced at team meetings, supervision and key-working supervision. Report writing Skills; Basic First Aid; Manual Handling and Food Hygiene; Fire Safety Awareness Training and Management; Children Missing from Care (joint protocol between Garda Siochana and Tusla); DLP training; Child protection Training. In addition, the role of the keyworker to be addressed in key-working supervision; reviewed policies and procedures will be presented as per agenda at team meetings as will safe guarding and child protection policy.</p> <p>In addition the SCM is receiving managerial training a full schedule of which was provided to inspectors. Team building training to be complete in house.</p> <p>SCM to meet with clinical psychologist on 13th April to discuss model of care and delivery of same to SCW's across the service.</p> <p>The SCM will in future satisfy herself that the vetting practices comply with vetting legislation.</p>	<p>A new administrator has been appointed within the service and will assume responsibility for the vetting of new staff. The new administrator will take responsibility for Garda vetting, references validation of references, qualifications and validation for same.</p> <p>As part of the managers' audit report the recruitment of new SCW's is identified ensuring that all vetting is complete to the appropriate standard.</p>
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	<p>Centre manager must ensure an ongoing effective link between supervision and the implementation of individual placement plans.</p>	<p>Moving forward the SCM will complete supervision every 4-6 weeks for all SCW's. The Manager's audit forum reflects all key-working sessions complete to support the identified needs of the placement plan.</p> <p>Furthermore, the SCM and the CCL completes Key-working supervision with the designated keyworkers every two weeks. The outline of the placement plan for each y/p is then delivered to all SCW's on one to one supervision.</p>	<p>OM and external consultant drew up a supervision template that reflects the application of each y/p's placement plan. This would have been evident at the time of inspection in January 2018.</p> <p>As part of the manager's monthly audit all supervisions that took place for the month previous is to be recorded.</p> <p>OM audits the manager's monthly report and through supervision with the manager discusses any issues that may arise.</p>
<p>3.4</p>	<p>The centre manager must demonstrate clear and consistent evidence of their consultation with young people and the inclusion of their views in the daily running of the centre.</p> <p>The centre manager must ensure that the</p>	<p>Y/P are encouraged to actively engage in their monthly plan and review their progress for the previous month. This allows an opportunity for the young people to have their voices heard and allow their views to be included in the operation of the centre.</p> <p>Furthermore, SCW's will consult with the y/p to draw up their weekly plans allowing them to have input to what activities/programs they would like to engage in. In addition, SCW's hold weekly residents' meetings. The minutes of this meeting is presented at team meetings. Following the team meeting feedback is given to the young people. This reassures the young person that their views are listened too and responded to accordingly. This is evidenced the young person's meeting book.</p> <p>SCM addressed this policy on access to files</p>	<p>As part of the manager's monthly audit all residents' meetings and the decision reached have to be recorded.</p> <p>OM audits the managers monthly report on a monthly basis and through supervision with the manager discusses any issues that may arise.</p> <p>OM records any feedback with regards to the OM governance and oversight folder.</p> <p>A working group was put together to review the complaints policy which will be finalised on April 18th 2018 with a view to being rolled out on April 19th 2018</p> <p>The monthly manager's audit will ensure oversight by both the SCM and OM.</p>

	<p>revised policy and ongoing practice regarding access to information is consistently implemented.</p> <p>The centre and senior management must ensure that there is a clear complaints policy and practice implemented inclusive of recording and reporting systems.</p> <p>The centre manager, staff team and allocated social workers must undertake a piece of work that ensures trust by young people in the complaints system.</p>	<p>at the team meeting held. All SCW's are aware of same and are offering the opportunity for young people to read their files weekly when drawing up their weekly plan.</p> <p>The SCM will ensure that the process and outcome of complaints will be recorded appropriately and accurately.</p> <p>The SCM will ensure that the complaints policy will be readdressed with the young people at their next review monthly meeting to ensure that they understand the policy and reassure its purpose on 30.4.18.</p>	
3.6	<p>Social workers and centre management must take responsibility for their respective roles in ensuring the delivery and implementation of specialist input towards the care of young people in this placement.</p> <p>Centre manager must ensure that a consistent approach is implemented to address the dietary needs of young people.</p>	<p>The SCM has identified a clinical psychologist to work with one of the young people. A meeting is scheduled for April 13th to discuss the purpose of this work.</p> <p>The SCM has incorporated one young person's dietary needs and physical health into their placement plan. The SCM ensures that the weekly menu reflects a healthy balanced diet.</p>	<p>The monthly manager's audit will ensure oversight by both the SCM and OM. The SCM will also follow up with SW to ensure that this piece of work takes place.</p>

	<p>Centre management must devise and implement a robust policy that encapsulates all aspects of behaviour management interventions and tools used in this centre.</p> <p>Centre management must devise a policy on bullying that promotes a safe and positive living environment and provides clear direction to all staff to respond to this issue.</p> <p>Centre management must ensure that a robust policy is devised and implemented regarding the use and monitoring of sanctions in this centre.</p> <p>Centre management must ensure that all staff are appropriately trained in the use of physical restraint and can evidence this.</p> <p>Centre management must ensure that</p>	<p>The SCM will ensure staff's TCI training is kept up to date. The SCM has reviewed ICMP's and BSMP's and discussed at team meetings. The SCM is present for handovers to ensure the consistency in approach. All SEN's are also reviewed at team meetings to provide learning for the staff team. All staff attend supervision every 4-6 weeks.</p> <p>Terraglen is reviewing the current anti-bullying policy. This will be rolled out across the service on April 20th 2018. There is also an anti-bullying program being completed with both young people.</p> <p>The SCM has discussed effective and appropriate sanctions with the staff team.</p> <p>All staff have completed their TCI and this is evidenced in the personnel files with certificates obtained in TCI upon successful completion.</p> <p>SCM ensures that all staff are familiar with</p>	<p>A new positive behaviour management policy and procedure document has been created and forwarded to inspectors.</p> <p>Terraglen is reviewing the current anti-bullying policy. This will be rolled out across the service on April 20th 2018.</p> <p>A new positive behaviour management policy and procedure document is due to be implemented across the service. The use of sanctions will be in line with this policy. Once this is implemented SCM will complete training with the staff team. The monthly manager's audit will ensure oversight by both the SCM and OM.</p> <p>Through the monthly audit the OM will ensure that all certificates are placed on personnel files in a timely manner</p> <p>The Social Care Management and the staff</p>
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	<p>physical restraint is appropriately used in accordance with relevant training; is recorded accurately and its use is closely monitored.</p>	<p>the young people's ICMP and BSMP's. SCM reviews SEN's at team meetings to ensure that there is learning for the staff team. SCM reviews the ICMP's for the young people to ensure that all staff are aware of what restraints to implement if required.</p>	<p>team will attend monthly SERG to discuss all SEN's that have occurred in the unit throughout the month. This review group is now going to be chaired by a clinical psychologist who will advise and support staff on recognising why behaviours are presenting and what interventions need implementation to effect positive change. The monthly manager's audit will ensure oversight by both the SCM and OM.</p>
<p>3.7</p>	<p>Centre management must ensure that all aspects of their safeguarding policy are consistently implemented.</p> <p>Centre management source specific training for the staff and management teams in the area of child protection.</p> <p>Centre management must conduct a comprehensive review of all records and ensure that all matters of a child protection nature have been appropriately notified to social workers.</p>	<p>A new safeguarding and child protection policy has been introduced to the service as of the 9th March. It is expected that all staff will read and sign to confirm that they have read and understood.</p> <p>SCM is due to receive DLP training on 16th May as part of the management training and Child protection training for the staff team on May 21st.</p> <p>The SCM reviewed all records pertaining to a child protection nature and has ensured that the relevant Social workers have been notified.</p>	<p>The monthly manager's audit will ensure oversight by both the SCM and OM.</p> <p>The monthly managers audit will ensure that oversight by both the SCM and OM and SW's are notified in a consistent manner</p>