



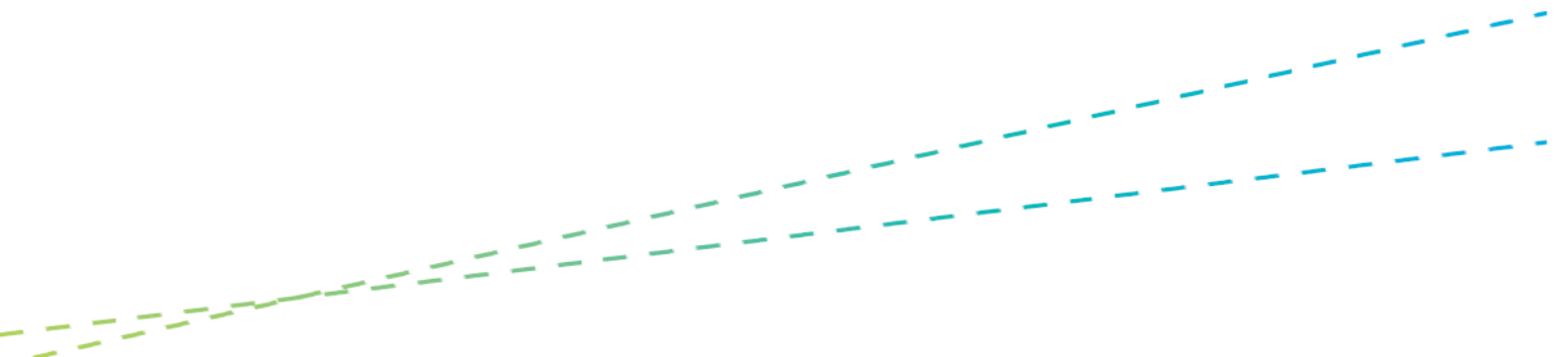
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 114

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	TerraGlen Residential Services
Registered Capacity:	Two young people
Dates of Inspection:	4th December 2018
Registration Status:	Registered from 14th March 2016 to 14th March 2019
Inspection Team:	Catherine Hanly Lorraine Egan
Date Report Issued:	16th January 2019

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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 three of the cycle. The centre was registered without attached conditions from the 14th March 2016 until the 14th March 2019.

The centres' purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as relationship based, informed by both pro social model and attachment theories.

The inspectors examined standards 1 'purpose and function', selected relevant aspects of 2 'management and staffing', standard 8 'education' and 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 4th of December 2018.

1.2 Methodology

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

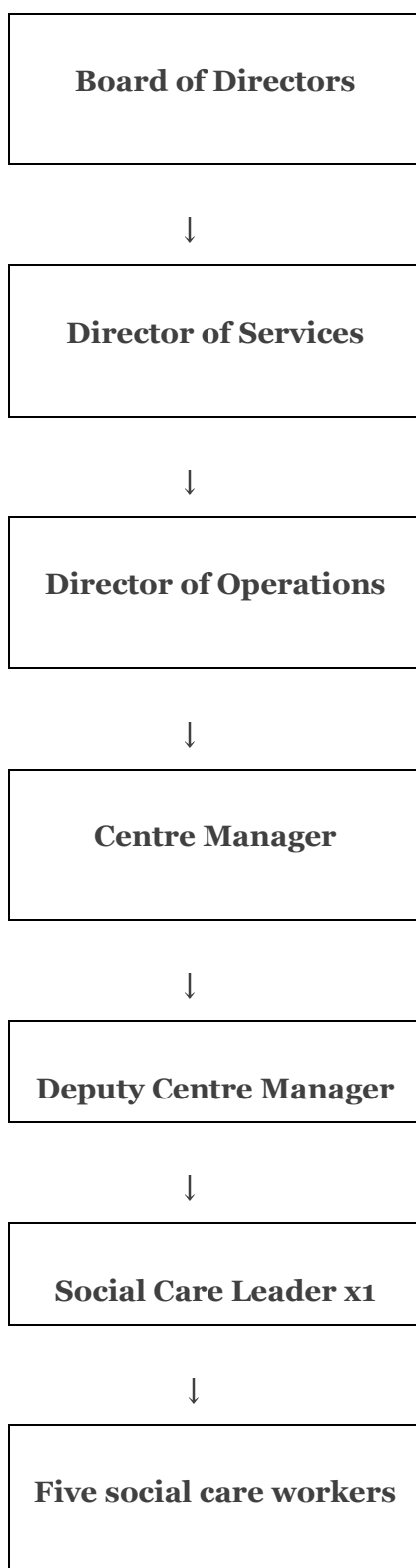
- ◆ An examination of relevant pre-inspection documentation completed by the manager.

- ◆ 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 centre's files and recording process including:
 - staff personnel and supervision files
 - team and management meeting records
 - governance/ audit reports
 - staff training and development records
 - current statutory care and centre placement plans for young people
 - key work and individual work records
 - all relevant health and safety and fire safety documentation
 - insurance documentation.
- ◆ 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) A social care worker
- ◆ 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

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 21st of December 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 15th January 2019.

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

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre had a written statement of purpose and function that was revised in July 2018. This document stated that the centre's purpose was to provide medium to long term care to two males aged between 12 and 18 years. The staff team worked from a relationship based model approach, informed by pro social modelling and attachment theories, with the young person at the core of their work. The statement listed the key policies that were in place and indicated that they were available upon request.

The statement was available to professionals and families. There was a young person's information booklet which was provided on admission. A separate information booklet had been developed since this inspection in early December 2018.

Inspectors found that the manager and staff member interviewed demonstrated a solid understanding of the centre's purpose and function and the stated model of care. Inspectors found from a review of records that the model of care was incorporated into and realised in practice with young people.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

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

Management

The centre manager had been in post over a year at the time of this inspection, having previously managed another centre within the organisation. The manager had the relevant qualifications and had several years of experience as a social care worker in residential care. The manager described their daily presence in the centre as contributing to the oversight of all aspects of the operation of this centre. They attended hand over, team meetings, and engaged with staff and young people formally and informally on a daily basis. There was evidence of the manager directing and guiding all practices in the centre and of having consistent oversight of all records generated therein. Inspectors found that the manager had played a central role in the realisation of most aspects of the centre's action plan submitted following the last inspection. This was evidenced through records of regular team meetings; oversight of the development and delivery of placement plans for young people; consistent supervision; and oversight of the key work tasks.

Significant changes had occurred within the external management structure since the inspectors were last in the centre. These included the appointment of a director of services and a new director of operations. Systems of oversight that had been implemented following the last inspection had been maintained throughout the year. These included monthly audits by the centre manager which were then verified by external management via onsite visits and review of records. The manager and external manager reported these to be beneficial however it was the intention of the director of operations to refine this audit process so that it is more effective and purposeful. The manager and external management satisfied themselves of the effectiveness of the service provided to the young people via the monthly review of placement plans and other related planning documents. Inspectors found a much more focused approach to the delivery of care towards young people since the last inspection in January 2018.

Inspectors did find that as a result of the changes, oversight by external management had improved significantly. This increased oversight, had contributed to a stabilisation in the delivery of care practice and in the implementation of supporting policies.

Supervision and support

The centres' policy on supervision stipulates that it should take place every four to six weeks and that this should be recorded. Inspectors found from a review of records that supervision was taking place at the intervals specified and there was clear evidence of a link between these sessions and the implementation of each young person's placement plan. There was evidence of significant focus on key working and ensuring that the responsibilities of key working were being delivered upon. Inspectors did note that the 'action' area of the supervision record was not consistently completed and recommend that the manager attend to this area more closely as in doing so, it will ensure greater accountability for the implementation of agreed actions by staff members responsible. It should also ensure that the placement plan goals remain 'live' and focused upon.

Staff meetings had been taking place regularly and inspectors noted from a review of records throughout 2018 that this forum assisted good communication and consistency of practice in particular. The need for a regular team meeting was highlighted in the previous inspection report and this matter has been satisfactorily addressed to a good standard. Daily shift hand overs takes place and this forum also supports the delivery of consistent care to young people.

There are additional support mechanisms, external to the centre, available to members of the staff team should they require it.

The manager confirmed that all staff members have a copy of their contract of employment on file.

Training and development

The centre manager provided inspectors with a copy of all training completed since the last inspection. Centre management had been asked to address the need for ongoing skill development and learning across the staff team at the time of the last inspection. In response to this, training completed in 2018 included, first aid, fire safety, designated liaison person, model of care, positive behaviour support, anti-bullying, administration of medication and behavioural intervention techniques. There was further training scheduled for December 2018. The manager and external

management must ensure that this system which supports the ongoing training and development of staff remains a consistent feature of practice.

3.2.2 Practices that met the required standard in some respect only

Staffing

The manager informed inspectors that the compliment of staff at the time of this inspection consisted of one child care leader who was out on sick leave for an extended period, an acting child care leader that had been appointed approximately four months prior to this inspection, seven full time staff and additional relief as required. Of the full time staff team at the time of the centres' most recent inspection in January 2018, there were three staff remaining at the time of this inspection. Exit interviews had been conducted and the manager reported various reasons for these departures.

One staff member is currently studying for a social care qualification; all remaining members of the staff team have a social care qualification. There was a mix of levels of experience across the team however overall, the level of experience was not sufficient to enable the manager to aim to have one person qualified to child care leader level on each shift. Centre management must ensure that staff retention practices and systems are in place that will enable the centre to meet this requirement.

A review of records including placement plans, key work and individual pieces of work demonstrated that the staff team had the ability to communicate well with young people.

Inspectors reviewed a sample of personnel files and found that vetting practice was in accordance with the requirements guiding same with the exception of verification of staff qualifications which was outstanding for two files reviewed. Management must ensure that all vetting is in full compliance with all relevant guidelines.

The centre has a comprehensive policy on induction which sets out the various aspects of the programme for all new staff. There is a checklist to be completed for each induction and the manager confirmed the dates on which the most recently recruited staff members completed their induction.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 5, Care Practices and Operational Policies
-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 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- Centre management must implement the necessary measures to achieve the requirements relating to the level of experience on the staff team.
- Centre management must ensure that all vetting practice complies with the relevant guidelines.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

The centre's purpose and function document, highlights an emphasis on young people's education. At the time of this inspection, both young people residing at the centre had an educational placement although both were experiencing difficulties with their respective attendance at these. Inspectors found evidence across many records, including placement plans, staff supervision records and team meeting minutes that education is valued by the team in this centre. There have been multiple and varied efforts documented throughout the past year by staff to support and encourage both young people to achieve their educational potential. Young people were facilitated to attend educational settings and were assisted by staff with any extra-curricular activities or homework. There were good supportive routines and structures in place for one young person to optimise their educational attendance.

Both young people have had various assessments which have informed the direction of and input to their education. The manager stated that the need for further assessments is a matter that is regularly considered and discussed with social workers.

Inspectors noted that the specific detail regarding the educational needs of both young people was significantly lacking in the formal care planning records on file. This does not support the manager and staff team in devising task-specific placement plan documents that in turn inform daily practice with young people. Inspectors found that although there was some evidence of progression of tasks identified in monthly placement plans, this was quite slow and indicative of a need to refocus in this area of work.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

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

Inspectors found that the centre was in good structural repair and was nicely decorated internally throughout. There was adequate space in the centre to facilitate private meetings or visits from friends and family members. Each young person had their own bedroom with en-suite and each were responsible for maintaining the cleanliness and tidiness of these. They had been involved in redecorating these at various points throughout their respective placements. The manager stated that in general there were good practices undertaken by young people with regard to maintaining a good standard of cleanliness in their bedrooms however one inspector observed that both bedrooms would benefit from a deep clean at the time of this inspection. Inspectors recommend that this matter remains under a regular system of review in a supportive way and in consultation with the young people.

Young people could lock their own bedrooms ensuring that any personal belongings were safely maintained within. They had recreational items within these also individual to their respective interests.

Inspectors found that the furnishings and facilities were sufficient for the number of young people living in the centre. The centre had been decorated for Christmas which contributed to a homely ambience. Inspectors suggested that some additional furnishings throughout may reduce a bare look in certain areas.

The centre had a zoned system for heating and this was quite evident as inspectors walked through the building where some zones had heating turned on for longer periods than others. The director of operations noted that an assessment of the insulation of the house may be of benefit as the house was reported to not hold the heat well downstairs and could be explored in the future. There were domestic cooking and laundry facilities in the kitchen area and young people were encouraged to participate in such tasks.

The centre manager provided inspectors with a copy of the insurance schedule for the premises which demonstrated adequate insurance cover had been undertaken. Centre management had also submitted the required paperwork at the time of the centre's most recent registration application which confirmed that the building is compliant with fire and building regulations.

Maintenance and repairs

Inspectors reviewed the centre records relating to maintenance and repairs and noted that there was prompt attention to and completion of matters raised.

The external management audit system and regular onsite visits by both the director of services and director of operations enables management to maintain oversight of the upkeep of the property and address any issues that they see arising.

Safety

Inspectors conducted a walkthrough of the premises as part of this inspection and utilised an audit tool to inform the state of the property and furnishings within. The centre itself has clear risk assessment and reporting systems in place which inform health and safety and fire safety matters in the centre. From a review of records examined as part of this inspection, these were found to be effective, with regular oversight by external management.

The manager confirmed that the safety of cars used by the centre is regularly overseen both by staff audits and formal services at garages. Recent roadworthiness tests had been completed and deficits identified had been promptly addressed.

Members of the staff team have completed first aid training and the manager confirmed that they ensure there is a member of staff on each shift with this training. A newly acquired and fitted secure medicine cabinet is located in a back room off the staff office.

Fire Safety

The centre has a comprehensive policy on fire safety that is inclusive of day to day fire prevention management, evacuation procedures and the use of fire fighting equipment. There is a designated smoking area to the rear of the property however centre staff and management will need to absolutely enforce this with young people at all times as one young person was observed by the inspector to smoke whilst standing inside with a door ajar.

Regular checks on and servicing of fire fighting and detection equipment are conducted onsite. The staff team have completed training in fire safety. Inspectors reviewed records of fire drills which are conducted regularly and with young people.

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

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.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Centre management must implement the necessary measures to achieve the requirements relating to the level of experience on the staff team.</p> <p>Centre management must ensure that all vetting practice complies with the relevant guidelines.</p>	<p>Since inspection in December 2018 the Child Care leader has decided to step down from their post. A Deputy manager has been appointed and is due to commence employment in Mid- January date to be confirmed. The appointed deputy holds 12yrs managerial experience.</p> <p>Furthermore, the SCW's hold a varied amount of experience ranging from one to eleven years.</p> <p>SCM will satisfy themselves that all vetting is in full compliance with all relevant guidelines.</p>	<p>SCM will complete the rota to ensure that there is a balance of experienced and less experienced SCW's on shift.</p> <p>A strategic plan has been implemented since May 2018 to improve staff retention. These include:</p> <ul style="list-style-type: none"> - HSF scheme. - Pension schemes. - Appraisal systems also in 2019. <p>SCM will assume responsibility for the validation of qualifications.</p> <p>As part of the management audit report the recruitment of new SCW's is identified ensuring all vetting is complete to an appropriate standard.</p> <p>Director of operations audits the monthly report and through supervision discusses any issues that arise.</p>