



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Terra Glen Residential Care Services Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	12th & 13th October 2022
Registration Status:	Registered from 14th March 2022 to 14th March 2025
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	21/11/2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 14th of March 2016. At the time of this inspection the centre was in their third registration and was in year one of the cycle. The centre was registered without attached conditions from the 14th of March 2022 to the 14th of March 2025.

The centre was registered as a dual occupancy service. It aimed to provide accommodation for two young people of both genders from age thirteen to seventeen on admission. Their model of care was described as a pro-social modelling approach implemented by staff through a relationship based and attachment theory informed framework. There was one child living in the centre at the time of the inspection. The single occupancy arrangement was subject to three monthly review.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 26th of October 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 2nd of November 2022. A further review of the CAPA was required with the updated CAPA received on the 8th of November 2022. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 114 without attached conditions from the 14th of March 2022 to the 14th of March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

The policies on the rights of young people, consultation with young people and complaints guided centre management and staff in ensuring that a child centred care and support approach was being implemented in the centre. The inspectors found that the centres approach to promoting the rights of the young person in placement aligned to policies listed and that their voice was captured. It was evident that the young person was being listened to, that they took part in decisions about their life and the running of the centre where appropriate. There were opportunities available for them to contribute to the daily living arrangements and decisions made in the centre such as weekly house meetings, daily and weekly plans, house and bedroom décor, menu planning and weekly shopping, placement plans and keyworking. There was good engagement by the young person overall with these. Through questionnaire the young person indicated that staff talked to them about their rights, that they had a say in making decisions and that staff helped them make important decisions. The social worker was satisfied with the approach adopted by the centre in ensuring that their voice was always heard and that it appeared as normal, everyday

practice in the centre. There was further evidence of the young people's voice being sought and heard at child in care reviews. If a young person chose to not attend, they were represented by the centre manager or staff member with information on decisions made provided to them afterwards.

There was evidence of a culture of openness and transparency that welcomed feedback, suggestions, and complaints. In the weeks prior to the inspection the organisation placed significant focus on improving the complaints system. Following a Tusla ACIMS inspection of a sister centre amendments were made to the format of the complaints register to ensure it was more transparent and from reviewing it one would have a good understanding of how a complaint was managed from when an initial complaint was made right through to resolution. A 'staff review complaint form' was also developed to accompany the procedures of those complaints made against staff. Internally, the director of operations had completed a workshop on complaints at a recent team meeting. In interview staff were able to describe the procedures to be followed upon a complaint being made.

The centres complaints register recorded both notifiable and non-notifiable complaints. Since the last ACIMS inspection in October 2021 several complaints had been entered into the register. For the current young person in placement most of the complaints had been concluded and of the ones to be resolved the centre manager was actively following these up with the relevant professionals. The inspectors reviewed a sample of notifiable and non-notifiable complaints and found that procedures for responding to complaints were being managed in line with centre policy. During the review the inspectors deemed that a particular non-notifiable complaint would have warranted the status of a significant conversation. However, as the detail related to similar comments the young person had made about a particular experience the centre deemed it as a non-notifiable complaint. The inspectors recommend that more careful consideration is given with respect to what constitutes a non-notifiable complaint. There was evidence of complaints being followed up and of the centre being responsive to the young person. There were good discussions on complaints that included types, numbers, status and learning from the both the process and outcomes across a sample of team meeting minutes reviewed by the inspectors. Staff in interview spoke of a specific example of a learning outcome following a recent complaint by the young person. Centre records verified the learning outcome and change in staff practice. The young person identified in their questionnaire a staff member they would seek if they were unhappy about something in the centre. They also stated they were happy with the way complaints had been managed. The social worker and guardian ad litem spoke

positively of the young person's knowledge of the complaints system, of their ability to utilise it appropriately and felt that it was working for them.

Information relating to complaints was detailed in the young person's booklet including contact numbers and addresses for Empowerment People in Care (EPIC), the Tusla complaints process 'Tell Us' along with the Ombudsman for Children. The parents' information booklet also contained information relating to complaints. EPIC had visited the young person in the centre and had established a good link with the support service. Complaints records were filed in the young person's care file in an organised and easy to access manner.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had several policies aimed at protecting and promoting the safety and welfare of young people in its care for example policies relating to safe practice and working alone, safeguarding and child protection, recruitment and selection, code of practice, cyber-bullying, and anti-bullying. The inspectors identified an issue with the centres child safeguarding statement (CSS) that required amendment to ensure compliance with legislation. The CSS, subject to yearly assessment, was last reviewed in March 2022. The centre failed to comply with the requirement under the Children First Act, 2015 whereby services must maintain a list of mandated persons which are the specific professions within the organisation that are recognised within the Act as mandated persons and hold statutory responsibilities. It was stated in the CSS that all staff, as employees of the organisation, except students, were considered mandated persons. The centre manager confirmed that the unqualified relief social care worker was also a mandated person. The registered provider must be cognisant of the fact that the legislation puts personal responsibility on individual professionals as identified under the Children First Act, 2015 to make appropriate reports. Additionally, the registered provider must be clear of what they are asking of

staff; that staff understand both their statutory responsibilities and those being placed on them by the organisation.

The centre had procedures for the reporting of child protection and welfare concerns. Part of this included that only mandated persons could securely submit child protection and welfare report forms through the Tusla online portal. The inspectors reaffirmed with centre management that non-mandated reporters can also submit reports through the portal and that not all reports submitted via the portal are mandated reports. Staff were up to date with child protection training and had completed the Tusla E-Learning module: Introduction to Children First, 2017. The centre manager, as the appointed designated liaison person (DLP) had been provided with relevant training. The deputy manager, who provided child protection training for the organisation was the deputy DLP. The inspectors found from their review of the centre's child protection and welfare register that child protection and welfare reports had been appropriately reported to Tusla through the online portal system and that the centre manager was proactive in following these up with the social worker and was aware of their status. The centre manager demonstrated good practice in overseeing the reporting system. It was evident that staff worked in partnership with the social work department and the multidisciplinary team that was established to support the care of the young person. This forum was found to provide good support to centre management and provided expert guidance in responding to the young person's ongoing safety needs. In interview staff were slow to demonstrate a good understanding of some safeguarding policies including the protected disclosures policy where staff confused part of it with the procedures for reporting concerns. Despite this, the inspectors did not evidence any safeguarding issues or deficits over the course of the inspection regarding staff practices in the centre. Rather, the centre managers and staff approach to safeguarding the young person was very robust with the young person being provided with effective safety, care and support and was progressing in their placement. The social worker in interview concurred with this finding too.

There were several individual safeguards in place for the young person for example individual crisis support plans, absence management plans, risk assessments, and behaviour support plans. Staff were actively supporting the young person in developing their self-care and protection skills in a planned, child led and considerate manner. The young person had developed good relationships with the staff team and reported through their questionnaire that they could talk to them if they felt unsafe or vulnerable.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must review and update the child safeguarding statement to ensure it complies fully with the Children First Act, 2015 and furnish a copy to ACIMS upon completion.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The centre demonstrated good practice in prioritising the health, well-being, and developmental needs of the young person in placement. There was evidence of sensitive and careful attention to maintaining a positive, safe and homely environment. The inspectors found that a holistic and therapeutic approach was taken to ensuring that their needs were being met in a considerate manner that included ongoing assessment and thorough review of their care approach. It was evident from the inspectors review of a sample of placement plans that the young person's physical and mental health needs were appropriately addressed, and that young person was involved in decisions about their health and well-being. There was evidence of collaborative working with the specialist support services in place that was being co-ordinated effectively by centre manager. The weekly held strategy meetings with the centre manager and director of operations, social worker, the guardian ad litem and medical and mental health professionals ensured that the physical and mental health needs were being met in an age appropriate and developmental way. The centre manager had developed positive working

relationships with the different professionals who were available to provide immediate and ongoing support to the young person and the centre in ensuring that effective care was being always provided to the young person. Staff in interview had a good and clear understanding of the young person's overall health needs and their role in implementing the various plans in place that targeted their mental health presentations.

The young persons care file contained relevant medical information from birth with care records overall being maintained to a good standard. The young person was registered with a local general practitioner, had a medical card and ongoing dental and other medical checks were occurring. At the time of the inspection the centre manager was liaising with the social worker in following up a referral with a medical consultant and a review speech and language assessment. The social worker and guardian ad litem stated in interview they had no issues regarding the young person's health and physical development and were very satisfied with the level of care being provided to the young person.

The centre had a medication policy that staff were familiar with. A date had been set for the two staff who were yet to complete medication management training. Medication records for the young person were being kept in line with procedure.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
3	The registered provider must review and update the child safeguarding statement to ensure it complies fully with the Children First Act, 2015 and furnish a copy to ACIMS upon completion.	On 8.11.22 SCM reviewed the child safeguarding safety statement and has included a list of all staff members that are mandated. SCM has submitted same to the CSSCU for review of compliance.	SCM will ensure that if there are any changes to the staffing in the centre, that this is reflected in the safeguarding safety statement. Once amended it is submitted to the CSSCU to review for compliance with the Children's First Act, 2015.
4	None identified.		