



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 121

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Terra Glen Residential Care Services
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	11th & 12th August 2021
Registration Status:	From the 21st of October 2019 to 21st October 2022
Inspection Team:	Cora Kelly Lisa Tobin
Date Report Issued:	21st October 2021

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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 Assurance 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 21st of October 2016. At the time of this inspection the centre was in their second registration and were in year two of the cycle. The centre was registered without attached conditions from 21st of October 2019 to the 21st of October 2022.

The centre was registered to accommodate three 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 were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including centre 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. This was a blended inspection carried out onsite through a review of documentation and a centre management interview. Telephone interviews with staff and social workers were conducted remotely.

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 7th of September 2021. 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 21st of September 2021. It was the inspectors' findings upon review of the CAPA that it was deemed not to be satisfactory. The inspectors requested a further review of the CAPA to be undertaken and documentation relating to staffing issues addressed in the report to be submitted to ACIMS. The final CAPA was received on the 1st of October 2021.

The findings of this report and assessment of the submitted CAPA deem the centre to be not continuing to operate in adherence with regulatory frameworks and standards in line with its registration. The centre will require time to implement in full the CAPA submitted and included in this report. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 121 with an attached condition pursuant to Part VIII, 1991 Child Care Act with the condition being:

‘There must be no further admissions of a young person under 18 to this centre until there is evidence of that the number, qualifications, experience, and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs’

The condition will be attached to the registration of the centre from 14th October 2021 and will be reviewed on or before the 28th of February 2022.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

There were two young people living in the centre at the time of the inspection. Up-to-date care plans were held on file for both young people. Statutory child in care reviews had been held in line with regulations and dates had been set for their next child in care reviews. For one young person, who had been living in the centre 13 months at the time of the inspection, the inspectors noted that the content contained within the care plan was limited with the action plan confined to three actions across the areas of health, family and to remain in their placement in the centre. The care plan did not plan for other areas relevant to meeting the young person's presenting needs. The centre manager had also noted the limited actions. Three different social workers had been allocated to the young person two of whom were allocated within a four-week time period before this inspection. In interview, the current social worker was of the opinion that they were allocated to the young person on a longer-term basis. The social worker had a good knowledge of the needs of the young person. They confirmed that with the support of their social work team leader they would advocate strongly for the specific needs for the young person at their next statutory review meeting which was scheduled for the end of August 2021. A guardian ad litem had been appointed to this young person to represent their interests at review meetings and care order hearings.

The second young person had been resident in the centre 16 months. Their current care plan was provided to the centre during the inspection process following their statutory child in care review meeting held in June 2021. The care plan was comprehensive, and action oriented with a good array of tasks for implementation by the centre in consultation with the young person's social worker.

There were up-to-date placement plans on file for both young people that covered a three-month period. They were reviewed and updated at monthly placement plan meetings attended by centre management and keyworking teams allocated to both young people. Progress reports were completed at the end of the three-month period

that were forwarded to the allocated social workers. The structure of the placement plans allowed for goal setting, detail regarding the centre's implementation strategy, staff assigned and timeframes for goals to be met and an outcomes section. Goals were set out across five areas: family, identity and social relationships, education, training and employment, health and medical, self-care or practical independent living skills, emotional and behavioural development. From the inspector's review of the young people's current placement plans they found that the goals and objectives set were based on their care plans, young people's own views and for the young person with a limited care plan by additional goals identified by centre management and staff. The inspectors identified that there was a lack of detail regarding staff being assigned to complete tasks, timeframes being set to complete the tasks and if tasks had been completed or not. There was also a lack of clinical input despite external clinical support being sought and available to centre management. The centre manager must strengthen the placement planning process to ensure that the supports and interventions required to achieve the identified goals and to track progress and outcomes are detailed.

Staff were clear of their roles as keyworkers in interview and were able to describe the key areas of work being completed with the young people as detailed in their placement plans. Placement plans were reviewed at team meetings. However, this was not occurring consistently as it was observed from the review of team meeting minutes that some meetings in 2021 were held monthly and not fortnightly which was not in compliance with centre policy. This was occurring at times of staff changes within the centre. There was no recorded evidence of placement plans being brought to supervision for discussion. The centre manager must ensure that team meetings are held in line with policy so that staff are consistently aware of the content of placement plans and additionally that they are brought to supervision.

It was found that young people attended their statutory child in care review meetings and were encouraged to participate in the development of their placement plans. They were also supported by keyworkers to identify their own goals to work on and achieve. It was found by the inspectors that contact with families of both young people was good, weekly updates allowed family to be involved and provided with opportunities to have an input into their child's care. There was a strong emphasis on family access and staff supporting the arrangements in place for the young people, their siblings and parents.

There was good evidence that young people were being supported and facilitated to access specialist external supports in consultation with social workers, these pieces of

work were followed up from care plans and placement plans. The centre manager advocated well for the needs of both young people. A guardian ad litem spoke positively of the efforts by the centre manager and staff in helping a young person with their identity, securing support groups and ongoing work with their family.

For one young person there was effective communication between centre management and the allocated social worker to ensure continuity of care. The social worker in interview was aware of the individual needs of a young person, of the work being completed in the centre and confirmed that the young person was progressing well in the centre since their admission. Centre records verified this. At the time of the inspection the centre manager was experiencing communication difficulties with the social worker for the other young person who, as mentioned above had experienced a few changes in social workers since their admission to the centre. As the social worker, who was allocated two weeks prior to the inspection had not been provided with an email address or mobile phone, the centre manager or young people were not able to make direct contact with the social worker. Contact was made through the main social work department which caused some delays in the social worker returning contact with the centre. The young person in interview with the inspectors also expressed their frustration with this. At the time of writing the draft report the social worker had been provided with an email address and was awaiting a mobile phone. Unless social work stability occurs any continuity of care that is statutorily required to be provided to them will be compromised. The inspectors recommend that should further social work issues arise for the young person in the near future that centre management escalate their concerns with the social work department.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must strengthen the placement planning process to ensure that the supports and interventions required to achieve the identified goals are named, that progress is tracked, and outcomes are detailed.
- The centre manager must ensure that team meetings are held in line with policy so that staff are consistently aware of the content of placement plans and additionally that they are discussed at supervision.

Regulation 5: Care Practice s and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There were clearly defined internal and external governance arrangements and structures in the centre. In interview the centre manager was clear on their role and responsibilities in providing clear, effective and safe care to the young people. They reported to the operations manager who was their line manager on a daily basis through telephone calls and emails. The operations manager provided the centre manager with regular supervision. In interview individual staff were clear on structures within the centre and organisation and of their roles and responsibilities.

An organisational led policy review group and the board of management in place for the organisation held responsibility for the development, review and updating of the centre's operational policies and procedures and ensuring compliance with the national standards and guidelines. The inspectors found that the centre manager, who was charged with overall responsibility for the running of the centre, was providing good leadership to the staff team. This was demonstrated through forums such as, team meetings, ongoing presence in the centre and oversight and review of centre documentation. The centre manager's efforts in developing a culture of learning was evident at these forums. Staff stated that they were provided with ongoing support and direction by centre management. A parent and a young person in interview reported that the manager was supportive and available to them. The internal management structure comprised of a manager, a deputy manager and three

social care leaders. The deputy manager acted up in the manager's absence. However, it was noted that a written delegation of tasks record was not in place.

The centre had a risk assessment and management policy. The inspectors observed practices relating to the identification, assessment and managing of risk. These practices were connected, and staff were able to describe them in practice. They included pre-admission risk assessments, impact risk assessments, general individual risk assessments, individual crisis management plans and absence management plans. Organisational and centre risk registers were in place with the centre's risk register reviewed monthly by the operations manager who was the designated person to contact in emergency cases. The inspectors identified from the review of the centre's risk register that high staff turnover had not been recorded and a suitable plan to manage the issue had not been developed. Senior management must review the centre risk register from the perspective of high staff turnover levels and devise a plan to curtail this and prevent it from reoccurring.

There was a service level agreement with the funding body Tusla with the tendering process on-going by Tusla. Six monthly reports were submitted to Tusla that provided compliance with relevant legislation and the relevant national standards.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior management must review the centre risk register from the perspective of high staff turnover levels and devise a plan to curtail this and prevent it from reoccurring.
- The centre manager must ensure that a written record is kept when tasks have been delegated and of any key decisions made.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The registered provider had internal and external mechanisms in place that looked at workforce planning. These included a dedicated section in the weekly governance reports, the staff rota, provision of ongoing professional supervision, training and the recently implemented exit interviews. A section on the senior management meeting template included training and recruitment where details on staff vacancies across all centres within the organisation were recorded. The inspectors found from the review of five senior management meeting minutes held in 2021 that social care worker and relief social care worker vacant positions for the centre were recorded for four of the meetings minutes.

Since the last inspection in November 2020 the inspectors found that a consistent staff team had not been in place in the centre in line with the centre's statement of purpose and the needs of the young people in placement. The effect of this was impacting on a continuity of care and staff stability being provided to the young people in placement. There had been a change in centre management since the last inspection in November 2020. The previous deputy manager was successful at interview and promoted to centre manager in November 2020 following that inspection. They worked in the centre Monday through to Friday, 9am until 5pm. However, due to staff deficits they were also completing sleepover shifts. The appropriately qualified and experienced deputy manager was appointed in January 2021. They worked a mix of office days; day shifts and sleepover shifts. Inclusive of the centre manager and deputy manager three social care leaders, who have remained in the centre since November 2020 completed the centre's internal management structures. Four full-time social care workers made up the rest of the staff team. One of these social care workers who was originally assigned to work in another one of the organisation's centres commenced duties in the centre the day previous to this inspection. Another staff member was on long term sick leave since 2020. This acting position was vacant at the time of the inspection. The inspectors were further advised that a social care worker position was also vacant. It was the inspectors finding that the centre was not operating with the requirements set out in

the Tusla ACIMS memo, February 2020 and article seven which relates to staffing, of the 1996 regulations. Over the course of the inspection, the inspectors became aware that both individuals that held centre management positions had handed in their resignation notice. The outcome for staff and young people resulting in ongoing staff instability and a continuity of care not being provided to the young people.

From the review of staff personnel files half of the staff team held the appropriate qualification with the remaining staff qualified in related qualification as laid out in the Tusla ACIMS memo, February 2020.

One consistent relief social care worker was available to support the staff team. The centre manager advised that another relief social care worker was onboarding at the time of the inspection with a vacancy still outstanding. It was found from the review of the staff rota that staff from other centres covered shifts in the centre meaning that the young people were not always familiar with some staff members. The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.

In the nine months since the last inspection a total of seven full-time staff and one relief social care worker ceased duties in the centre. Reasons for leaving were cited as challenging behaviours by young people, relocating closer to home, being contacted about staff rota when off duty, changes to staff rota, lack of a third staff member on shift, seeking employment in the disability sector, to complete further studies with one social care worker being appropriately dismissed by the organisation following an investigation into their practice. The operations manager had completed exit interviews with four of these staff and was in the process of scheduling a further two. Staff were complimentary about the support provided by centre management particularly during challenging times in the centre yet identified some of the difficulties as raised above. The inspectors observed from their review of a sample of weekly governance reports that low staff morale was regularly recorded. This was also stated by staff in interview with the inspectors. The issue of high staff turnover was addressed with the operations manager in interview and whilst attempts by the organisation to maintain staff stability in the centre was recognised namely the introduction of exit interviews and additional staff retention measures the inspectors have not identified any specific learning by the organisations that has led to positive change.

Deficits in safe recruitment were found from the review of a sample of staff personnel files. For the newest staff member their most recent reference was not secured by the

organisations HR department and their qualification had not been verified. At the time of writing this draft report the required reference had been received a copy of which was furnished to the Alternative Care Inspection and Monitoring Service (ACIMS). Other findings included the required number of references not being held on one staff's file and the inspectors being unable to determine the last employer for another. The operations manager had rectified these findings in the days following the inspection. Garda vetting was in line with the National Vetting Bureau (Children's and Vulnerable Person's Act 2012 – 2016) and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994 and with centre policy. Additional police vetting documents were also secured where required.

In line with policy a number of arrangements were in place that promoted staff retention. These included training, newly implemented pension and insurance benefits, employment assistance programmes and supervision. However, these were not proving effective as turnover remained high. There was a formal on-call system in place that included procedures for on-call support at evenings and weekends was in place. Staff in interview described correctly the system in place.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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	6.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre is operating with the requirements set out in the Tusla ACIMS memo, February 2020 and article seven, that relates to staffing, of the 1996 regulations.

- The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.
- The director of operations must ensure that safe recruitment procedures are always adhered to, and that the outstanding qualification verification is secured without delay.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must strengthen the placement planning process to ensure that the supports and interventions required to achieve the identified goals are named, that progress is tracked, and outcomes are detailed.	The centre manager will ensure that the monthly placement planning documents clearly outline the inventions / supports / strategies that will be implemented to support the young person in achieving their goals. The placement evaluation will continue to monitor the progress of the young person's goals as well as the soft and hard outcomes on a monthly basis.	The director of operations will review all placement plans and monthly reports during the monthly audits. They will ensure that the interventions are appropriate for the young person to achieve the goal and that there is clear evidence and recording of the placement evaluation and the hard and soft outcomes.
	The centre manager must ensure that team meetings are held in line with policy so that staff are consistently aware of the content of placement plans and additionally that they are discussed at supervision.	The centre manager will ensure that team meetings are held fortnightly, in line with the organisations policy. Placement goals will be reviewed at this forum and the progress of the goals, and the interventions outlined. Placement goals will be reviewed in staff supervisions in line with policy.	The director of operations will continue to attend team meetings monthly within the centre and will ensure that placement planning for all young people is reviewed in full. During monthly audits in the centre, they will review all supervisions for the previous month and ensure that the placement plans goals have been discussed with all employees during their supervision.

5	<p>Senior management must review the centre risk register from the perspective of high staff turnover levels and devise a plan to curtail this and prevent it from reoccurring.</p> <p>The centre manager must ensure that a written record is kept when tasks have been delegated and of any key decisions made.</p>	<p>Senior management have continued to review the staff turnover the in the centre as well as the exit interviews from employees who have left the centre. Senior management will continue to attend SERG and team meetings on a monthly basis and will review the retention strategies in place.</p> <p>The centre manager has devised a task delegation folder that includes all key tasks/delegations such as monthly keyworking roles and responsibilities, office audits etc.</p>	<p>Senior management will review organisational retention strategies in place in order to reduce the risk of staff turnover. We will endeavour to retain staff within the centre and continue to review retention strategies and staff incentives.</p> <p>The director of operations will oversee the delegation task record in the centre during the monthly house audits to ensure that the centre manager is appropriately delegating tasks to the staff team within the centre.</p>
6	<p>The registered provider must ensure that the centre is operating with the requirements set out in the Tusla ACIMS memo, February 2020 and the 1996 regulations.</p> <p>The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types</p>	<p>Centre management stated that staffing deficits had been rectified. However, inspector's findings did not evidence this.</p> <p>There is now three relief staff team members for the centre that have varying level of experience to support the staff team.</p>	<p>Senior management within the organisation continue to work in line with the Tusla ACIMS memo. The requirements will continue to be reviewed when employing new employees.</p> <p>Senior management will continue to work towards hiring relief staff members for the centre that have the appropriate level of experience in order to effectively support</p>

	<p>of leave.</p> <p>The director of operations must ensure that safe recruitment procedures are adhered to at all times and that the outstanding qualification verification is secured without delay.</p>	<p>Senior management will ensure that all recruitment procedures are adhered to. Both the centre manager and director of operations have followed up and received the qualification verification. A copy has been provided to ACIMS.</p>	<p>the staff team within the centre.</p> <p>Senior management will ensure that all employees have qualifications, required verifications and garda vetting on file. This will be reviewed on a monthly basis during the monthly house audits.</p>
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