



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

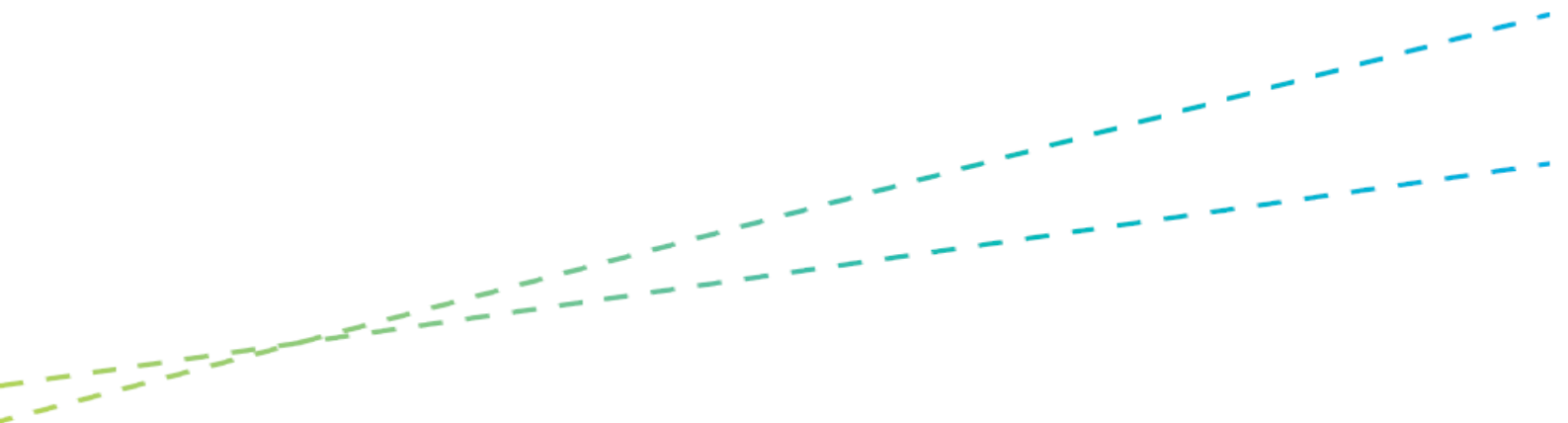
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 129

Year: 2018

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Terra Glen Respite Care Services
Registered Capacity:	Four young people
Dates of Inspection:	24th & 30th May 2018
Registration Status:	Registered without conditions from 16th August 2017 to 16th August 2020
Inspection Team:	Catherine Hanly Eileen Woods Sharon McLoughlin
Date Report Issued:	19th July 2018

Contents

1. Foreword	4
1.1 Centre Description	5
1.2 Methodology	5
1.3 Organisational Structure	7
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	9
3.5 Planning for Children and Young People	13
4. Action Plan	20

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 August 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without attached conditions from 17th August 2017.

The centres purpose and function was to accommodate four young people of both genders from age twelve to seventeen years on admission. Their approach to working with young people was described as relationship-based derived from pro-social modeling and attachment theories. There were two young people residing in the centre at the time of the inspection.

The inspectors examined all aspects of standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 24th and 30th of May 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) All six of the care staff
 - b) One young person residing in the centre.
 - c) The two social workers with responsibility for young people residing in the centre.
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- ◆ An examination of the centre's files and recording process including: young person's care files, staff personnel and supervision files, centre registers, team and management meeting minutes.

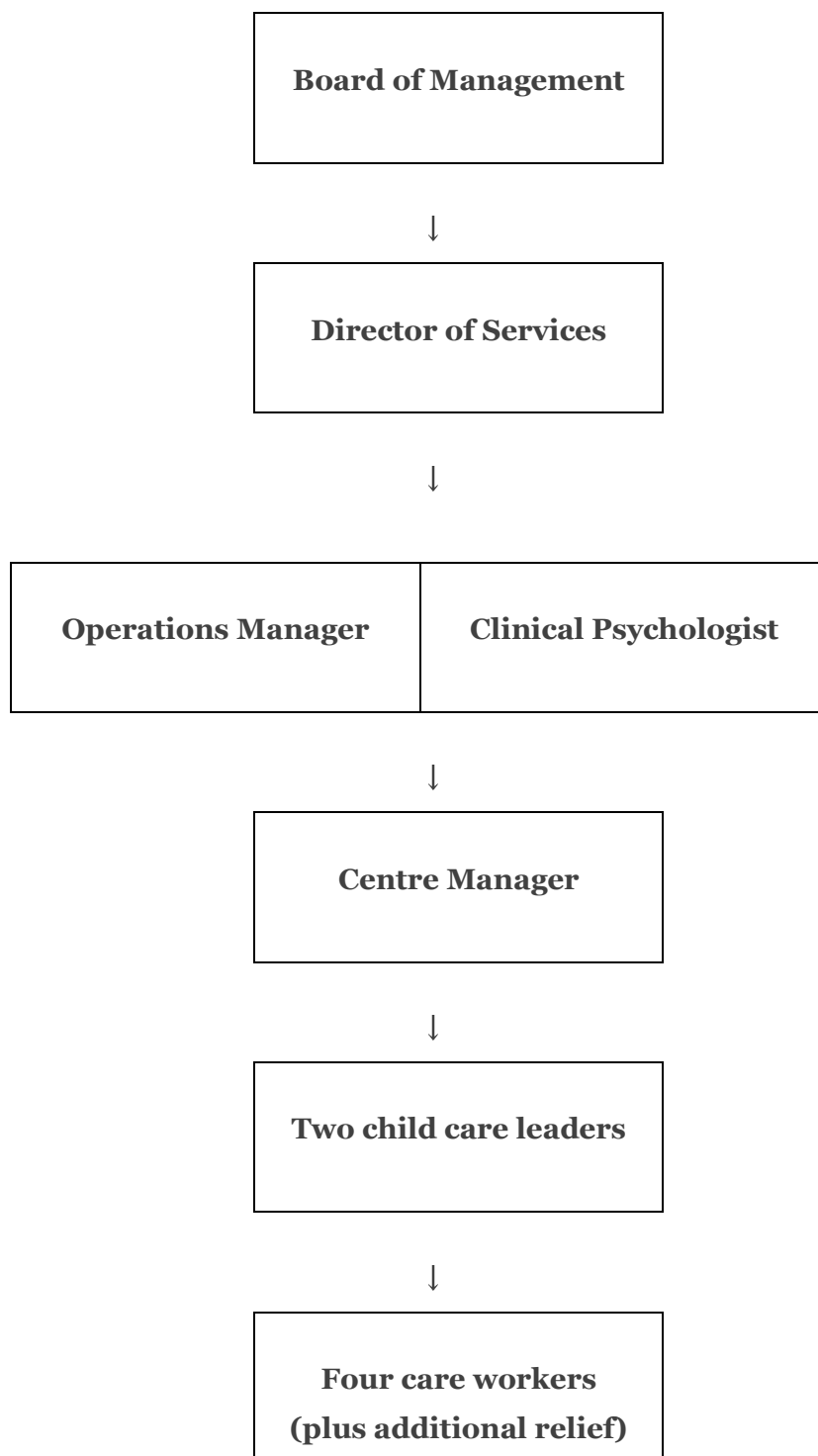
 - ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Two care staff
 - c) One young person

 - ◆ 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 27th June 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 11th July and the inspection service received evidence of the issues addressed. Furthermore, both social work departments responded indicating actions taken identified in the action plan on 18th July.

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: 129 without attached conditions from the 16th August 2017 to the 16th August 2020 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

Management

The centre was being managed by a person that was appropriately qualified in the area of social care. The manager had been in post approximately four months at the time of the inspection. The inspection service had been informed of the change of manager at the centre when it occurred. Inspectors found the centre manager to be well organised and demonstrated strong leadership to the staff team. They had robust mechanisms in place for assessing the quality and effectiveness of the service provided including placement plan monthly reviews, oversight of key working and regular liaison with supervising social work teams.

The external management structure and systems in place within the organisation have experienced significant change over a short period of time prior to this inspection. Inspectors found good evidence that newly introduced systems of oversight and governance were already established and having impact in this centre. The manager and operations manager had a range of systems including supervision of staff, presence in the centre, meeting with young people, good communication with external professionals, written, audits, and additional review mechanisms that enabled them to satisfy themselves that suitable and appropriate care practices and operational policies were in place at the time of this inspection.

Register

The centre manager maintained a register of all young people who live in this centre. This contained all the required information however the name of the centre had changed since the centre first was registered to commence operations and this name change and date of effect was not reflected in this register. This matter must be attended to.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a prompt notification system in place for reporting all significant events affecting young people residing there. Both social workers interviewed as part of this inspection process were satisfied with this system and the manner in which they received significant event notifications.

Supervision and support

The manager had primary responsibility for the supervision of the staff team with the exception of relief staff whom the child care leader provided supervision to. Based on a review of supervision records, inspectors noted that supervision was taking place regularly and there was a clear and effective link to the implementation of individual placement plans for young people.

Staff meetings are compulsory and take place regularly. These, along with daily staff hand over were found to facilitate good communication and consistency amongst the staff team, particularly in the area of the implementation of care and placement plans for the young people in the centre.

The staff team reported that their manager is available, offers consistent support and clear direction. There were support mechanisms in place for the staff team including supervision, access to the operations manager and access to counselling should this be required. Inspectors suggest that the manager could formalise this information and include it in the induction pack for all staff.

The manager stated that all staff had contracts of employment however these were being revised at the time of the onsite inspection and the new versions to be issued to all staff on completion.

Training and development

At the time of the inspection, the manager was maintaining oversight of the ongoing staff training and development via individual supervision sessions and team meetings. However the organisation had recruited a staff member with the assigned responsibility of maintaining centralised records of core training for all staff and it was stated that this person would alert managers and individual staff members when core training was due.

The manager acknowledged that there was some core training outstanding for a couple of staff members. According to the records reviewed by inspectors first aid was outstanding for two staff, fire safety training required for one staff, and retraining or refresher training in the model of physical intervention used in the centre. The manager must ensure that these matters are attended to.

Administrative files

Inspectors found that the recording systems in the centre were well organised and maintained in such a manner as to facilitate effective management and accountability. There was evidence of the centre manager monitoring the quality and content of all centre records, significant events and daily records.

The centre manager and organisation were aware of their responsibility to maintain relevant records relating to children in perpetuity.

The centre had clear financial management systems and records in place.

Inspectors did note that some of the centre's registers required attention. They contained the previous name of the centre, despite its change a number of months prior to this inspection. Also there had been some minor administrative errors in the entries to some registers and these matters must be rectified.

3.2.2 Practices that met the required standard in some respect only

Staffing

At the time of this inspection, the staffing compliment in the centre was two social care leaders and four social care staff which was adequate to fulfil the centre's purpose and function as it was operating with two young people resident at the time of the inspection. However the centre had a registered capacity to accommodate four young people. The centre manager will therefore need to keep the staffing compliment under review to ensure it is sufficient to meet the centre's purpose and function when it is operating at maximum occupancy. All of the core staff team, with one exception, had a social care or relevant equivalent qualification and the range of experience in residential care setting was mixed across the team with some having no prior experience. One relief staff member was enrolled on a social care qualification programme. The manager will need to be conscious of ensuring a balance of experience in as much as possible as the level of experience did not permit the manager to have a staff member qualified to child care leader level on each shift.

The manager had been involved in much of the recruitment process for the staff team in place at the time of the inspection and communicated to inspectors that they anticipated maintaining a role in the recruitment process going forward. The organisation had also recruited someone with responsibility for Human Resource matters. Inspectors noted that there were some gaps in the information contained within personnel files and these require attention. Not all files contained evidence of qualifications, not all references on file showed evidence of having been verified, and where references had been verified these lacked detail of same. Senior management did acknowledge that there were deficits in vetting practices which had been identified by them immediately prior to this inspection and intended to address them.

There was an induction process in place for all new staff, records of which were maintained, and staff members reported this as having been beneficial.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies*
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- Centre management must ensure that vetting deficits identified during this inspection are addressed and that, in future, all staff are appropriately vetted in full prior to the commencement of their employment.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

Both supervising social workers and the centre manager were satisfied that the placement was suitable for both of the young people placed in the centre at the time of the inspection and had the capacity to meet their respective needs. Inspectors found sufficient evidence documented in placement plans, monthly reviews and key working that demonstrated the centre's ability to meet the presenting needs. Having said this, one of the young people was continuing to place themselves at risk as they were absconding from the centre for increasing periods of time. This matter was being closely monitored by both centre management and the social work team.

The centre had a clear policy and procedures describing the process of referral and admission. Both young people resident at the time of this inspection had had the opportunity to visit the centre and meet with staff members prior to moving in. The centre manager stated that, in accordance with their policy, they aim to put a transition plan in place for all young people moving in and in the event that this is not possible, there is a policy that guides procedures in the event of an emergency admission. Impact risk assessments were conducted as part of the admission process which informed the need to protect young people from the potential of abuse from peers within the centre.

The centre manager stated that they were provided with sufficient background information on young people at referral stage. One staff member did highlight that information contained in referral documents pertaining to one young person was unsubstantiated and that the record should be corrected to reflect this. This matter was discussed with the relevant social work department who concurred that the information was unsubstantiated but nonetheless represented a risk that needed to

be highlighted. However the records should ensure accurate representation of all known information and the status of and basis for same.

Only one of the young people met with inspectors and also completed a questionnaire as part of the inspection process. In speaking with inspectors, this young person stated that they did not fully understand the reasons for their being in care and appeared unclear about timeframes of their placement in this centre and what to expect from it. Staff and the social worker for this young person stated that there had been several conversations with the young person about this matter. On the basis of inspectors' conversation inspectors requested that a tri-way meeting take place between the young person, care team and social worker to ensure clarity of information and the messages being communicated.

Contact with families

Family contact was being supported and encouraged by staff and management in the centre in accordance with the decisions of the young people's respective statutory care plan decisions. There was sufficient room at the centre to facilitate visit in private for young people with family members and relevant others. One young person who spoke with inspectors appeared to have a different interpretation of how family access could be facilitated onsite and inspectors asked staff members to revisit this matter with them to ensure they understood how and when this could happen. Parents are provided with the opportunity to receive regular information on the placement of their child from the centre however this has proven challenging from the centre's perspective as parents are not always contactable. Parents are also provided with the opportunity to attend care planning meetings or to have their views made known at the review forum.

One parent informed inspectors that overall they were happy with the care being provided to their child at the centre and stated that they were involved in ongoing decision making regarding their care. They did highlight a couple of areas of care practice which they were unclear of and the inspector brought this to the attention of the centre manager and social worker to address.

Emotional and specialist support

Inspectors found that the staff team and manager had a keen awareness of the emotional and psychological needs of the young people placed in the centre at the time of this inspection. There was evidence within key work, staff supervision and individual work records of this awareness and of staff responsiveness to and meeting

of these presenting needs. Staff and the centre manager had established positive working relationships with both young people and cited their pro-social model approach as being central to this.

At the time of the inspection, neither of the young people was accessing specialist supports or assessment services external to the centre. Both centre management and social work teams were cognisant of the need to keep this under review in the interests of both young people and their respective emerging needs.

Preparation for leaving care

The manager and staff in the centre were supporting the young people with life skills acquisition in a natural way commensurate with their respective age and ability at the time of this inspection. Neither young person had reached the age of eighteen at the time of this inspection of the centre however the manager indicated that, for the young person approaching the age of sixteen, the matter of formal preparation for leaving care would be raised in their upcoming statutory care review.

Previous residents of the centre had been supported and prepared for leaving care in a manner that reflected their individual abilities and understanding.

Discharges

There had been two young people discharged from this centre since it first commenced operations. Both discharges were planned, in that both were over the age of eighteen and thus were due to move on from a children's residential centre. There had been ongoing liaison between the centre and the respective social work teams regarding the discharge of both young people. Appropriate information had been shared by the centre with the services to which these young people had moved onto.

Aftercare

The National Aftercare Policy for Alternative Care was launched in 2017 and applies to all young people that fit the criteria wishing to access formal aftercare service. This aspect of care provision was not relevant to either of the young people at the time of this inspection.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Inspectors found that neither young person had their most recent and up to date statutory care plan on file at the centre at the time of the inspection. Nor were the minutes of the most recent statutory reviews on file at the centre although the centre's own comprehensive records of these meetings were on each care file. Whilst the plans on file at the centre did include an assessment of the needs of each young person across the various domains, they were not relevant to the current placement and thus did not identify how these needs would be met within the existing placement. Whilst statutory care reviews had been convened within the required timeframes following the admission of each young person to the centre, the process for reviewing and issuing the statutory care plan via the Reviewing Officer in each of the social work areas had led to delays in the centre receiving the updated statutory care plan and associated minutes.

Inspectors noted some errors on one statutory care plan on file at the centre, including incorrect dates relating to care orders/status and incorrect references to previous placements. These errors were brought to the attention of the relevant social worker by the inspector during interview and the social worker stated that they would review the document and amend where necessary.

Following the onsite inspection, both social workers confirmed that updated statutory care plans had been forwarded to the centre to be placed on the file there. Inspectors noted the errors identified above were corrected in the updated statutory care plan.

There was evidence in the centre records that young people and their parents were invited and encouraged to attend the statutory care reviews and young people were helped to put forward their views if they decided not to attend.

Supervision and visiting of young people

Both social workers confirmed that they had visited their respective young people in this centre. The visits by one social worker to the young person in the centre were in accordance with the timeframes and intervals specified in the Child Care Regulations. The visits by the other social worker to the centre were not, however this was complicated by the fact that the young person was frequently absent from the centre thus posing a challenge to the social worker in terms of visiting them onsite. They did however have very frequent contact with the young person whilst facilitating family

access and maintained good communication with the centre. Following the inspection, the young person's behaviour settled significantly and the social worker was able to undertake more regular onsite visits.

Only one social worker had reviewed records at the centre and the second social work team were advised of their responsibility to do this as outlined in the national standards. In response to the findings detailed here, the social worker that had not previously reviewed records at the centre had taken the opportunity to do this and committed to this practice going forward.

Clear records of visits to the young people by their supervising social worker are maintained at the centre. These records include the detail of the purpose and outcome of the visit including any action agreed as a result.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Inspectors found that both social workers for each of the young people residing in the centre at the time of this inspection were for the most part fulfilling their statutory obligations and responsibilities for the young people. Both stated that they were satisfied with the care being provided to the young person in the centre.

Social workers had provided the centre with sufficient background information on the young person; statutory care plan reviews were being convened in accordance with the required timeframes and young people were being invited to these; social workers were aware of all significant events occurring at the centre pertaining to their young person; and they maintained a case file which included records of their visits. Some aspects of social work practice that required attention at the time of the onsite inspection included: ensuring up to date statutory care plans are on file at the centre in a timely manner; regular visits to the young person at the centre; and reviewing records at the centre. Both social work departments confirmed that all these matters had been satisfactorily addressed following the issuing of the draft inspection report.

Children's case and care records

Both social workers for each of the young people placed in this centre at the time of the inspection confirmed that they maintain a case file which contains all relevant documentation pertaining to the young person's care history.

Records in the centre were maintained to a high standard in a manner that assisted effective care planning and were monitored regularly by the centre manager. The records evidenced that young people's views were sought and documented regularly. The centre manager was aware of the need to maintain files in perpetuity.

Inspectors were unable to locate a copy of birth certificate and care order on one of the files reviewed at the centre, the second file did contain this required documentation. The centre manager must ensure that these records are obtained and stored appropriately in the care file. In response to the draft inspection report, the social work department confirmed that copies of these documents had been forwarded to the centre to be placed on the file.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency had met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- Supervising social workers must ensure that up to date, factually accurate statutory care plans are forwarded to the centre in a timely fashion.

- Social workers must ensure that they conduct regular visits to the centre in order to meet with the young person and review the care records there.
- The centre manager must ensure that all relevant documents such as care orders/parental consent and birth certificates are placed in the appropriate location on each young person's file at the centre.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Centre management must ensure that vetting deficits identified during this inspection are addressed and that, in future, all staff are appropriately vetted in full prior to the commencement of their employment.	Completed.	A HR person has been appointed to take responsibility for efficient vetting of all staff.
3.5	<p>Supervising social workers must ensure that up to date, factually accurate statutory care plans are forwarded to the centre in a timely fashion.</p> <p>Social workers must ensure that they conduct regular visits to the centre in order to meet with the young person and review the care records there.</p> <p>The centre manager must ensure that all</p>	<p>Both social work teams stated that updated statutory care plans were subsequently forwarded to the centre.</p> <p>Both social work teams confirmed that these matters had been addressed subsequent to the onsite inspection.</p> <p>A social work team confirmed that the</p>	<p>A principal social worker stated that implementation problems with the use of the NCCIS system which had impacted on this matter have since been resolved and there should not be delays going forward.</p> <p>A workshop has been completed with all staff</p>

	<p>relevant documents such as care orders/parental consent and birth certificates are placed in the appropriate location on each young person's file at the centre.</p>	<p>relevant documents absent from the care file were subsequently forwarded to the centre.</p>	<p>members detailing the layout of young people's files and the necessary information that should be on each file.</p>
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