



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 129

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	TerraGlen Residential Care Services
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	28th and 29th September 2022
Registration Status:	Registered from 16th August 2020 to 16th August 2023
Inspection Team:	Cora Kelly Sharon McLoughlin
Date Report Issued:	09/11/2022

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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 16th of August 2017. At the time of this inspection the centre was in its second cycle of registration and was in year two of the cycle. The centre was registered without attached conditions from the 16th of August 2020 to the 16th of August 2023.

The centre was registered as a dual occupancy service. It aimed to provide care for two young people aged thirteen to eighteen years on a medium to long term basis. The model of care was described as relationship based adapted from pro-social modelling and attachment theory. 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	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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.

2. 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 12th 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 18th of October 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: 129 without attached conditions from the 16th of August 2020 to the 16th of August 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspectors observed the centre as warm, homely and had a positive child friendly environment. The centre was a detached bungalow located in a rural location. It was in good structural condition and was adequately lit, heated, and ventilated. Its layout was suitable in providing safe and effective care for the two young people residing there. It comprised of a nicely decorated entrance hall, a good, fitted kitchen/ dining room, a utility room and back toilet, a large sitting room, a main bathroom, two bedrooms and an office with a further bedroom and office/ bedroom upstairs. New furniture had been purchased for the sitting room which lended itself to being a relaxed and restful room. Overall, there were good facilities for rest and recreation for dual occupancy placements. The centre was observed as clean with a daily cleaning rota in place that covered all areas of the house. The young people had their own ensuite bedrooms. One young person told the inspectors they liked their room, could decorate it to their liking and that they felt safe there and, in the house, overall. A parent and social workers stated in interview that house was modern, comfortable, and presented well.

The front and garden areas were spacious, safe and well maintained. The centre manager informed the inspectors that a plan was in place to purchase outdoor equipment based on the two young people's interests and hobbies both who had recently moved to the centre. A young person told the inspectors that many options were available to them for indoor recreation. The local area offered a range of activities, and the young people were supported and facilitated to engage in local activities and clubs.

A maintenance person had recently been assigned to oversee the maintenance needs of the centre. The inspectors found that the maintenance system was working effectively in ensuring that young people were kept safe.

There was written confirmation that the centre was compliant with the requirements of fire safety legislation and building regulations. Fire precautions, including fire and smoke alarms and carbon monoxide detectors were in place and fire records that were secured in a fireproof cabinet, were being maintained appropriately.

Firefighting equipment was regularly maintained in line with requirements. The inspectors found that fire safety drills were conducted when young people moved to the centre and when new staff joined the team. A fire safety drill had occurred during the hours of darkness. Individual fire escape plans for both young people were in place. Except for three staff members the team had been provided with training in fire safety and firefighting equipment. A date had been set for three staff members to do their fire safety training in October 2022.

The centre had a site specific and up-to-date safety statement in place. A nominated staff member carried out monthly audits of the premises and health and safety issues with the centre manager having full responsibility for all areas of health and safety. The staff team had been provided with emergency first aid training. However, under health and safety legislation an appropriate number of staff are required to be provided with First Aid Responder (FAR) training which has replaced occupational first aid. The training officer submitted a plan following the onsite inspection for FAR training to be completed with the manager, deputy manager, and all social care leaders. First aid boxes were in the staff office and in the centre vehicles. Procedures for accident reporting and management were included in the safety statement. The centre did not comply with its own policy in having an accident book for the reporting and management of accidents. Since the onsite aspect of the inspection the director of operations had provided the centre with an accident and injury book. A review of the health and safety folder found there were no incident reports filed under 'staff accident reports' or 'accident injury report form' that was part of the young people's care files. The centre manager confirmed that no accidents had occurred.

The centre vehicles were driven by staff who were legally licenced to drive the vehicles and evidence of tax, appropriate insurance and regular servicing was provided during the inspection. Daily car checks were undertaken by staff.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 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 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that an appropriate number of the staff team are provided with First Aid Responder (FAR) training.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The inspectors found that the centre's approach to promoting positive behaviour was ensuring that young people were experiencing consistency, structure, and positive reinforcement. Policies that guided staff practice in this included positive behaviour support, model of care, restorative and natural consequences, anti-bullying and restrictive practices. These were based on international human rights instruments, legislation, regulations, and national policy. The centre's model of care was embedded in daily staff practice with the young people and was developed to each young person's needs. In interview staff stated that building relationships with the young people and helping them understanding their behaviour and their personal experiences helped establish routines, and boundaries that promoted positive behaviour. Staff clearly demonstrated the ways in which positive behaviour was promoted in line with the young people's individual crisis support plans (ICSP's), behaviour support management plans (BSMP's) and risk assessments and gave good examples in demonstrating their knowledge and understanding of same. There was evidence that social workers were provided with ICSP's and in interview they were satisfied with the contents of them, and that staff were good at identifying triggers in behaviour and responding to same.

It was the inspectors' findings from interviews and the file review that staff took a positive approach to managing challenging behaviour as per centre policy and model of care. The centre was proactive and consistent in their management of challenging behaviour, from preadmission stage to the ongoing daily approach by staff. Comprehensive referral information that was received to the centre for both young people was used to develop initial behaviour management tools with others developed when new behaviours were presented. The centre manager had access to a clinical psychotherapist who guided the staff team in understanding complex behaviours and recommended strategies regarding each young person.

Mandatory behaviour management training for the staff team was being appropriately maintained with additional training being sourced, based on the needs of the young people in placement.

Through auditing, monitoring, and presence in the centre the director of operations and director of quality assurance maintained good oversight of the provision of positive behaviour support and the management of challenging behaviour. In line with policy centre practices were adhering to restrictive practice procedures with risk assessments that were filed in care files, were regularly monitored, and reviewed.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
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.

Regulation 10: Health Care**Regulation 12: Provision of Food and Cooking Facilities****Theme 4: Health, Wellbeing and Development****Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

Overall, the inspectors found that there was a strong focus by centre management and staff in promoting the young people's educational needs. This was in collaboration with the young people themselves, parents, social work departments and educational welfare officers. Both young people who had moved to the centre at the start of the current academic year did not have school placements. At the time of the inspection, a school placement had been secured for one young person and centre staff were preparing for their return to school. From previous experiences the centre had developed good relationships with the school and arrangements were in place for weekly contact to be maintained between the school and centre. For the second young person school placements were actively being explored to ensure that the best placement was secured for them based on their individual needs and future plans. At the time of writing the draft report two options were available for the young person. Comprehensive education related records were held on file for both young people. This included previous school reports, contact records and individual work records that supported education plans.

For the month of September staff had provided the young people with opportunities to maximise their strengths and abilities. This included educational outings to local historical areas and the purchasing of academic books. In interview, a parent was satisfied with the centre's efforts in this regard with a social worker satisfied that the centre had placed a strong focus on establishing routines in the centre that supported a return to education. Staff in interview were clear of the routines to support education that included house rules being adhered to during school hours. To support homework and study the young people had been provided with desks in their bedrooms. The young people in placement at the time of the inspection did not require additional educational assessments. However, this was being explored at the time of the inspection for one of the young people. Centre management were committed to ensuring that any additional resources that may be required for both young people to do well in school would be secured.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
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
2	The registered provider must ensure that an appropriate number of the staff team are provided with First Aid Responder (FAR) training.	Centre management (SCM, DM and 3 SCLs) across all centres will be provided with the three-day FAR Training. This will allow for one employee on each shift to be fully trained in FAR. The first course is scheduled for November 23 rd – 25 th '22, with the second course the 5 th – 7 th December. All other employees within the centre will have the 1 day first aid training and a risk assessment will be on file to support this along with the 5 members of management being trained in FAR.	The directors will ensure that all members of management within the centres have trained in FAR and that there are appropriate risk assessments completed for those employees who are not FAR trained.
3	None identified.		
4	None identified.		