



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 161

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Terra Glen Residential Care Services Ltd
Registered Capacity:	Two young people
Type of Inspection:	Remote Inspection
Date of inspection:	17th and 18th August 2020
Registration Status:	Registered from 26th September 2019 to 26th September 2022
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	28th September 2020

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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 26th September 2019. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 26th September 2019 to the 26th September 2022.

The centre was registered to provide medium to long term care for up to two children aged between 13 and 17 years of age. Their model of care was described as relationship-based and was modified from pro social modelling and attachment theories. There was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 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. Due to the emergence of Covid-19, this review inspection was carried out remotely. This inspection was conducted through a review of documentation and a number of telephone interviews.

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 the relevant social work departments on the 27th August 2020. 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 10th September 2020. 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: 161 without attached conditions from the 26th September 2019 to the 26th September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The requisite policy and procedures for the organisation had been reviewed and updated in July 2020 in order to ensure that the centre operated in compliance with the requirements of regulations, relevant legislation, national policy and the National Standards for Children’s Residential Centres, 2018 (HIQA). The directors of service were tasked with this responsibility and the organisation’s policy document was also approved by the Board of Management. Inspectors were provided with a digital copy of the policies. From their evaluation they found that the document was comprehensive and was aligned with each individual theme as per the National Standards, 2018 (HIQA). However, some further updates were necessary to the centre’s child safeguarding policy specifically regarding definitions of abuse and dealing with concerns about a worker. The statutory obligations for reporting mandated concerns also required amendments as outlined in the document. Some of these deficits were highlighted during the inspection and had been actioned by the centre manager prior to the draft report being issued. The registered provider must ensure that all gaps in compliance in the centre’s child safeguarding policy are addressed.

Staff who contributed to the inspection through interviews and questionnaires had some knowledge of legislation and guidelines which underpinned their practice. In particular, they understood their statutory requirements as mandated persons. However, in general they did not demonstrate an overall understanding of specific procedures that kept children safe in and outside the centre. The inspectors found that staff members understanding of the complaints policy required improvement. Although there was evidence on minutes for one team meeting of a recommendation for staff to read a number of themes from the National Standards for Children’s Residential Centres, 2018 (HIQA), most staff did not display a good awareness of them. The director of service informed inspectors that training on revised policies would take place in the future through staff briefings and that attendance would be mandatory. The service director must ensure that training on the organisation’s updated policies and procedures including the revised child safeguarding policy and the complaints process must be implemented for all staff.

Standard 5.2

Governance arrangements were in place in the centre that had clearly defined lines of authority. Accountability systems were evidenced across internal and external management structures and policies had been developed by the organisation which supported leadership roles. As referenced, a suite of operational policies had been updated that took account of the National Standards for Children's Residential Centres, 2018 (HIQA). This document stated that a review would take place on a yearly basis. As mentioned above, further update was necessary with regards to specific elements of the child safeguarding policy. A service level agreement was in place between the organisation and Tusla for the provision of services.

The manager, who was the person in charge, was experienced and had overall authority for the delivery of the service been provided to children. Staff, through interviews and questionnaires expressed that the manager gave good support and guidance to the team. Staff were aware of their roles and responsibilities relevant to their positions and had opportunities to be part of ongoing training, significant event review groups, regular team meetings and supervision. The manager was present in the centre Monday to Friday and was also part of the on-call rota. They were in attendance at senior management meetings, internal meetings and had a role in monitoring and self-auditing of care practices operating in the centre. The manager also provided weekly management reports to the operations manager and monthly reports to allocated social workers. Inspectors were informed by social workers that they found them to be very diligent in the consistency of care for children placed there and effective and available in their communication with them. The centre manager's supervision was conducted by the director of operations. There was evidence of their oversight on a number of centre records.

The manager was supported in their role by a deputy manager and three social care leaders, one of whom was acting as they did not possess the required experience. Inspectors were informed that this managerial arrangement was a requirement of the service level agreement with Tusla. This meant that for a centre with a registered capacity of two children, five of their ten staff were in management roles. Further, at interviews with inspectors, there was some contradiction between the centre manager and external management's account of whether the deputy manager had begun their position in an 'acting' capacity for a fixed amount of time. It was not clear how candidates who had been successful at interviews for a full time managerial post would then be instated in acting roles. Inspectors recommend that a full review of management roles is conducted by the organisation's operations manager to ensure

that the internal management structure is appropriate to the size and purpose and function of the residential centre.

A risk management framework was in place for the identification, assessment and management of risk. A risk matrix system was in operation and was supported by a risk management policy. Risk assessment training was completed by staff. Protocols in place included the management of risk in relation to COVID-19, the maintenance of risk registers, individual risk assessments for children, monthly reviews of significant events and the provision of pre-admission risk assessments. The deputy manager was the appointed risk register officer.

There were alternative arrangements in place for the deputy manager to take on the duties of the centre manager in their absence. A written record was kept that outlined the tasks that were to be performed as part of this delegation of responsibilities.

Standard 5.3

A statement of purpose was in place for the centre and had been updated prior to the inspection. It was mainly in line with requirements as set out in the National Standards for Children’s Residential Centres, 2018 (HIQA). It described the model of service provision including its vision and mission statements, aims and objectives, its range of services, information on the management and staff employed in the centre and the centre’s model of care. Inspectors recommend that the statement of purpose should reflect in more detail the day-to-day operation of the centre and how it is applied in practice.

There was a child-friendly version of the statement of purpose available to children and their families. Social workers were familiar with it through the exchange of information at the pre-admission stage of the process. Staff had received training in the model of care and at interview had an awareness and understanding of the main elements of its overall aims. The statement of purpose had yet to be evaluated as part of the centre’s external governance arrangements; this should be in place as part of the annual review of compliance.

Standard 5.4

There was an internal auditing system established in the centre which monitored care provided to children and informed improvements to practices. This included the

centre manager and their staff team case managing placement planning, the provision of weekly service governance reports to the director of operations, attendance at regular team meetings and the review of significant events on a monthly basis.

An external audit of the centre was conducted by the directors of the service on a two monthly basis. The most recent audit reviewed by inspectors was based on Theme two and six from the National Standards for Children’s Residential Centres, 2018 (HIQA). This was a comprehensive evaluation that highlighted deficits in service delivery within the centre. Findings were communicated to the centre manger as part of a non-conformity report which required them to implement an action plan to address the identified gaps. This evaluation system was linked to an overall quality improvement plan with the aim of progression in quality of care for children. The audit had been completed in February 2020, however following interruption to auditing processes as a consequence of Covid-19, a further audit aligned to Theme 5 of the National Standards for Children’s Residential Centres, 2018 (HIQA) was scheduled for the end of August, post inspection.

There were registers in place for tracking complaints and child protection and welfare concerns. However, complaints and concerns were not evidenced as being reviewed at team meetings or in any detail at senior management meetings. Therefore, it was not clear to inspectors how learning was analysed and communicated to staff or how trends were identified to inform improvements in practice in these areas. Complaints had been an area highlighted as part of the most recent audit as requiring attention by the centre, but only in relation to the necessity for updating of the register. Senior and centre management must ensure that incidents of complaints and concerns are regularly discussed at team and senior management meetings so that leaning and trends are communicated to all staff to promote improvements.

Deficits were noted by inspectors in the recording of information in the child protection register. Further, inspectors found a number of complaints were not concluded in a timely way. Inconsistencies were also observed in the completion of significant event notifications for complaints. Some gaps were also found in the significant event notification (SEN) register regarding the recording of child protection and welfare referrals and complaints submitted as SENs. The centre manager must ensure that deficits in the recording systems in centre registers including child protection, complaints and SENs are addressed so that all relevant information is appropriately documented.

A significant event review group was held monthly. From a review of the minutes, it was observed that robust records of these discussions were documented. There were follow-up actions identified and these were linked to changes and improvements in a range of care practices with children in the centre. The director of operations informed inspectors that an annual review of compliance with the centre's objectives was delayed but will be completed by the organisation.

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.3
Practices met the required standard in some respects only	Standard 5.1 Standard 5.2 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that gaps in the centre's child safeguarding policy are addressed.
- The service director must ensure that training on the organisation's updated policies and procedures including the revised child safeguarding policy and complaints process must be implemented for all staff.
- Senior and centre management must ensure that incidents of complaints and concerns are regularly discussed at team and senior management meetings so that leaning and trends are communicated to all staff to promote improvements.
- The centre manager must ensure that deficits in the recording systems in centre registers including child protection, complaints and SENs are addressed so that all relevant information is appropriately documented

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must ensure that gaps in the centre's child safeguarding policy are addressed.</p> <p>The service director must ensure that training on the organisation's updated policies and procedures including the revised child safeguarding policy and complaints process must be implemented for all staff.</p> <p>Senior and centre management must ensure that incidents of complaints and</p>	<p>The director of services reviewed the child safeguarding policy post inspection feedback and updated same with suggested amendments from the inspectors. Further report recommendations will be incorporated by the end of September 2020.</p> <p>The director of services has instructed all centre managers to each bring a policy on a fortnightly basis to the team meetings in the form of a quiz so as to encourage learning within the staff teams. If issues arise regarding the understanding of policies, it will be discussed further in supervision. Completed prior to draft report within the centre.</p> <p>All concerns and complaints are discussed in team meetings; however, this will be</p>	<p>Policies are continuously reviewed on a yearly basis by senior management and centre managers.</p> <p>A training day in relation to the organisation's policies and procedures will be added to the training schedule going forward.</p> <p>All concerns and complaints will be discussed in more depth in team meetings;</p>

	<p>concerns are regularly discussed at team and senior management meetings so that leaning and trends are communicated to all staff to promote improvements.</p> <p>The centre manager must ensure that deficits in the recording systems in centre registers including child protection, complaints and SENs are addressed so that all relevant information is appropriately documented.</p>	<p>clearly documented going forward.</p> <p>A team building meeting also took place post inspection with the full staff team, and all concerns were discussed with the attendance of both directors. Completed on 02.09.2020.</p> <p>The centre manager completed an audit of the registers and deficits that were identified were amended.</p> <p>Further training has been given to the staff team to ensure their understanding of their statutory responsibilities as a mandated person. The CPN register was updated and renamed as A CPWRF register immediately post feedback date from inspection on 18th of August.</p>	<p>and this will be clearly documented going forward.</p> <p>Continued training will be given to all new staff regarding the Tusla portal and the recording of same so as to prevent further compliance issues.</p>
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