



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	Terra Glen Residential Services
Registered Capacity:	Two young people
Type of Inspection:	Announced inspection
Date of inspection:	15th and 16th June 2021
Registration Status:	Registered from the 26th September 2019 to the 26th September 2022
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	28th July, 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.2 Theme 5: Leadership, Governance, and Management (Standard 5.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	18

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

The centre was registered to provide medium to long term care to two young people of both genders from age thirteen to seventeen years. Their model of care was relationship based and was modified from pro social modelling and attachment theories. There was one young person resident in the centre at the time of the inspection and it was agreed with Tusla that the single occupancy would remain in place at this time.

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, 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 person, staff, and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

At the time of this inspection the centre was registered without attached conditions from. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 30th June 2021. 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 14th July 2021 and the inspection service received evidence of the issues addressed.

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: 161 without conditions from the 13th September 2019 until 13th September 2022 pursuant to Part VIII, 1991 Child Care Act.

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.

Inspectors found at the time of inspection that the young person had a care plan on file dated November 2020. A statutory child in care review meeting had taken place in April 2021 however the care plan had not been updated and provided to the centre. The centre manager had written to the social work department requesting the plan. At the time of inspection the plan was further delayed by the ransomware attack on Tusla ICT systems and the social worker indicated that it would be provided at the earliest opportunity.

Inspectors found that while day to day communication with the supervising social work department was regular and effective and professional meetings took place regularly, there were deficits in how the social work department provided the required care planning records to the centre. The young person was placed in the centre in July 2020 and a statutory review took place in August 2020. No updated care plan was provided to the centre following the initial statutory review meeting to guide the development of the placement plan and the centre staff were working from a care plan which related to a previous placement until the updated care plan was received in November 2020. While the statutory reviews had taken place in accordance with the regulations the placement was not supported by an updated care plan. The only records relating to statutory child in care reviews were created by the centre and this was not in line with regulatory requirements. There was evidence that the centre manager had requested updated care plans however the inspectors found this matter was not escalated to senior management in the Tusla social work department at an earlier stage by senior management within the organisation in line with their own policy.

The young person generally chose not to attend their care plan review meetings. Despite this, inspectors found that that they were always encouraged to participate. Review of files showed that keyworking took place with them to ensure their views were represented and centre management and staff advocated on their behalf at the

meeting. They also had an appointed guardian ad litem to represent their interests at review meetings and care order hearings.

There was an up to date placement plan on file which covered a three month period. It was structured into various headings which identified needs and the supports required in each area of the young person's care. The placement plans were reviewed and updated each month to reflect where goals and tasks had been achieved or were on-going. Staff interviewed described the main aims of the placement and the key areas of work taking place with the young person. Key working records viewed by inspectors evidenced significant work undertaken both in a planned and opportunity led way in support of progress with identified goals. The inspectors found that staff had established a warm and caring relationship with the young person and this supported the young person's engagement in some aspects of the placement plan.

Following interviews with centre management and external professionals, inspectors found that a number of identified care and placement goals had not been met. Many of the more complex behavioural presentations required further intensive input from all professionals to ensure everyone was working in a collaborative way. Interviews undertaken as part of the inspection process evidenced differing views on the progress of placement goals. It was apparent through the inspection interviews there was a need to ensure absolute clarity amongst all relevant professionals in relation to the placement goals. These placement goals must be agreed and clearly set out on the professional meeting records detailing how they are to be achieved. They must be realistic, achievable and agreed by all relevant professionals and placed on the record to ensure accountability and progress review.

There was evidence that care of the young person was discussed at team meetings and this was reflected in the implementation of the model of care in use. It was noted that for a three month period early 2021 team meetings were taking place monthly instead of fortnightly. The young person was experiencing a period of crisis at this time and there were daily meetings, supports and debriefings with the staff team. Meetings had reverted to every two weeks at the time of this inspection.

There was a section on the placement plan where the young person's views and their input into their care was explored with them. The young person's voice was also considered and reflected upon in team meetings.

The young person's family were facilitated to participate in the placement planning process and provided with opportunities to input into and inform the placement plan.

There was evidence that they were updated on a weekly basis. Where the parents had concerns or issues with the placement plan the inspectors found these were appropriately responded to and the family were aware of the centres complaints procedure and of Tusla's complaints procedure and they had exercised their right to make a complaint. Inspectors noted that a parent had made complaints about some aspects of care being provided in the centre. The social worker confirmed that these were submitted to the Tusla complaints department and were ongoing.

The young person was linked in with a number of specialist services including the Child and Adolescent Mental Health Service (CAMHS) and Assessment Consultation Therapy Service (ACTS). The inspectors found that the centre manager had strongly advocated on behalf of the young person for timely access to specialist supports and had made a complaint on their behalf when a service provided was not being delivered to provide optimum support. The social work department provided extra funding for access to private assessments or other supports when there was undue delay or a service was unavailable. In interview, the social worker acknowledged that there were many complexities associated with the care of their young person and commended the commitment of the management and team and progress they had made through the placement.

Inspectors noted that there were some areas of practice which required a more specific and robust focus. These related to the young person's health and concerns about online activity. In interview, the social worker and Guardian ad Litem concurred with this assessment. While there was evidence that staff were providing keyworking to the young person to support them there was a lack of congruence in actions taken in the centre. For example, the young person continued to have unsupervised access to the internet despite a court order and serious concerns about this issue. They were refusing to co-operate, however no further action was taken to remove the access to internet and this must be addressed by all professionals to comply with the court order.

The social work department and Guardian ad litem were of the view that some restrictive practices were required to ensure safety however it was felt by the centre management that these would be outside the parameters of their model of care. These measures must be discussed, agreed and implemented with regular monitoring if the primary goal is safety of the young person or others. Likewise, restrictive procedures may be implemented if there is a child protection and welfare concern.

Review of the daily logs reflected that the implementation of a healthy diet was not in line with the goals of the placement plan. A cooked breakfast was offered to the young person most mornings and while staff interviewed stated they encouraged healthy eating a review of the daily logs in relation to food choices did not reflect this. The centre manager indicated that some of this was a recording issue in that they did not record that some were healthier options. However inspectors findings were that the young person’s diet was not being adequately addressed despite serious developing health concerns.

The centre manager had sourced training with a nutritionist to support healthy eating and this was due to take place at the time of inspection.

There was guidance and support provided to the team by an attachment specialist connected to the organisation. The centre manager held regular meetings with this person and then provided feedback to the staff team which they acknowledged was helpful to guide their work.

The centre manager and staff reported that there was effective communication with the young person’s social workers and other professionals and this was reflected across most centre records and contact logs. However, inspectors found that there was significant delay in the provision of minutes of weekly professionals meetings by the social work department. This was despite repeated requests for these and some other planning documents by organisational management. The allocated social worker confirmed that there was good communication and that the centre worked hard to meet the needs of this young person despite many high level risks associated with their care.

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 were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The operations manager must ensure that the escalation policy in place is implemented in practice to social work management to ensure full compliance with care planning regulations.
- The operations manager and supervising social worker must ensure that an adequate record is created of all professional meetings which take place and that this is placed on the young person's care file.

Regulation 5: Care Practices 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.

The centre manager and deputy manager was in post since the centre opened in 2019. The centre manager was supported by a deputy manager who worked on the floor as well as completing some administrative shifts. The staff team stated that their managers provided consistent supportive leadership and this was evident from a review of centre records. There were three social care leaders in post two of whom had been working in the centre since 2019. One of the social care leaders did not have the required experience to hold this post. The registered provider took a decision to move them from an acting post to a full time position prior to them having attained three years experience in social care work. This was outside the guidance provided in the memorandum issued by the alternative care inspection and monitoring service in February 2020. The operations manager must ensure that staff interviewed for specific posts have the required qualifications and experience for the role.

A review of team and management meetings and audits completed by senior managers showed that there was a culture of learning, quality and safety in the service. There were clearly defined governance arrangements in place and staff interviewed were aware of the management structure and individual roles and responsibilities. The centre manager reported to the operations manager and they provided a weekly governance report to them which provided information and analysed aspects of day to day operations and current issues/risks. In interview the

operations manager expressed confidence in the capacity of the manager and deputy to provide robust leadership and direction to the staff team.

Inspectors noted that there was a high level of risk associated with the provision of care to this young person. The operations manager had a presence in the centre for auditing purposes and to provide supervision however they had only attended one team meeting in the eight months since October 2020. Given the complexities of this case inspectors found that the centre manager and team would benefit from a more regular presence of the external manager at the team meetings to support them in their work. Staff reported that senior management visited the centre on a planned but regular basis due to the requirements of a risk assessment for advance notice for visitors to the centre.

There was a service level agreement in place with the Child and Family Agency for the provision of services and they reported to the national private placement team on a regular basis.

A suite of operational policies and procedures had been updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence that and deficits noted in the last inspection relating to review and training of policies had been followed up appropriately. The policies were reviewed annually and the process of review included consultation and training to the staff team. Staff understanding and implementation of policies was assessed during centre audits and staff confirmed that they also discussed these in supervision and at team meetings. All staff members had received refresher training in the centres policies and procedures in 2021.

The centre had a risk management framework in place for the identification assessment and management of risk. Staff interviewed had a good working knowledge of the matrix used to score risk and how the risks were managed and escalated if required. There was a risk register in place which was regularly reviewed by internal and external managers. Risk management was discussed at team meetings, management meetings and were included appropriately in the weekly governance report. It must be noted that a recent psychological assessment rated 22 out of 24 risks as high. While the team were providing excellent care and support to the young person they were holding a high level of risk as only one of the control measures was regarded as providing alleviation of risk.

There was generally excellent multi-disciplinary working and communication where discussion about risk associated with the young person was high on the agenda and acknowledged by all professionals. As stated previously it is imperative that the records of these discussions and decisions are held on file in the centre.

There was evidence to support robust management of Covid-19 in the organisation through policies, procedures and oversight. There were adequate supplies of cleaning equipment and personal protective equipment and that there was an increased cleaning regime in place.

There was an appropriate internal management structure in place and there were arrangements in place to provide alternative management cover during periods of leave by the centre manager. Inspectors were provided with a written record of any managerial duties delegated to other qualified members of staff. This detailed their responsibilities and any designated tasks outside of their particular role and responsibilities. A handover meeting took place to prepare for periods of leave and a formal meeting to discuss decisions taken in the manager's absence was in place.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

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

Actions required

- The operations manager must ensure that staff interviewed for specific posts hold the required qualifications and experience for the role.
- The operations manager must ensure a more regular presence at team meetings to support the management and team with the complexities of meeting the needs of this young person safely.

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.

Following a review of staff files and rosters inspectors found that the registered provider had recruited staff with the appropriate qualifications to work in the centre. The staff team was made up of centre manager, deputy manager, three social care leaders and five social care workers. All staff held qualifications in social care. There was a balance of experienced to inexperienced staff and the centre manager organised the roster to ensure that a shift leader was present each day. This was particularly important as the centre required skilled, experienced staff with particular competencies provide the level of support required for the young person and to manage current risks effectively. There were on-going multi-disciplinary meetings to determine if mainstream residential care was the most appropriate placement option.

It must be noted that there had been a high turnover of staff since the last inspection of this service and while the centre manager and six of the staff team continued to work in the centre since the start of the young person's placement a large number of other people had passed through the centre to work or cover shifts. Following a review of centre records the inspectors found that 12 staff had commenced and left the team in the past 9 months. Some staff who had worked in the centre had been promoted or recruited for another centre in the organisation and had only worked there for a short period of time. Other staff left as they found the presenting behaviours of the young person too challenging. Inspectors acknowledge that the presenting behaviours and issues were over and above that usually seen in mainstream residential care. There was evidence that management had tried to support them in their roles but they felt a transfer was the only option suitable to them. For staff that remained, the support and guidance of all layers of management, professional supervision and debriefing were identified as positive aspects of working in the centre. They felt that senior management understood the complexities of the job and the possibility of vicarious trauma and had measures in place to support them.

There was a dedicated pool of three qualified relief staff to cover periods of leave or illness. However, at the time of inspection the centre had not been consistently using

these people to cover shifts as they had additional full time staff from another centre which was not occupied at the time of the inspection. This meant that on occasion there were staff working with this young person who may not have been known to them as they were not part of the core team or from the pool of regular relief staff. It was acknowledged by the inspectors that this was a business decision however this practice is not conducive to consistent care and may impact adversely on the young person who was unsettled at the time of the inspection.

Inspectors did not find a risk assessment undertaken relating to the turnover of staff or the frequent use of additional staff to meet the desired staff ratio of 3:1. While it is acknowledged that it will difficult to maintain consistent staffing due to the impact of working in this centre there should always be risk assessments to inform decisions relating to this issue. The social worker and the Guardian ad litem were not aware of the numbers of additional staff used to support the core team. The centre manager must ensure the they appraised of any staffing situation where additional staff who are unknown to the young person are being used.

Inspectors found that the centre manager held an appropriate qualification and had sufficient practice and management experience for this post. They were adequately supported by the deputy manager and by senior management.

Inspectors found there was a stable team in place at the time of inspection and that workforce planning was high on the agenda for senior managers due to the nature and stress of the job and the challenges of the market in terms of recruiting appropriately qualified staff. They were also conscious of trying to ensure a gender balance across the team but this was proving difficult.

There was evidence through review of minutes of management meetings and centre audits that senior managers regularly undertook workforce planning. They had reviewed and evaluated exit interviews to inform staff retention as part of service development. They also had conducted staff surveys, had incentive measures in place such as on-going training, career progression opportunities, access to supported healthcare/pensions and an employee assistance programmes. Staff pay scales had also been revised and there were measures such as staff nights out, recruitment bonuses and employee of the month schemes in place.

The centre had an effective on call system in place to support staff at evenings, weekends and give guidance and direction relating to incidents and risks in the centre.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The operations manager must ensure the impact of staff turnover on the young person is adequately risk assessed and they must continue to make every effort to support and promote a stable consistent team.
- The operations manager must ensure that decisions taken in respect of staff changes are risk assessed and that professionals involved in the care of the young person are full appraised.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The operations manager must ensure that the escalation policy in place is implemented in practice to social work management to ensure full compliance with care planning regulations.</p> <p>The operations manager and supervising social worker must ensure that an adequate record is created of all professional meetings which take place and that this is placed on the young person's care file.</p>	<p>The operations manager will ensure to use the escalation policy in future in relation to the care planning documents for the resident in the centre.</p> <p>The operations manager will take in house minutes during the weekly professional meetings for the young person and will ensure they are placed on file until the social work department meeting minutes are provided.</p>	<p>Compliance with care planning regulations will be assessed through senior management audits and the escalation policy will be implemented without delay if required.</p> <p>Audits of care files will take place to ensure all relevant information is received. The social care manager will follow up with the social work until minutes are received. The escalation policy will be implemented without delay if required.</p>
5	<p>The operations manager must ensure that staff interviewed for specific posts hold the required qualifications and experience for the role.</p>	<p>The operations manager always strives to adhere to the necessary level of experience for social care leaders to be appointed into the post. It can be a recruitment challenge to appointment a</p>	<p>Should there be no suitable candidates for a management position within the centre, the operations manager will appoint an employee to an acting position, while continuing to actively recruit for a</p>

	The operations manager must ensure a more regular presence at team meetings to support the management and team with the complexities of meeting the needs of this young person safely.	candidate to the SCL position with the three years experiences. However, the operations manager will strive to ensure that all employees in positions within the organisation all have the necessary qualifications and level of experience to the best of their ability taking into account the staffing levels for each centre.	candidate who meets the necessary experience criteria.
6	<p>The operations manager must ensure the impact of staff turnover on the young person is adequately risk assessed and they must continue to make every effort to support and promote a stable consistent team.</p> <p>The operations manager must ensure that decisions taken in respect of staff changes are risk assessed and that</p>	<p>Senior management within the Organisation continues to closely monitor staff turn-over within the centre to ensure continuity of care to the young person. A risk assessment has been put in place for the centre in terms of staff turnover, reviewing incentive measures for the staff team and additional supports that could be implemented for the staff team to reduce the turn over within the centre. This risk assessment will be reviewed by the centre manager and senior management on a consistent basis.</p> <p>A risk assessment has been devised in relation to staff changes and staff working from other centres in this centre and has</p>	<p>The operations manager will continue to notify the Alternative Care Registration & Inspection Service (ACIMS) of any staff changes within the centre and will continue to review the risk assessment in place to minimise the staff turnover within the centre.</p> <p>The organisation will balance their contractual obligations towards other employees to be provided with full time</p>

	professionals involved in the care of the young person are fully appraised.	been notified to the social work department.	hours while also taking into consideration the importance of utilising the regular relief staff team to work in the centre to ensure consistency of social care staff working with the young person.
--	---	--	--