



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 171**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Terra Glen</b>
<b>Registered Capacity:</b>	<b>Two Young People</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> February 2024</b>
<b>Registration Status:</b>	<b>Registered from the 17<sup>th</sup> April 2023 to the 17<sup>th</sup> April 2026</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Janice Ryan</b>
<b>Date Report Issued:</b>	<b>3<sup>rd</sup> May 2024</b>

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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 17<sup>th</sup> April 2020. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 17<sup>th</sup> April 2023 to the 17<sup>th</sup> April 2026.

The centre was registered as a dual occupancy residential centre for young people aged thirteen to seventeen on admission. The model of care aims to support the young people to form positive relationships through the application of attachment theories and prosocial model theory. There was one child living in the centre at the time of the inspection. The centre was granted a derogation to care for this child as they were under thirteen years of age on admission which was outside the centres registered age range set out in their statement of purpose.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
2: Effective Care and Support	2.3
6: Responsive Workforce	6.3

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 person, 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 2<sup>nd</sup> April 2024. 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 11<sup>th</sup> April 2024. 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:171 without attached conditions from the 17<sup>th</sup> April 2023 to the 17<sup>th</sup> April 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 9: Access Arrangements**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

The inspectors found this standard was met. There was ample evidence throughout the centre records and in interviews with the care team, managers and external professionals that the child in placement was encouraged and supported to exercise choice. They had many opportunities to participate in placement planning and contribute to decisions made about their care. The young person spoke with the inspectors and confirmed they were aware of the plan for their care and were informed by the care team about the goals of their placement. There was evidence the young person was confident to raise issues as they arose and evidence of timely responses to issues raised by them and of the efforts of the care team, the social worker and the Guardian ad Litem to resolve these issues. The young person told the inspectors they were happy with the care they received to date and that issues raised by them were responded to and resolved. They confirmed the carers were easy to talk to, good to recognise their needs and helped them a lot. They stated the care team were fun, kind and caring. The parent of the child was interviewed by the inspector and stated that staff were warm and welcoming on their visits to the centre and they were consulted in relation to access arrangements.

There was evidence on the care file that the child was informed about their rights and was aware how to exercise those rights. The child was aware of their right to make a complaint and this has been explained to them by the care team and their social worker. They were familiar with the centre's complaints process and Tusla's complaints procedure 'Tell Us'. They were able to identify their key workers and understood the role of key workers. They identified a number of carers with whom they had developed positive relationships and these included team members who were the appointed key workers. There was a detailed key work planner displayed in the office and evidence that key work was tracked and monitored to ensure it was undertaken. There was ample key work on file which was well organised under the



specific domains as set out in the placement plan. The voice of the child was evident in key working and the daily log's recorded direct quotes from the child about their day which provided insight into their views, thoughts and feelings.

The child told the inspectors their views and opinions were sought and heard through the house meetings where they participated in weekly planning of care routines and activities. Weekly planners in relation to menus and routines were evidenced in the house. The house was homely, inviting and child-centred and beautifully decorated for Valentines Day when the inspectors arrived. The child was fully involved in personalising the centre and was proud to show the inspector's their bedroom and how they had organised and decorated the space.

The centre provided the child with written information about the operation of the centre. The inspectors found the information booklet was comprehensive and detailed.

The child's right to access information was met appropriate to their age and stage of development. There was evidence in the key working records of being offered to read daily logs and the child confirmed this when they met the inspectors. It was explained to them why the care team maintained a daily record of their care and their routines. There was ample evidence of the care team advocating on behalf of the young person. The child was aware of the national advocacy service Empowering People in Care (EPIC) and there were plans to engage with an EPIC advocate in the coming months. The child had significant and well-established relationships with their social worker and Guardian ad Litem whom the child trusted to advocate on their behalf.

The care plan on file was not up to date however there was evidence that monthly child in care reviews took place in line with national requirements for the placement of children aged 12 years and under in residential care. The absence of an up-to-date care plan was appropriately escalated to the social work department by the centre manager. There was evidence of consultation with the child prior to care plan reviews and evidence of the child's participation in the child in care review process. Issues raised by the child in relation to delayed feedback following the previous child in care review was acknowledged and addressed by the professionals concerned and the social worker confirmed to the inspector that this issue was resolved at the subsequent review meeting. The child was supported by staff, their social worker and the Guardian ad Litem to raise issues relating to their care at the child in care review. The inspectors found that placement plans on file were updated regularly as required

and were aligned to the decisions taken at the child in care reviews. There was good attention paid to the emotional and psychological wellbeing of the child and the care team were attuned to specific vulnerabilities associated with the child's presentation.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 9 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified.

**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 layout and design of the house was suitable to its purpose and function. The home was in good decorative order and the furnishings and facilities were of a high standard and were domestic in nature. It was evident that care was taken to create a safe, homely, child-centred environment. There was space for privacy alongside spacious communal living areas. The young person had their own bedroom and while there were some initial maintenance delays to provide the bedroom of their

choice at the time of the inspection it was decorated in accordance with the young person's wishes with sufficient space for the safe storage of personal belongings.

A high standard of hygiene was maintained in the home. There were cleaning schedules in place with schedules for daily, weekly and monthly deep cleaning procedures that were monitored in the handover records. There were appropriate practices in place for the storage of food and disposal of domestic refuse. The bathroom and toilet facilities were sufficient in number and ensured privacy. The child confirmed that staff afforded them space and time for privacy as required. Suitable and sufficient heating was provided and cooking and laundry facilities were domestic in design. There were ample recreational facilities within the home and its environment. The centre was a stimulating environment with age-appropriate books and board games and art materials and evidence that all were actively used. Play equipment was replaced when broken and a new swing had been purchased and was awaiting assembly at the time of the inspection. The grounds around the premises were spacious and well maintained. The centre maintained a record of all maintenance requirements that was up to date. However, the inspectors advise that the date the repair issue was resolved is input on this log to enable managers to track the speed of response to maintenance issues.

The centre complied with the requirements of fire safety legislation, building regulations and health and safety legislation. A fire register was maintained and was up to date with in-service checks on the fire safety systems, fire panel, emergency lighting, smoke/carbon monoxide alarms. Staff members had completed fire safety and fire evacuation training. The fire register did not evidence staff who were trained in fire safety and the centre manager must ensure this is recorded on the register as required. Written evidence of service checks on the fire alarm system were located at the fire panel. Compliance certification for installation of the fire alarms and emergency lighting system was on file. Where maintenance issues arose, there was evidence that staff undertook appropriate risk assessments and actively followed up with the relevant service engineers. The centre developed an individualised fire escape plan for the child living in centre. The child and the carers interviewed by the inspectors were aware of the designated fire assembly point. Regular fire drills were undertaken as required. Firefighting equipment was at the designated fire points and was subject to annual service checks and the centre's designated fire doors closed effectively. At the time of the inspection the self-closing unit on the child's bedroom door was broken and required repair. The inspectors found that the centre did not undertake PAT tests (portable appliance testing) on the portable electrical appliances in the home and the centre manager must ensure this is undertaken on an annual

basis in line with fire safety requirements. There was written confirmation furnished to the inspectorate that all statutory requirements relating to fire safety and building control were complied with.

There was a safety statement in place that was recently reviewed by management however the inspectors noted that an annual review of the centre's safety statement had not been undertaken as required under health and safety legislation. The managers must ensure that the centre's safety statement is reviewed annually. Additionally, the names and where applicable, the job title or position held of each person responsible for performing tasks assigned to him or her under health and safety legislation should be identified on the safety statement in line with section 20(e) of the Safety, Health and Welfare at Work Act, 2005. There were procedures in place to manage risks to health and safety. There were systems in place to review environmental risk assessments. Centre specific health and safety audits were completed on a monthly basis and were up to date.

Staff received mandatory training in fire safety, behaviour management, first aid, children first and manual handling. A recent in-service audit of personnel files identified that some training certificates were not placed on file and the inspectors were informed this was being rectified at the time of the inspection. There were systems in place to track staff training and ensure refresher training was secured as required. A record was maintained of all staff training and this evidenced training was up to date.

There was a medication management policy in place and staff were trained in safe administration of medicines. There were systems in place to evidence the administration of medications, stock control and disposal of medication. Medicines were securely stored in a cabinet. A first aid kit was also located in the office and were checked on a monthly basis to ensure supplies were maintained up to date.

There were systems in place to report and record injuries sustained by staff and young people. Records that related to the child were maintained on their care file. The inspectors found that the accident/injury report did not identify measures to be taken to mitigate the risk of the injury reoccurring. The centre manager must ensure mitigation measures are identified on the accident report records. The parent of the child informed the inspectors they were not satisfied that they were informed of accidents/injuries that had occurred to their child in a timely manner. The centre manager must ensure that parents are notified promptly if an accident or injury

occurs to their child as agreed with the social worker. The registered proprietor submitted evidence of adequate insurance in place.

The centre vehicle was found to be roadworthy, regularly serviced, insured, taxed and driven by staff who were legally licenced to drive the vehicles. There were procedures in place to undertake daily checks on the centre vehicle. The centre vehicle contained a fire extinguisher and a first aid kit.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure the self-closing unit on the child's bedroom door is repaired.
- The centre manager must ensure that annual tests on portable electrical appliances (PAT) is undertaken in the centre.
- The centre manager must ensure the centre's safety statement is reviewed annually as required. The names and where applicable, the job title or position held of each person responsible for performing tasks assigned to him or her under health and safety legislation should be identified on the safety statement and staff trained as first aid responders must be identified in this regard.
- The centre manager must ensure mitigation measures are identified on the centre accident records.

## Regulation 6: Person in Charge

## Regulation 7: Staffing

### Theme 6: Responsive Workforce

#### **Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.**

Following a review of staffing resources the inspectors found there were staffing deficits in the centre and internal managers were appointed in acting positions. The inspectors were satisfied that the director of operations was actively working on recruitment at the time of the inspection and confirmed they would not admit another child until the required staffing resources were in place. The inspectors require the director of operations to notify the inspectorate when the full complement of staff is in place in line with the centre's statement of purpose.

The inspectors found that staff team were provided with supports to promote their wellbeing. Supervision practice was conducted in line with centre policy. The supervision records sampled evidenced a robust supervision process and staff interviewed confirmed they received regular support and supervision that was beneficial to them in their work and professional development. At the time of the inspection supervision was provided by the acting centre manager and they had appropriate training to undertake this role. Additionally, staff had completed in-service training on the supervision process. There were signed supervision contracts on the staff personnel files however contracts must be updated following the former manager's departure. There was a system in place to undertake annual appraisals and staff probation reviews and these were evidenced on file.

There was evidence that team meetings took place every fortnight. Attendance was good and staff interviewed stated there was good engagement of all members of the team at meetings. The director of operations attended team meetings regularly. The agenda for the team meeting was found to be comprehensive and records reviewed evidenced effective oversight of policy, procedures and practice, communication, planning, review, guidance and direction within the team meeting process. There was evidence that communication within the team was effective.

There was a culture of learning and reflection, and this was evidenced in supervision, feedback to teams following significant events, team reflection on significant events and feedback from spot audits and previous inspections. Roles and responsibilities were set out in job descriptions, contracts and displayed on the notice board and were up to date.

Staff identified supports such as supervision and debriefing (individual and team debriefing) as well as systems in place to help them process the impact of the work. Some staff interviewed were not aware that there was a service provision for six external counselling sessions to support them if impacted by work. This should be relayed again to all team members and included in the policy on staff support and supervision.

There was a general risk assessment on file relating to staff undertaking double shifts however the inspectors did not find this was a regular practice. The inspectors recommend that where double shifts are undertaken a dynamic risk assessment must be completed for each incidence as the circumstances of each double shift must be assessed in terms of who on is on duty, their experience, the presenting behaviour of the children in centre and whether staff have had sufficient rest and sleep to do double shift and travel home safely.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- The director of operations must notify the inspectorate when the full complement of staff is in place in line with the centre's statement of purpose.
- The centre manager must ensure that all staff are aware of external supports in place where they are impacted by their work and these supports must be incorporated into the policy on staff support and supervision.

- The centre manager must where possible avoid the use of double shifts however where they occur a dynamic risk assessment must be completed.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
2	<p>The centre manager must ensure the self-closing unit on the child's bedroom door is repaired.</p> <p>The centre manager must ensure that annual tests on portable electrical appliances (PAT) is undertaken in the centre.</p>	<p>This has been repaired by maintenance on 10.02.2024. (photo attached as evidence of repair)</p> <p>The Social Care Manager has enrolled on a PATs testing course which will be completed by end of April, so annual testing can be completed in the centre. Director of Operations and Social Care Manager will also ensure that an external tester is booked to complete same by end of May 2024.</p>	<p>This was already booked in for maintenance to complete on 10.02.2024. The Social Care Manager and Director of Operations will ensure all maintenance tasks occur in a timelier manner.</p> <p>Director of Operations will ensure that all Social Care Managers complete PATs testing courses to ensure they can complete annual tests in their centres. An external body will then complete electrical testing every 5 years as per HSA Guidance-Note on Periodic Inspection and Testing of Electrical Installations required by the 2007 Safety Health and Welfare at Work (General Application) Regulations.</p>

	<p>The centre manager must ensure the centre's safety statement is reviewed annually as required. The names and where applicable, the job title or position held of each person responsible for performing tasks assigned to him or her under health and safety legislation should be identified on the safety statement and staff trained as first aid responders must be identified in this regard.</p> <p>The centre manager must ensure mitigation measures are identified on the centre accident records.</p>	<p>The Director of Operations with the Social Care Manager are currently reviewing the safety statement to include all recommendations from inspectors and this will be completed by 30.04.2024.</p> <p>The Social Care Manager always ensures that mitigation measures are identified for all risks and accidents, this is completed through accident report forms, risk assessments, and employee accident records. However, the young person's accident report form is missing a section for mitigation measures. This has been updated since 08.04.2024.</p>	<p>Director of Operations and Social Care Managers of the centres will ensure the safety statement is reviewed on an annual basis going forward.</p> <p>The Director of Operations has updated accident report forms for young people to include 'how future incidents can be prevented' and 'action plans' to complete same. This will continue to be reviewed to ensure all centres are completing fully for learning and prevention measures.</p>
6	The director of operations must notify the inspectorate when the full complement of staff is in place in line with the centre's statement of purpose.	Director of Operations has notified inspectors of the full complement of staff in place on 03.04.2024. Staffing sheet attached to support same.	Director of Operations and Social Care Manager continue to ensure the centre has a full staff team. When a notice of resignation is received both the Director of

	<p>The centre manager must ensure that all staff are aware of external supports in place where they are impacted by their work and these supports must be incorporated into the policy on staff support and supervision.</p> <p>The centre manager must where possible avoid the use of double shifts however where they occur a dynamic risk assessment must be completed.</p>	<p>The policies and procedures are currently under review and the inspectors' recommendations of including all supports available for staff will be incorporated into the appropriate policies.</p> <p>The Social Care Manager had no double shifts on the roster since 27.09.2023. Where a double shift was required the Social Care Manager ensured this was risk assessed.</p>	<p>Operations and HR advertise and interview immediately to try to prevent this reoccurring where possible.</p> <p>Director of Operations with the Social Care Manager will ensure to update policies to include any changes, amendments, or additional supports for staff as and when they occur.</p> <p>The Social Care Manager will ensure that double shifts are not utilised in the centre and will only occur as a very last resort after being dynamically risk assessed.</p>
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