



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: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Terraglen Residential Care Services Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>20<sup>th</sup>, 24<sup>th</sup> &amp; 25<sup>th</sup> January 2022</b>
<b>Registration Status:</b>	<b>Registered from 17<sup>th</sup> April 2020 to the 17<sup>th</sup> April 2023</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>12<sup>th</sup> April 2022</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 the centre with the standards and regulations and the operation of the centre in line with its registration. The centre was first registered in April 2020. 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 as a dual occupancy centre for young people aged thirteen to seventeen years on admission, on a medium to long term basis. The statement of purpose describes a relationship-based approach to delivery of care drawing on pro-social modelling and attachment theories. 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	2.2
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 via teleconference 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 on the 11<sup>th</sup> March 2022 and to the relevant social work departments on the 11<sup>th</sup> March 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 21<sup>st</sup> March 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:171 without attached conditions from the 17<sup>th</sup> April 2020 to the 17<sup>th</sup> April 2023 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.

On review of the young people's care files, inspectors found that only one of the young people had an up-to-date care plan. The care plan for the second young person was dated October 2020 and considering the significant events that had occurred in their life since that date, the care plan the centre had on file was not relevant to current care provision. Inspectors found that there was insufficient follow up or escalation from either the centre manager or the regional manager to request the updated care plan from the social work department. Inspectors also found that there were no child in care review minutes on file for this young person either. Given the absence of minutes from the child in care review and absence of a care plan, it was difficult to ascertain if the care provision for the young person was in line with the goals outlined by the social work department. The centre manager and registered provider must ensure that the company's escalation policy is adhered to and more robust efforts made to ensure that each young person in the centre has an up to date care plan

Inspectors found that both young people were given the opportunity and encouraged to attend their child in care reviews. Where they chose not to, inspectors saw evidence that the voice of the young person was ascertained through the child in care review form and presented to the participants of the review. Subsequent feedback meetings were held to advise the young person on decisions.

Both young people had a recent placement plan on file. The goals identified for one young person was in line with their care plan and key working completed by staff was planned and prepared to achieve the goals of the care plan. The placement plan was devised by the young person's key worker and it was evidenced in team meeting minutes that the plan was discussed by all staff present. Primary goals were identified in the placement plan and planned and opportunistic key working sessions were completed to achieve these goals. The placement plan for the second young person identified a number of goals to be achieved and there was key working completed in line with these goals however as stated, inspectors could not align these



goals with the goals from the care plan as the care plan was out of date. The social worker for this young person advised inspectors that they were satisfied that the centre staff were aware of the goals to be achieved from their communication with the centre, from monthly case planning meetings and from a review of the key working completed. In interviews, both social workers noted that their respective young people were making progress in their placements.

There was evidence on each of the placement plans and from a review of individual work completed that the young people had an opportunity to participate in their placement planning. One young person who met with inspectors stated that they were happy with the key working done to prepare them for their aftercare and felt that staff in the centre had listened to them and helped them whenever they required assistance. Inspectors found evidence that the young people's families were involved and updated on their placement in line with social work agreement regarding contact with family members.

Where external supports were required these were provided to both young people as needed. Attendance at the child and adolescent mental health service, counselling, ACTS (Assessment and Consultation Therapy Service) was facilitated by the centre when deemed necessary. Where there was a delay in the provision of funding for one young person to attend for counselling this was funded initially by the centre to ensure that the young person had access when needed.

Inspectors found from a review of the care files and interviews with the management, staff and both allocated social workers that there was effective communication between all parties.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 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 2.2</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 and registered provider must ensure that the company's escalation policy is adhered to, and more robust efforts made to ensure that each young person in the centre has an up to date care plan.

### **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.**

Inspectors found that there were clearly defined governance structures and arrangements in place within the organisation and the roles and responsibilities of staff at senior management and in the centre were clearly outlined. The structures were established with the intention of providing the relevant and necessary supports at each level as well as ensuring clear accountability in specific roles. However, since the last inspection in January 2021 there was a significant turnover in the internal management grades of the centre, including social care leaders and deputy managers who had moved on from their posts. This resulted in a lack of consistency in leadership and guidance provided within the centre. This was noted in exit interviews conducted by the organisation. Inspectors also found that while audits were taking place in the centre, the last themed audit on standard 2.2 of the National Standards for Children's Residential Centres 2018 (HIQA) failed to provide oversight on both young people's files and identify the gaps in care planning as identified above. The registered provider must ensure that oversight mechanisms in place are fit for purpose and accurately identify gaps in quality and safety in care provision.

The centre had a service level agreement in place with Tusla, the Child and Family Agency and reports were provided to the funding authority on a regular basis.

The centre held a suite of policy documents that had been developed by the senior management team within the organisation. This document had been revised and updated in September 2021. Inspectors found these documents to be in compliance with the requirements of regulations, relevant legislation, national policy and the National Standards for Children's Residential Centres, 2018 (HIQA). There was

evidence of policies and procedures being brought to team meetings for discussion and review to ensure that staff were familiar with them.

The manager was the named person in charge of the centre. They were recruited as a deputy manager when they were initially appointed. However, due to the departure of the manager less than two weeks after their arrival they were appointed as acting manager. At the time of this inspection, the manager had been in post for a period of 18 months, the first 14 months was in the acting capacity. In this instance inspectors found that the centre manager did not hold a suitable qualification for the position. The manager has committed to undertaking a course in September 2022 to obtain a management qualification bringing the qualification into compliance with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020). In interviews, staff members described the manager as 'approachable' and stated that they were available to staff.

The internal management structure comprised of a manager, deputy manager and three social care leaders. Inspectors noted that one of the social care leaders was in an acting capacity until they acquire the relevant post qualification experience to hold the role in full. The deputy manager provided leadership to the staff team and was delegated duties to carry out for when the person in charge was absent, however a review of the rosters found that the deputy manager was also providing shift cover and this had impacted on their ability to provide alternative management cover. The registered provider must ensure that there are sufficient staff members available to allow for the deputy manager to focus on the provision of guidance and leadership.

The centre had a risk management policy and maintained a risk register. Inspectors were satisfied that the risks associated with the young people were comprehensively risked and managed. Environmental risks were also identified along with the control measures in place. There was evidence of oversight of risk by senior management in monthly meetings and their visits to the centre. Inspectors found that the individual absence management plans for the young people were not updated on a monthly basis as required and this needs to be implemented going forward.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</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 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required:**

- The registered provider must ensure that oversight mechanisms in place are fit for purpose and accurately identify gaps in quality and safety in care provision.
- The registered provider must ensure that there are sufficient staff members available on each shift to allow for the deputy manager to focus on the provision of guidance and leadership.

#### **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.**

Inspectors did not see evidence of effective workforce planning in place in the centre. It was noted in interview that recruitment was an ongoing issue however this was not effectively evidenced in management meeting minutes.

At the time of inspection there were insufficient numbers of contracted full-time staff to meet the centres statement of purpose and the minimum required numbers of staffing. The centre had a manager, a deputy manager, three social care leaders and five full time and one half post social care worker in situ. Rotas for a 21 week period from October 2021 to January 2022 were reviewed and it was found that there were 50 occasions when a 3<sup>rd</sup> person was not provided and there was only double cover.

Inspectors found that this level of cover was not sufficient to meet the risks presented by the young people in placement. There were five days during this period where relief staff and agency staff worked together and no full-time contracted staff member was available for the overnight shift. This did not appear to be as a result of a Covid-19 response. Inspectors found that there were 50 shifts (16% of the total shifts worked) which were covered by relief staff during the time period reviewed. As noted above, the deputy manager worked shifts in addition to their managerial responsibilities to cover gaps in the rota when staff members were on sick leave. The centre had access to a relief panel but had limited capacity to cover all forms of leave. Inspectors acknowledged that the centre was in the process of inducting staff to bring them to the required staffing ratio and evidence of this was provided to inspectors. The centre manager and registered provider must ensure that the centre undertakes effective workforce planning to provide sufficient staff cover in line with their statement of purpose and function and to take account of annual leave, sick leave and contingency cover.

While there were arrangements in place to promote staff retention such as paid training, an educational fund to assist in further education programmes and team building days, inspectors noted that 15 staff members have left the service since the time of the last inspection in January 2021. The centre conducted exit interviews for staff leaving the company. Seven exit interviews were reviewed by inspectors and four of these cited concerns with the supervision process in the centre and lack of staff as being issues that impacted on their willingness to remain in the centre. It was noted in these interviews that supervision was not frequent enough and there was a lack of guidance provided. The centre manager and registered provider must ensure that trends and patterns from exit interviews are analysed and appropriate interventions put in place to assist in the retention of staff and to maintain a consistent and stable staff team.

The centre had an on call policy in place to assist staff in dealing with any crisis or emergencies when the manager was absent from the centre.

<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>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 6.1</b>

**Actions required:**

- The centre manager and registered provider must ensure that the centre undertakes effective workforce planning to provide sufficient staff cover in line with their statement of purpose and function and to take account of annual leave, sick leave and contingency cover.
- The centre manager and registered provider must ensure that trends and patterns from exit interviews are analysed and appropriate interventions put in place to assist in the retention of staff and to maintain a consistent and stable staff team.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager and registered provider must ensure that the company's escalation policy is adhered to and more robust efforts made to ensure that each young person in the centre has an up to date care plan.	The escalation policy was used, and the young person's care plan has since been received and is on file.	<p>Senior Manager Meetings include a section for Centre Managers to note any escalations that are required, outside of child protection concerns (care plans, review meeting minutes, legal documents etc).</p> <p>The weekly governance report has been amended to include the dates of the statutory care plans, care plan reviews and expiry date of the young peoples care order.</p>
5	The registered provider must ensure that oversight mechanisms in place are fit for purpose and accurately identify gaps in quality and safety in care provision.	<p>Senior Management will ensure that all action plans noted as completed by the centre manager will be followed up on during their next audit the following month by senior management.</p> <p>Senior Managers will review both young people during their monthly audits.</p>	Senior management will ensure to review all young person's files during their monthly audits in the centres to ensure they are accurately identifying gaps in the quality and safety in care provision.

	The registered provider must ensure that there is sufficient staff members available on each shift to allow for the deputy manager to focus on the provision of guidance and leadership.	There are sufficient staff members employed in the centre to allow the deputy manager to focus on guidance and leadership within the centre.	Senior Management will continue to review employee retention strategies in order to retain their staff teams and will continue to recruit for any available positions that arise within the centre.
<b>6</b>	<p>The centre manager and registered provider must ensure that the centre undertakes effective workforce planning to provide sufficient staff cover in line with their statement of purpose and function and to take account of annual leave, sick leave and contingency cover.</p> <p>The centre manager and registered provider must ensure that trends and patterns from exit interviews are analysed and appropriate interventions put in place to assist in the retention of staff.</p>	<p>The centre has sufficient staffing levels in the centre to undertake workforce planning and can provide staff cover for any leave taken. The Statement of Purpose has since been amended to account for the additional staff members that have been employed within the centre.</p> <p>The exit interviews will be discussed and analysed in more depth and detail during the monthly senior management meetings to review trends and to discuss on going interventions to retain employees.</p>	<p>Senior Management will continue to undertake effective work force planning for the centre. The centre is currently fully staffed and can accommodate for any leave.</p> <p>Exit interviews will continue to be reviewed and discussed in the senior management meetings and trends for staff leaving the organisation will also be reviewed in depth and discussed. Staff retention will continue to be reviewed and discussed at all management meetings.</p>