



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	TerraGlen Residential Care Services Ltd.
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	9th and 10th July 2025
Registration Status:	Registered from the 17th April 2023 to the 17th April 2026
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	3rd November, 2025

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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 17th April 2020. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 17th April 2023 to the 17th 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. At the time of the inspection, two young people were in placement however, one young person had recently moved temporarily to another placement but would return to this centre in due course.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.3
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 people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 27th August 2025. 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 2025. 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 17th April 2023 to the 17th April 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to, and complaints are acted upon in a timely, supportive and effective manner.

The centre had up-to-date policies on children's rights, access to information, recognising diversity and consultation with young people. A complaints policy was in place, and this was aligned to legislation, regulations and best practice guidelines.

It was clear from documents reviewed that children were listened to and their views and preferences were heard. The young people were provided with a young person's booklet on admission which included information around the rules and routines of their home and included information in relation to how to make a complaint and the external advocacy services available to them. Young people were consulted in relation to all decisions that affected their lives and were given opportunities to discuss decisions that they were unhappy with through their social worker, at child in care reviews or in one to one discussions with the staff team and management. There was a culture of transparency and openness among the staff team which was evident in how young people were supported to raise complaints and this culture was also observed by inspectors in staff and management interactions with the young person on the day of inspection.

Young person meetings were in place on a weekly basis and discussions took place around complaints and a range of topics relevant to the young people's care. There was good evidence of oversight of these meetings by the centre manager who was clearly identifying where meetings required improvement to ensure that these were an effective forum. Young person meetings were discussed at team meetings with outcomes agreed and young people were provided with feedback following this.

A complaints register was in place and on review of same the inspectors found that there were approximately sixty complaints recorded since January 2025. The register indicated that all complaints were closed however, in interview with the centre manager they confirmed that some complaints remained open externally to the service which was also confirmed in interview with the relevant social work department. Within team and management meeting minutes the inspector found

that complaints were regularly discussed. The inspectors found that the centre manager was not recording accurately within this register when complaints remained open externally to the centre and this must be reviewed.

From records analysed the reporting of complaints was not in line with policy, in that minor complaints were being notified despite being resolved immediately by the staff team. The staff team and centre management were clear in interview what constituted a complaint and were able to describe how complaints were categorised as notifiable and non-notifiable and the threshold for reporting same however, minor issues continued to be reported. This process must be reviewed to ensure that complaints are reported in line with the organisations policy and procedures and best practice.

Complaint records were of good quality and easy to follow with good feedback documented and oversight recorded from the centre management. There was a system in place to notify all relevant parties in relation to complaints. Additionally, parents were provided with a weekly call that included updates in relation to any issues that may have presented during the week. Within the records reviewed the person notified of the complaint was not always recorded and improvement is required to ensure that this is completed in relation to all parties notified.

Young people were provided with a clear outcome to their complaint, individual work was completed and where required, plans were put in place to support them around this. One young person interviewed demonstrated great confidence in the use of the complaints policy and told the inspector that they were satisfied how complaints were resolved in a timely manner. Young people and parents were supported to make complaints through the Tusla's Tell Us Complaints and Feedback procedure where complaints related to Tusla's practices and decisions.

There was no formal mechanism in place for young people to provide feedback on the complaints procedure and the inspectors recommend that a formal mechanism is put in place to capture this.

Complaints were also discussed within team meeting minutes, internal management meetings and significant event review group (SERG) meetings. The centre manager also completed a weekly governance report which provided an overview of complaints submitted for each young person. However, within these mechanisms mentioned it did not identify the deficits noted above.

There were numerous complaints submitted by two young people in relation to the level of different staff in the centre during the months of April and May 2025. The centre had implemented a range of different plans to provide the young people with a satisfactory outcome in relation to their concerns raised and this is discussed further under standard 6.1. The inspectors found from a review of these complaints that the centre were very responsive and attuned to the concerns raised by the young people.

The inspectors found that an internal audit had been completed in relation to Theme 1 of the National Standards for Residential Centres, 2018 (HIQA) however, this had not identified some of the deficits discussed above. The auditing system must be strengthened to ensure it is robust and effective to promote improvements in work practices and to achieve better outcomes for young people.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must review the organisations policy and procedure in relation to complaints with the staff team and ensure that all complaints are categorised and reported in accordance with this policy.
- The centre manager must ensure that all systems within the complaint management framework are fully completed and accurately recorded.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

It was clear from records reviewed that a culture was promoted whereby young people and staff members were encouraged to raise concerns, report incidents and identify areas for improvement. The centre manager advised that feedback was sought from relevant stakeholders in relation to areas of good practice and improvements. One young person confirmed to inspectors that they were confident that their views were listened to and changes were made where possible and were able to provide inspectors of examples of where this had happened.

Feedback forms were circulated twice yearly however, the centre manager advised that these were not always responded to. The inspectors reviewed one feedback form received from a relevant professional and found that it contained good evidence that the team had built a positive and transparent relationship with the relevant social work department. The inspectors found that where there was a differing opinion between the centre team and social work department that both parties were able to discuss this appropriately and reach a resolution in the best interests of the young person which further supported the open and transparent culture that was in place in the centre.

The organisation had clear policies and procedures in place for the notification, management and review of incidents. The staff demonstrated a clear understanding of what constituted a significant event and how this was notified and reported in line with the organisation's policy and procedures. Inspectors analysed a sample of significant event notifications and found that they were all recorded, and reported to relevant professionals, in line with regulatory requirements and centre policy. There was good oversight from regional management with feedback being documented and provided to the centre manager and staff team. Relevant social workers confirmed that all incidents were reported in a timely manner, were of good quality and accurate and that they were always kept up to date of incidents that occurred in the centre.

Incidents were reviewed at team meetings, significant event review group (SERG) meetings, internal management meetings and were also captured within the weekly

governance report completed by the centre manager. Within team meetings there was good discussion around complaints raised by young people and incidents that had occurred within the centre. While at times discussions documented were brief the inspectors found that relevant topics were referenced within this forum.

Significant review group meetings took place on a monthly basis, and these were attended by centre management, external management and members within the staff team were invited to participate also. Prior to this meeting taking place, the centre manager completed a significant review form which documented all information in relation to incidences that occurred for the young person. This form was then discussed as part of the SERG meeting forum. Within the SERG meetings, inspectors found that good discussion took place however, further improvement is required to ensure that incidents are evaluated, and that trends and patterns are identified to inform future learning. Within team meetings the inspectors found that learning identified from SERG meetings was not always recorded and improvement is required to ensure that learning identified from SERGs is documented to inform the development of best practice among the staff team. The centre manager was responsible for providing training in a recognised framework for the management of behaviour within the organisation. The inspectors recommend that consideration is given within the SERG forum that their professional expertise in this area is utilised to support the development of practices within the organisation in relation to the reviewing and management of incidents.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None

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.

Within senior management meetings and internal management meetings the inspectors found that workforce planning was regularly discussed. The centre manager completed a weekly governance report which was sent to senior management for review and also included information in relation to workforce planning. Inspectors found that the centre manager was proactively driving recruitment and were involved in a number of recruitment initiatives.

Staffing reflections were completed by the team daily following shift handover. On review of a sample of these, the inspectors found that on one occasion, staffing was mentioned as an issue, where a lack of a day shift had impacted work being completed. The centre manager was proactively working with the team to discuss the challenges around this to ensure that staff were supported should this issue arise in the future. It was evident from documentation reviewed and in interview with the staff members that they were kept up to date in relation to work force planning.

The centre was currently operating with a social care manager, a newly appointed deputy manager, two social care leaders and three social care workers. A third social care leader was due to return working in the centre in July following an extended period of leave. Four staff members had left their positions since the previous inspection in February 2024, three of which were in recent weeks. The inspectors found that the centre was operating below the minimum requirement as documented within the Tusla ACIMS Minimal Staffing Level & Qualifications for Registration Children's Residential Centres regulatory notice August 2024 for a period of three months. The inspectors found that the current staffing numbers were sufficient to support one young person in placement, however, should the second young person return to the centre the staffing numbers would not be sufficient to meet the needs of both young people.

The inspectors reviewed a sample of rosters and found that the centre were utilising at least one agency staff per day however, these were working alongside a core staff member. The rostering pattern in the centre consisted of two staff members

completing 24 hr shifts and a third staff member working a 12 hr shift. On review of the rosters the inspectors found that the centre was on the whole adhering to this rostering pattern.

The centre manager confirmed that they attempted to maintain the same staff members to ensure consistency in care and also to support the young people to develop more positive relationships with new team members. The centre manager had taken an active role in screening staff from the agency to ensure that they had the relevant experience and skills required to meet the needs of both young people in the hope that they would align to the ethos of the service.

Due to the young people raising complaints as mentioned above under Standard 1.6 around the additional staff members working in the centre, the centre manager had implemented a staffing profile for each new staff member upon induction to the centre. This provided the core staff team and young people with relevant information about the staff member to support the young people understand who they were and help them form more positive relationships with them. Agency staff members also attended staff team meetings to support consistency in care for the young people and to ensure that they were up to date with all relevant plans for the young people. The centre manager and regional manager confirmed in interview that one staff member was due to return to the centre in August from a sister service and that there was an identified staff member who was engaging in the recruitment process, and it was hoped they would accept the role in coming weeks.

The inspectors reviewed a sample of personnel files and found that documents were not always up to date or on file e.g. updated training certificates, qualifications or job descriptions. The centre manager must ensure that all personnel files are up to date and contain all relevant information.

The organisation had a range of retention benefits in place for staff which included access to EAP services, pension and a cash recruitment bonus. Staff in interview confirmed that they were supported and that during the year staff wellbeing days took place to promote a healthy working environment in the centre.

The centre manager had completed exit interviews with two staff members who had recently left the service and following a review of these the inspectors found that the reasons for leaving were outside the control of the centre. Inspectors recommend that feedback provided from these interviews are utilised to support recruitment practices within the organisation.

The centre had a clear on call policy and procedure in place and this was effective in practice. Staff in interview were able to describe to inspectors how this process worked.

Overall, the inspectors found that although the centre were operating below minimum requirements in relation to staffing numbers, this had not impacted the consistency in care provided to the young people due to the robust recruitment and staffing plans put in place to manage this situation. However, should the centre fail to come into compliance with staffing requirements combined with further changes to the staff team this could potentially impact that consistency and continuity of care for all young people 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 under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre is operating with the minimum staffing requirements set out in the Tusla ACIMS Minimal Staffing Levels & Qualifications for Registration Children’s Residential Centres regulatory notice, August 2024 and Article 7, staffing of the 1996 Child Care (Standards in Children’s Residential Centres) Regulations.
- The registered provider must review all personnel files to ensure that are up to date and complete for each staff member.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	<p>The centre manager must review the organisations policy and procedure in relation to complaints with the staff team and ensure that all complaints are categorised and reported in accordance with this policy.</p> <p>The centre manager must ensure that all systems within the complaint management framework are fully completed and accurately recorded.</p>	<p>Additional in-house training will be provided to the team to ensure full understanding of the complaints policy, and to ensure that all complaints are categorised and reported in accordance with this policy. Training will be delivered in house by the centre manager on the 23.09.2025. The complaints policy will be reviewed by senior management and any amendments will be circulated to relevant centres by 30.09.2025.</p> <p>The centre manager reviewed all complaints on the centre register which are now fully recorded and are accurate.</p>	<p>The centre manager will ensure all new staff receive training regarding the complaints policy/process, and check and challenges will occur during team meetings and supervisions.</p> <p>Senior management complete regular spot inspections and themed audits to ensure further governance and oversight.</p> <p>The centre manager to escalate any outstanding open complaints in a timely manner. The centre manager to review complaints recording within two days of a complaint being submitted.</p>
6	<p>The registered provider must ensure that the centre is operating within the minimum staffing requirements set out</p>	<p>The centre manager and human resources have been spending significant time in recruitment and the retention of staff.</p>	<p>The organisation will continue to place adverts nationally, continued recruitment, research benefits that can be sourced that</p>

	<p>in the Tusla ACIMS Minimal Staffing Level & Qualifications for Registration Children’s Residential Centres regulatory notice, August 2024 and Article 7, staffing of the 1996 Child Care (Standards in Children’s Residential Centres) Regulations.</p> <p>The registered provider must review all personnel files to ensure that are up to date and complete for each staff member.</p>	<p>Interviews have been completed and two new full time social care workers and one relief social care worker were successful in interview in August. Reference checks have been completed, garda vetting forms were completed by new staffing, and it is hoped that new social care workers can commence inductions when the garda vetting process is completed.</p> <p>The centre manager is attending a local college careers fair on the 15.10.2025 which is a feeder college for social care students. Additionally, the centre manager is attending a further careers fair on the 04.10.202 to aid with recruiting further social care staff.</p> <p>Senior management to complete an audit on staff personnel files by 07.10.2025. The centre manager completed a staff file audit following inspection and completed any outstanding information required on staff files. The centre manager has all supervisions typed and up to date in</p>	<p>will help in the retention of incoming staff. All to ensure the centres have the required staffing for the young people in their care.</p> <p>Registered provider is continually exploring other options of recruitment and most recently a new software recruitment programme was introduced to further enhance the recruitment process.</p> <p>Staff retention is discussed at management and board level meetings on a monthly basis. Two new human resource personnel were hired to support with recruitment.</p> <p>Centre manager supervision takes place every 4-6 weeks and as part of this staff member’s files will be reviewed. Any deficits will be notified by the centre manager. The centre manager will ensure there is a full oversight of staff files in the centre and appropriate and effective follow</p>
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		<p>addition to all training certificates being on file for each staff member. The centre manager has since completed a staff file audit each month and will continue to complete a monthly staff file audit going forward.</p>	<p>ups are completed to be ensure staff files are up to date and complete at all times for each staff member.</p> <p>Senior management will complete regular spot inspections and themed audits to ensure further governance and oversight on staff files.</p>
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