



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 181

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	TerraGlen Residential Services Ltd
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	31st May and 01st June 2022
Registration Status:	Registered from 16th November 2020 to 16th November 2023
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	27th September 2022

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
3.2 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.5 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.6 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	17

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 16th of November 2020. At the time of this inspection the centre was in its first registration and year two of the cycle. The centre was registered without attached conditions from the 16th of November 2020 to the 16th of November 2023.

The centre was registered to provide dual occupancy placements for two young people aged between 13 and 17 years of age on admission. Their model of care was described as a relationship-based model, adapted from pro-social modelling and attachment theories. There was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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 worker, 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 department on the 15th June 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 29th of June 2022. Upon review the inspectors requested a further review of the CAPA with the final CAPA received on the 15th of August 2022. This was deemed not to be satisfactory as issues contained in the report continued to be unmet. On this basis Regulation 7 was deemed not met.

The findings of this report and assessment of the submitted CAPA deem the centre to be not continuing to operate in adherence with regulatory frameworks and standards in line with its registration. It is the decision of the registration committee to attach a condition to the centre's registration under Part VIII Article 61 (6) (a) (i) of the Child Care Act 1991. The condition being:

‘There must be no further admissions of a young person under 18 to this centre until there is evidence of the appropriate numbers of staff with suitable qualifications and experience having regard to the number of children residing in the centre and the nature of their needs’.

This condition is to be attached to the registration of the centre as previously noted from the 16th of September 2022. The condition will be reviewed on or before the 16th of December 2022.

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.

A care plan was on file for the young person who had been residing in the centre for six months at the time of the inspection. Their initial child in care review (CICR) was held a week after their admission which was in line with regulatory timeframes outlined in the Child Care Regulations, 1995. A subsequent CICR was scheduled to take place two weeks after the inspection. There was a six-month delay in the care plan being provided to the centre which deemed the care plan out of date. Internal and external management followed procedures contained within their escalation policy in receiving the care plan. However, for the policy to be effective the inspectors recommend that the procedures within the policy are reviewed as the timeline when the centre received the care plan exceeded policy timelines. In interview, the social worker cited heavy caseloads as the reason for the delay.

Centre management did not record minutes of the initial CICR. The inspectors also recommend that this happens at all meetings held for young people and further that given their experience in not receiving the care plan in a timely manner that they agree actions identified at the CICR with the social worker to assist the development of placement plans for the young person so that their identified goals and needs can be actioned and responded to by the staff team.

Professional network meetings were being held fortnightly where the actions contained in the care plan were being actively monitored, reviewed and further actions implemented as required. These meetings were ensuring that the needs of the young person who presented with challenging behaviours and learning difficulties were prioritised in line with their development and progress across areas of assessed needs. Professionals in attendance at these meetings included social work, mental health professionals, speech and language, education welfare officer, occupational therapy, members of the Tusla therapeutic hub, centre and senior management and staff. In interview, centre management and staff, the social worker and the appointed guardian ad litem all stated that the young person was making significant progress in

the centre and that they were benefiting from the support and commitment of the professionals' network meetings and their input in planning their overall care. It was stated in policy that young people were supported to attend their CICR's and state their views. There was no evidence that this occurred prior to the single CICR held to date or that they attended the CICR. The inspectors acknowledge that the review took place one week following their admission and that the young person struggled during the initial period of the placement. The centre manager has agreed to submitting relevant records when completed for the next CICR.

It was the inspectors' findings that overall, the centre's placement planning system was being implemented in line with policy with improvement required in one area. Consistency was found in the young person having placement plans that covered all relevant areas and that were reviewed regularly where progress was noted from the sample reviewed by the inspectors. The initial placement plan documents were based on information gathered from pre-admission information, professional network meetings, staff observations and other needs identified by staff. Keyworkers and a case manager held responsibility for ensuring the development of placement plans and the goal setting and interventions aspects required in the process. There was evidence of keyworking being completed in line with the goals contained in the placement plan. Informally, through normal everyday conversations and daily living arrangements it was evident from centre records that the young person was involved in the development of their placement plans. The young person told the inspectors that did not know what the placement plan document looked like. In follow up with senior management they agreed with the inspectors that a child friendly version of the placement plan document could be adapted from the current document that would assist them in understanding the work of the staff team and that would include their input. This would also assist the young person in developing trusting relationships with their keyworkers and the staff team. The document should also consider the young person educational abilities. The centre manager and staff stated that the appointed keyworkers were good advocates for the young person. In conversation, the young person too stated to the inspectors that they liked their keyworkers. They also indicated in their questionnaire that staff were easy to talk too and that they listened to them. Placement plans were discussed in detail at team meetings.

Since the 2021 inspection there has been good improvement with respect to the input being provided by the internal clinical psychotherapist to the staff team. A consultation form was developed, and there was evidence of them being utilised monthly and being discussed at team meetings. Staff gave good feedback on the form

and were able to describe in detail examples of the recommendations and interventions by the clinical psychotherapist. An ongoing key point noted from the review of the consultation forms was the need for a consistent staff team that can provide routine, structure, predictability, boundaries for the young person. Externally, there was some delay in sourcing and accessing specialist supports for the young person. The social worker advised that a therapeutic team meeting was being held the day after the inspection with the focus being placed on the development of a specific therapeutic plan so that all specialist supports can work collaboratively. As mentioned above it was re-iterated to the inspectors that the establishment of a stable staff team remained a priority and pivotal for when the young person engages in direct pieces of work with clinicians. It was evident that efforts were being made by the centre in creating a therapeutic environment for the young person that would occur in line with the actions of the therapeutic plan. This was deemed an ongoing piece of work that would include refurbishment of the centre to enhance it further.

The young person's care file indicated that good contact was being maintained with family members, that focused on scheduling and facilitating parental and sibling access, supporting contact arrangements, and accessing parental views regarding placement planning. From the review of documentation and interviews there was evidence that there was good communication between the centre and the social worker with the purpose of ensuring a continuity of care. The social worker was provided with placement plans who stated they complied with the young person's care plan.

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

Compliance with standards	
Practices met the required standard	Standard 2.2
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 identified.

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.

For both the centre and organisation there was a clear management structure in place, with staff interviewed aware of those holding specific internal and external management roles and responsibilities and of the members of the organisation's board of management. The centre manager as the appointed person in charge, was charged with overall responsibility for the running of the centre. The director of operations, the centre managers line manager, stated in interview their roles and responsibilities included oversight and auditing processes to support the work of the centre manager. In interview, staff named that the centre manager was supportive and approachable with the social worker and guardian ad litem stating that their commitment to providing care and support to the young person was clear and that of staff team and organisation too. The inspectors observed positive interactions between the centre manager and the young person and of the good professional relationship that had been developed. Elements of trust and care were visible from such interactions. Positive interactions were also noted between the young person and members of the staff team that were on duty on the onsite day of the inspection.

The centre manager named in interview the existing deficits within the internal management structure. The new and experienced deputy manager was the appointed person to step up into the centre managers position during their time off. A single social leader was in post with two additional social care leader positions vacant. The written delegation of tasks record did not outline specific delegated tasks that the manager had assigned to other staff. The current delegation folder consisted of tasks that would ordinarily be handover tasks.

In terms of oversight, the centre manager clearly demonstrated in interview their management and leadership duties and responsibilities and further, identified deficits that existed. Team meetings were held regularly, they attended the daily handover meetings, and submitted weekly governance reports to the director of operations. Relevant records reviewed by the inspectors corroborated this finding

too with good, detailed minutes of team meeting noted. Deficits identified included irregular individual supervision of staff and shortfalls in the core training as outlined in centre policy. To support the staff team and make efforts in retaining a consistent and stable staff team the centre manager must prioritise their supervision responsibilities. The centres training schedule recorded dates for when core training and other types of training that were relevant to the needs of the young person for would be provided. Dates for site specific fire safety, ligature training, suicide awareness were yet to be confirmed. A single staff member had been provided with ligature training. The centre manager must ensure that training deficits are addressed.

The centre managers oversight of the notification of significant events (SEN's) system was noted with the social worker stating that they received them promptly. The centre managers comments were recorded on the sample of SEN's reviewed by the inspectors. A discharge SEN was not completed for the young person last to leave the centre. This was rectified by the centre manager prior to the draft report being issued.

There was evidence of operational policies and procedures being discussed at some level at team meetings. The contract in place with the Tusla national private placement team was signed in October 2021. The director of operations and director of services submit regular reports to the placement team and a review was held with that team three weeks prior to the inspection.

The risk management framework included centre and organisations risk registers being in place and a risk escalation policy. Centre management and staff in interview described their understanding of how the framework was implemented in practice. There was a deficit in staff being able to identify to the inspectors how they kept themselves updated on the multiple individual risk assessments in place for the young person with safety plans also in place for staff to follow. It was evident that some were regularly reviewed at team meetings. However, it was the inspectors' findings that the risk assessments were very protracted at times and recommend that senior management consider reducing them to outline specific clear guidance for use in practice, for the benefit of the newer and more inexperienced staff members without losing its purpose at the same time.

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

Actions required

- The centre manager must ensure that a written record is kept when tasks have been delegated and of any key decisions made.
- The centre manager must ensure that supervision occurs in line with policy.
- The centre manager must ensure that training deficits are addressed.
- Senior management must be satisfied that the staff team has an ongoing awareness of the multiple risk assessments and risk management plans in place for young people.

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.

Senior management had mechanisms in place to keep themselves appraised of arrangements related to workforce planning. Staffing levels and deficits were discussed at management meetings and captured by the weekly governance reports. The inspectors identified that current organisational initiatives to retain staff, as detailed in the retention policy and as stated in interviews was proving ineffective and required significant improvement to curtail the increasing levels of staff turnover. Since the last inspection in May 2021 to the time of writing this report, a total of 15

staff had left the centre including a centre manager. Of these, 11 left since the current young person was admitted. This did not comply with the centres statement of purpose and needs of the young person in placement. A single staff member had remained working in the centre since it opened in November 2020. The current staffing levels comprised of a centre manager and seven staff; a deputy manager, one social care leader and five social care workers. There were two social care leader vacancies with recruitment ongoing at the time of the inspection. It was the inspectors finding that the centre was not operating with the requirements set out in the updated Tusla ACIMS memo, February 2022, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.

The centre manager and six social care staff held the appropriate and/ or related qualification. The seventh staff member had completed their studies in a related field in May 2022. However, their transcript of results was not expected to be available until Mid-June 2022. The centre manager must then immediately submit the transcript of results to ACIMS.

A relief social care worker without the necessary qualification was available to support the staff team and cover annual leave, sick leave, and any other type of leave. In line with the Tusla ACIMS memo, of February 2020 and updated memo in February 2022, unqualified staff are not permitted to carry out duties in a children's residential centre. From the review of the staff rota over a six-month period a high number of staff from other centres within the organisation covered shifts in the centre. Staff were also completing double shifts due to staff shortages. The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.

The young person in placement stated during conversation that staff turnover was a difficulty they had experienced over the six months in the centre to date. This was also stated by staff in interview and further, from the inspectors review of a sample of exit interviews. Low staff morale, burnout, exhaustion, lack of supervision, staff sick leave, reduced work life balance and salary increase and benefits in new jobs were named as reasons for staff leaving the centre. The daily staff shift ratios included two staff completing 24-hour sleepover shifts. The centre manager worked regular office hours, 9am – 5pm Monday to Friday and the deputy manager was not assigned to set office days, rather completed sleepover shifts, again due to staff shortages. In interview, centre and senior management and staff stated they were satisfied with the day-to-day staffing arrangements despite the ongoing challenging and high-risk behaviours presented by the young person evidenced too by the large volume of

SEN's returned to date. This did not concur with the inspectors' findings relating to significant staff turnover as named above. The registered provider must ensure that outcomes are yielded immediately from staff retention discussions at management level and information returned in exit interviews. The staff retention strategy needs to be reviewed but for the more immediate future additional staff support measures are required to prevent and curtail the increasing levels of staff turnover.

The centre had a formal on-call arrangements in place with some improvement required in terms of practice. The on-call rota was managed by centre manager, deputy manager and a social care leader. This will include two additional social care leaders when the positions are filled. For one challenging incident which took place over a prolonged period in the centre and where staff were not able to positively engage with the young person, inspectors found that on-call should have attended the centre as part of their support to staff when they were contacted. An Garda Síochána and hospital services were utilised as part of the response to the incident. The registered provider must satisfy themselves that those holding on-call responsibilities make professional judgements when responding to incidents, to do so safely, for the young person and staff member.

Compliance with Regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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	Not all standards under this theme were assessed
Practices did not meet the required standard	6.1

Actions required

- The registered provider must ensure that the centre is operating with the staffing level requirements set out in the Tusla ACIMS memo, February 2020 and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.
- The centre manager must submit the transcript of results for the relevant staff member.

- The registered provider must ensure that the centre is operating with the staffing qualification requirements set out in the Tusla ACIMS memo, February 2020 and the 1996 regulations.
- The registered provider must consistently ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.
- The registered provider must ensure that outcomes are yielded from staff retention discussions at management level and information returned from exit interviews.
- The staff retention strategy needs to be reviewed immediately in addition to securing additional staff support measures to prevent and curtail the increasing levels of staff turnover.
- The registered provider must satisfy themselves that those holding on-call responsibilities make professional judgements when responding to incidents.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified.		
5	<p>The centre manager must ensure that a written record is kept when tasks have been delegated and of any key decisions made.</p> <p>The centre manager must ensure that supervision occurs in line with policy.</p> <p>The centre manager must ensure that training deficits are addressed.</p>	<p>The delegated task form will be utilised at team meetings and when appropriate by the centre manager to record decisions and tasks delegated to staff members. employees.</p> <p>The centre manager will ensure that supervision is being completed in line with policy, every four to six weeks. Supervision dates for June and July have been submitted to ACIMS to evidence this.</p> <p>All staff members are booked into required training and have either completed the necessary training since the inspection or the training date is pending.</p>	<p>Senior management will review the delegation folder when they are in the centre monthly to ensure that there is a clear written record being kept of any delegated tasks.</p> <p>Senior management will review all supervisions during monthly audits to ensure that they are in line with policy. DOO will also ensure that all staff are being supervised within the appropriate timeframes in line with policy.</p> <p>The DOO and DOQA will continue to review the centre training audit monthly to ensure that all employees training courses within the centre are up to date and that they have been booked into the next available training session.</p>

	Senior management must be satisfied that the staff team has an ongoing awareness of the multiple risk assessments and risk management plans in place for young people.	Senior management reviewed the risk assessments and spoke with the team following the inspection and they are satisfied that the staff team have an awareness of all risk assessments and safety plans in place for the young people. Risk assessments and safety plans will continue to be reviewed fortnightly at team meetings.	Risk assessments and safety plans for the young people will continue to be reviewed by the centre manager on a weekly basis and will be reviewed with the team during the fortnightly team meetings. Senior management will continue to sit in on centres team meetings monthly to ensure the team are up to date and aware of all risk assessments & safety plans. Senior management will also have oversight of the same during monthly audits.
6	<p>The registered provider must ensure that the centre is operating with the staffing level requirements set out in the Tusla ACIMS memo, February 2020 and the 1996 regulations.</p> <p>The centre manager must submit the transcript of results for the relevant staff member.</p>	<p>Senior management continue to work towards ensuring the centre is meeting the staffing level requirements as set out in the Tusla ACIMS memo. As the centre is not at the acquired staffing level requirements in the centre, there are no young people in placement within the centre.</p> <p>The transcript of results has been provided to ACIMS. Verification of same will be provided to ACIMS without delay.</p>	<p>Senior management will continue to recruit and employ appropriately qualified staff for the centre. Recruitment drive is ongoing within the centre and the organisation. Senior management are ensuring to comply with the staffing level requirements and until this is achieved, there will be no young person admitted into the centre.</p> <p>The centre manager and senior management will continue to audit the employee files on a regular basis to ensure all required documentation is held on file.</p>

	<p>The registered provider must ensure that the centre is operating with the staffing qualification requirements set out in the Tusla ACIMS memo, February 2020 and the 1996 regulations.</p> <p>The registered provider must consistently ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.</p> <p>The registered provider must ensure that outcomes are yielded from staff retention discussions at management level and information returned from exit interviews.</p>	<p>Senior management continue to work towards ensuring a full staff team that is in line with the Tusla Memo with regards to the appropriate qualifications.</p> <p>Senior management will continue to advertise for qualified and experienced relief staff to support the staff team to cover varying types of leave. Recruitment of relief remains an ongoing process currently.</p> <p>Exit interviews are reviewed with centre managers and are discussed at monthly manager meetings as are retention strategies. The managers meetings when outcomes have been decided will be recorded on meeting forms. Retention strategies is an ongoing discussion within the organisation.</p>	<p>Senior management continue to advertise, both internally and externally, for employees with appropriate qualifications as outlined in the Tusla memo 2020.</p> <p>Senior management will ensure that the newly employed relief have the appropriate qualifications as outlined in the Tusla memo and have the necessary experience to support the staff team when on shift. Recruitment of relief remains an ongoing process for senior management currently.</p> <p>Senior management and centre managers will continue to discuss staff retention strategies and will review exit interviews to inform discussions around retention strategies. When outcomes have been decided, they will be recorded on the manger meeting minutes document. Retention strategies is an ongoing discussion within the organisation.</p>
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	<p>The staff retention strategy needs to be reviewed immediately in addition to securing additional staff support measures to prevent and curtail the increasing levels of staff turnover.</p> <p>The registered provider must satisfy themselves that those holding on-call responsibilities make good professional judgements when responding to incidents.</p>	<p>Board of management have reviewed staff retention strategies and will be rolled out in the coming month/s.</p> <p>Senior management will ensure that those employees who engage in on-call responsibilities display good professional judgement when responding to incidents.</p>	<p>Retention strategies will continue to be reviewed monthly at manager meetings, reviewing exit interviews and discussions that take place between directors of the company.</p> <p>Senior management will continue to satisfy themselves of on-call demonstrating professional judgement by reviewing on-call forms while conducting an audit and by reviewing SENs and discussions with centre managers.</p>
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