



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 121**

**Year: 2017**

**Lead inspector: Sinead Diggin**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Terra Glen Respite  Services Ltd</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Dates of Inspection:</b>	<b>25<sup>th</sup> &amp; 26<sup>th</sup> January 2017</b>
<b>Registration Status:</b>	<b>21<sup>st</sup> October 2016 to the 21<sup>st</sup> October 2019 no conditions attached</b>
<b>Inspection Team:</b>	<b>Sinead Diggin Martina Byrne</b>
<b>Date Report Issued:</b>	<b>September 2017</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

## 1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was unannounced and took place over the following dates, 25<sup>th</sup> & 26<sup>th</sup> January 2017.

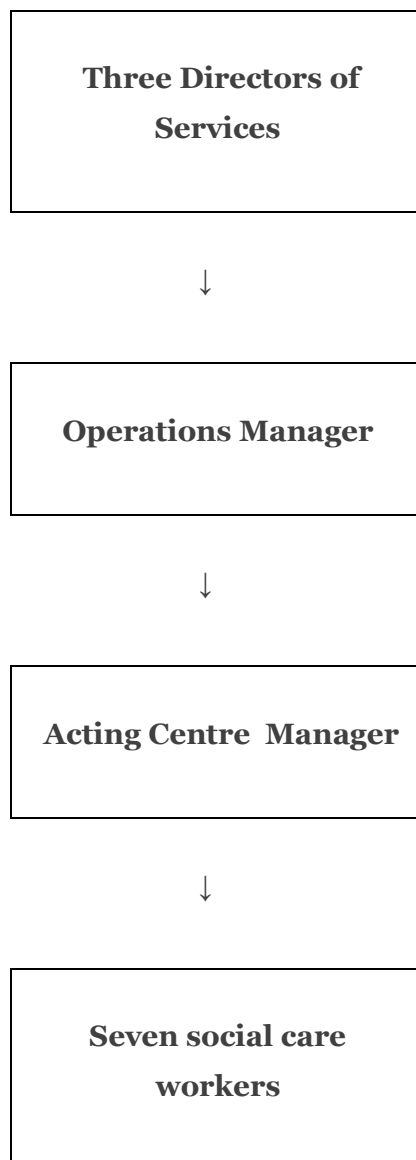
The report is based on a range of inspection techniques including:

- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The acting centre manager
  - b) The operations manager
  - c) Two staff members
  - d) One social worker
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains from 21<sup>st</sup> October 2016 to 21<sup>st</sup> October 2019.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### 3.2.1 Practices that met the required standard in full

##### **Register**

The centre has a register of young people who are residing in the centre. Inspectors found that it was complete and contained all the required information. A duplicate record of this is kept centrally by Tusla, Child and Family Agency.

##### **Supervision and support**

The centre has a policy which states that supervision will take place every four to six weeks. As the centre is newly opened, supervision for staff has just recently commenced with the majority of staff receiving at least one session. The manager has received training in the provision of supervision and plans to supervise all staff, at least until the team are well established. Inspectors viewed the supervision records, where contracts were found on some records. Inspectors found the writing difficult to read and so could not comment on the quality of supervision provided.

Team meetings are held weekly and it is compulsory for all staff to attend. Inspectors reviewed the team meetings and found that there was generally five or six staff of the seven staff members in attendance. Minutes of team meetings displayed that young people were discussed with key workers having completed a weekly report. Also discussed were any significant events that had occurred as well as placement plans and individual crisis management plans. The minutes reflected direction from the manager with tasks or responsibilities assigned.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Management**

At the time of inspection the centre was being managed by an acting manager who was suitably qualified. The acting manager has been in place since the centre opened and was expected to remain in place until the centre manager returned from maternity leave. The acting manager had previously been working for two years as a deputy manager in another centre within the organisation. The acting manager stated to inspectors that the position was advertised externally and they were interviewed for the post. The acting manager had an induction which was completed by the operations manager over a two day period. The induction in to the position involved explaining the role of the manager and going through the policies and procedures. Although the manager had experience working as a deputy manager within the organisation, inspectors do not view an induction period of two days to be sufficient for a manager's role. This was a new centre that has only been operating for a short period of time with a new staff team. The acting manager works 9-5pm five days a week and is supported in their role by an acting deputy manager. The acting manager explained that their role involved running the centre as a whole, caring and working with the young people, guiding the staff team and dealing with any issues that may arise as well as providing on call. They also prepare and complete a monthly report for the operations manager. In interview inspectors found the manager to be committed to the young people and the goals they wanted to achieve.

The acting manager is line managed by the operations manager whom they meet with every two weeks. The acting manager stated to inspectors that they visit the centre and while present will view centre files, oversee what the manager is doing and addresses any issues. The acting manager also stated that the operations manager is always available by telephone if required. In interview with the operations manager, they stated that they oversee all centres within the organisation, visit the centre twice a month and chair monthly managers meetings. Their duties include planning for training and oversight of the budget, supervising and mentoring the acting manager and they report to the Board of Directors. Inspectors found that the operations manager was in the early stages of developing mechanisms to ensure appropriate care practices were in place and at the time of the inspection had a clear vision of what they wanted to achieve.

## **Notification of Significant Events**

The centre keeps a register of significant events. Inspectors viewed a sample of significant event notifications (SEN's) and found that the quality of recording needed to be improved. Inspectors found from reviewing centre records one incident of suspected substance misuse that should have been reported as a significant event but was not. The social workers interviewed were satisfied that they received the SEN'S promptly. The organisation has their own significant event review group for the purpose of reviewing all significant events in all of the organisation's centres.

## **Staffing**

At the time of inspection the centre had a compliment of seven full time staff including the manager. The organisation also has a panel of relief staff who cover for annual or sick leave between all of the centres. Four of the full time staff had transferred from other centres within the organisation. Inspectors found that there was a balance of experienced to inexperienced staff within the team. In interviews staff had a good understanding of the model of care which was relationship based adapted from the pro social modelling and attachment theory.

As the team were establishing themselves, they will require support in order to develop as a whole.

The manager reports that they accept 3<sup>rd</sup> year social care students from college and have a policy in place for this. The manager stated that students shadow staff on shift as part of their placement and are not used to cover the rota. As the centre is newly opened, there have been no students to date.

Inspectors reviewed the staff personnel files and found that all staff had Garda clearance and all but one has a qualification relevant to social care which had been verified by the associated colleges. One file reviewed found that two references had not been verified and this needs to be addressed by the acting manager.

## **Training and development**

The operations manager has oversight of the staff training needs and since their appointment has organised refresher training in the model of care. The manager stated that staff had received training in 'Children's First National Guidance for the protection and welfare of children' 2012. From a review of the staff personnel files,

there were no training certificates to confirm this. Staff had received training in First Aid and Fire and Safety training. From reviewing the training files, inspectors found that not all certificates were on file to support this. Training had taken place in the centres model of behaviour management however the operations manager stated to inspectors that a decision has been made to revert back to the previous model of behaviour management which was therapeutic crisis intervention (TCI). All staff will have to be fully trained in this model and undertake refresher training every six months as required. Management has also sourced training based on the current needs of the young people and will include workshops on trauma, attachment and social and emotional development. This is to take place over a number of weeks and will be provided by an external specialist.

### **Administrative files**

Each young person has individual care files and utilise the Dublin North East, Tusla recording system. Inspectors found the files were relatively well organised and easy to navigate. Daily records reviewed displayed that not all had been signed or dated. Information on the front of the log books was not up to date or completed in full. This would indicate a lack of oversight by the manager and operations manager. Inspectors found that the section for the young person's comments was sometimes recorded but needs to be more consistent. The manager receives a weekly budget to meet the needs of the young people and has stated that they can request funding for additional funds if required.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*  
*-Part III, Article 5, Care Practices and Operational Policies*  
*-Part III, Article 6, Paragraph 2, Change of Person in Charge*  
*-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*  
*-Part III, Article 16, Notification of Significant Events.*

## Required Action

- Senior management must ensure that there is a comprehensive induction plan in place for both managers and staff.
- When reviewing the daily records management must ensure that staff are clear on what constitutes a significant event.
- The manager must review the staff personnel files and satisfy themselves that all references have been verified.
- Management must ensure that training certificates are obtained and stored on staff files.

## 3.5 Planning for Children and Young People

### *Standard*

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

### 3.5.1 Practices that met the required standard in full

#### Suitable placements and admissions

The inspectors were given a copy of the purpose and function of the centre which stated that they will provide medium to long term care for up to four young people between the ages of twelve and eighteen years. Inspectors noted that this differs from the information in their admissions policy and procedures provided to the inspectorate and this needs to be updated. Registration from the inspectorate was agreed from thirteen to eighteen years. The admissions policy refers to both planned and emergency admissions. The centre aim for planned admissions with a transition period of day and overnight visits before the young person moves in to the centre. One young person had a planned admission while the other young person was an emergency admission. The emergency admission was at the request of the social work department and the centre facilitated this. There is written information about the centre available for professionals and a booklet available to young people. There were pre admission risks assessments and a risk assessment completed by the centre for

both young people and the acting manager and social worker was satisfied that the young people were suitably placed.

### **Statutory care planning and review**

The care plan on file for one young person had not been updated since their admission to the centre. A professional strategy meeting had taken place and a child in care review had recently taken place and the centres were waiting for the minutes from the social work department. The second young person was due to have their child in care review two weeks following the onsite inspection and a strategy meeting had taken place in the interim. There were placement plans on file which included both long and short term goals. Inspectors noted there were several typing errors in one young person's plan which could lead to confusion when reading them. As stated previously in this report, this indicated poor oversight by management. The other young person's placement was focused, referred to individual work and tasks required, with the dates completed and an outcome recorded.

### **Contact with families**

The young people have contact with their families which can take place in the centre or at an alternative location. There is space within the centre to meet with family or friends in private. One young person has visited family members outside of the country and this is facilitated by their social worker as well as the staff team. Families are updated on the young people's progress by staff or their social workers.

### **Supervision and visiting of young people**

Both young people have only recently moved to the centre and have been visited by their social workers regularly. The young people also see their social workers outside of the centre. One young person has an aftercare worker who has also visited and a guardian ad litem was due to visit a young person in the week following the inspection.

## Social Work Role

### **Standard**

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Both young people have allocated social workers and inspectors found evidence that social workers visit the young people in the centre. One social worker stated that they have a lot of contact with the young person both inside and outside of the centre. There was evidence that professional and strategy meetings had taken place for both young people and social workers confirmed that they receive regular reports from staff in the centre.

### **Emotional and specialist support**

The young people have two key workers and there was evidence on file of key working sessions taking place. Individual work has also taken place which can be planned or opportunity led. Both young people had been engaged in specialised services relevant to their needs in their previous placements. A new referral has been made for one young person to a specialised service in the area of this placement. The manager has stated that they are hoping to link the other young person in with a specialised service but so far they are refusing to attend. In consultation with the social worker staff are due to have training from a specialist in relation to a young person's needs and this is to take place over a number of weeks.

### **Preparation for leaving care**

One young person is preparing for independent living and their placement plan reflected this. A life skills needs assessment was completed and a preparation for leaving care plan was developed from this. Key working and individual work sessions have been taking place on a regular basis. Topics covered included daily tasks within the centre, budgeting, sexual health, education and managing emotions.

## **Discharges**

The centre has a policy on discharges and aim for a planned transitional discharge. There have been no discharges since the centre opened.

## **Aftercare**

The young person preparing to leave care has an allocated aftercare worker and an aftercare plan has been completed in consultation with the young person. This plan will be reviewed and finalised before the young person moves on from their placement. The young person is interested in moving to a residential aftercare placement and plans were in place to explore this as an option.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Children's case and care records**

Inspectors found that the case records were relatively well organised and easy to navigate. There are copies of birth certificates and care orders on file and the manager is aware of the company's policy to maintain and store the care files. As identified earlier in the report there were deficits in some of the centre records and this had not been identified or addressed by management. One staff member stated to inspectors that further training in report writing would be beneficial and inspectors concur with this. Management must ensure that accurate recording takes places and ensure that that records are dated contain full signatures.

### **3.5.3 Practices that did not meet the required standard**

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***



The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

***-Part III, Article 10, Health Care (Specialist service provision).***

### **Required Action**

- Management must ensure that accurate recording takes place and ensure that that records are dated contain full signatures.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Senior management must ensure that there is a comprehensive induction plan in place for both managers and staff.	<p>Centre Management has introduced a comprehensive induction plan for all staff members commencing in the centre. This involves a two-day induction whereby SCW's will need to read and sign that they understand all policies and procedures for the centre. SCW's will also need to read and sign that they understand the health and safety statement. All YP's files will need to be read with focus given to YP's:</p> <ul style="list-style-type: none"> <li>- ICMPs</li> <li>- BSMPs</li> <li>- Placement Plans and referral information.</li> </ul> <p>It is ensured that all new staff work alongside an experienced core member of the staff team.</p>	<p>Operations Manager will implement a comprehensive induction for all managers when starting within the service</p> <p>Operations Manager will sign off on all inductions for all new social care staff within the service moving forward</p>

	<p>When reviewing the daily records management must ensure that staff are clear on what constitutes a significant event.</p>	<p>The centre manager sits in on handovers where possible. In the event that they are unavailable to, they link in with the centre via telephone and satisfies themselves of what is going on within the centre. This is to provide support for all staff members and if required can advise SCW's the threshold for reporting an SEN.</p> <p>The Centre Manager oversees all SEN's and comments on same.</p> <p>There is also an on-call system to provide SCW's with support regarding same.</p> <p>Centre Manager has completed a workshop on the threshold for raising and reporting an SEN on 18.7.17 All staff attended this</p>	<p>Operations Manager has requested that all managers review the reporting threshold for what constitutes and SEN and ensure that this is addressed within their staff teams.</p>
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	<p>The manager must review the staff personnel files and satisfy themselves that all references have been verified.</p> <p>Management must ensure that training certificates are obtained and stored on staff files.</p>	<p>TerraGlen has appointed an administrator to complete the vetting process for all new appointments to the service.</p> <p>On receipt of the staff's personnel file the Centre Managers reviews same to ensure that the vetting process is complete.</p> <p>Centre Manager has requested training certificates for training completed by SWs with TUSLA. Centre Manager continues to await same</p>	<p>Operations Manager conducts file reviews within the service and staff personnel files are reviewed to ensure that the vetting process in line with our policy and procedures and meets the standards</p>
<b>3.5</b>	<p>Management must ensure that accurate recording takes places and ensure that records are dated and contain full signatures.</p>	<p>Centre manager now completes monthly audits to ensure that accurate recording takes place and that all documents are dated and signed.</p>	<p>Operations Manager conducts file reviews within the service to ensure that all documentation and recording is of a good standard.</p>