



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 121

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Terra Glen Residential Care Services Ltd
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	12th & 13th July 2023
Registration Status:	Registered with an attached condition from the 21st of October 2022 to the 21st of October 2025
Inspection Team:	Eileen Woods Lorraine Egan
Date Report Issued:	21st December 2023

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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 21st October 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 21st October 2022 to 21st October 2025.

The centre was registered as a medium to long term, multi-occupancy service for up to two young people aged thirteen to seventeen upon admission. The centre applied to change their purpose and function to this capacity and age range in April 2023 and this was approved by the ACIMS registration panel. The centre's model of care was described as a pro-social modelling approach implemented by staff through a relationship based and attachment theory informed framework. 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
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.2
6: Responsive Workforce	6.1 & 6.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young 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 29th of August 2023 and to the relevant social work departments on the 29th of August 2023. 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 19th of September 2023. This was deemed to not be satisfactory and the inspection requested a revised CAPA and evidence to be provided of the actions implemented to date. This unannounced inspection took place on the 12th and 13th of July 2023, the inspectors escalated the centre to their line management with immediate effect, following which the registered proprietor was invited to a meeting with ACIMS regional manager and head of inspection. This meeting took place on the 17th of July 2023 where commitments were given regarding compliance with Child Care (Standards in Childrens Residential Centres) 1996, Articles 7 Staffing and Article 8 Accommodation. The draft report was issued on the 29th of August 2023 and an immediate action notice and proposal to attach conditions notice was also sent on the 29th of August 2023. A first CAPA was received on the 19th of September 2023 and the updated CAPA was received on the 29th of September 2023. An onsite visit took place at the centre on the 3rd of October to complete a review of the implementation of the CAPA and representations made by the registered proprietor.

Following this onsite visit a further letter was issued to the registered proprietor relating to new concerns regarding compliance with the Code of Practice For Fire Safety in new and existing Community Dwelling Houses 3.3.5 Fire Doors and recording and reporting practices, a response was received on the 17th of October and this was not deemed to have fully met the practice issues identified during the 3rd of October visit. An engineer provided written evidence of compliance with the Code of Practice and Part b of the relevant regulations with regard to the internal doors. A compliance meeting was held with the registered proprietor on the 23rd of November 2023 and undertakings were made regarding fundamental changes to address governance and compliance at the centre.

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. As such it is the decision of the Child and Family Agency to register this centre, ID Number:121 with an attached condition from the 21st of

October 2022 to the 21st of October 2025 pursuant to Part VIII, Article 61(6)(a)(i) 1991 Child Care Act.

The condition being:

- The centre must fully implement the Corrective and Preventative Actions (CAPA) in response to the inspection findings and representations made on the 23rd of November 2023 following the regulatory compliance meeting.

The attached condition will be reviewed by the 31st of March 2024.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

During this inspection visit the inspectors did not receive direct feedback from the young people about how they are listened to and involved in their care at the centre. Both young people greeted inspectors and briefly interacted but declined to meet for a chat at that time and later declined, through the staff, to complete optional questionnaires. Findings have been drawn from records, recorded comments made previously by the young people, from staff interviews and input from social workers and a Guardian ad Litem.

During the interviews with staff they spoke about rights in the context of family access, education, wellbeing and health. Inspectors found that aside from the complaints policy none of the staff interviewed could recall centre policies that supported the realisation of rights and support for consultation with young people and their families. The staff team must be well informed about policies supporting children's rights and a team-based review of policy was found to be required along with an analysis to identify any gaps they may wish to address in this area.

The core centre staff were responsible for dietary, social and wellbeing development and there was evidence of efforts to promote these aspects but this was limited and required extensive review and rapid improvements. The availability of a full staff team was required to be able to achieve these goals. The centre, at the time of the inspection, had a manager and four and a half staff in post, a deputy manager was commencing induction on the day of the onsite visit. This along with the complex needs of the young people were impacting all aspects of daily life from a lack of food routines, a damaged physical living environment and a lack of diverse daily plans. Regarding the property inspectors found a poorly presented property inside and out lacking decoration with multiple areas where there was damage and recurring repairs

completed. There were daily and weekly plans which inspectors found needed significant improvement. There was concurrent evidence of a Tusla social work area making available significant additional consultation and resources for the centre to be able to achieve progress.

There were several complaints on file made by one young person in particular, their young age and level of need was acknowledged and their access to complaints was promoted and supported by the manager in a fair approach. The records of the outcomes or conclusions of those complaints, particularly in the centre register, were unclear at times and all were pending social work sign off. The centre management must review these records and allegations linked to some of these complaints and place a clear record of process and outcomes on file. Inspectors have asked the social worker involved for one young person to verify, for the record, what the actions and outcomes had been agreed with the centre and actions through to outcomes for previous allegations against a staff member. There must be collaboration with allocated social workers on all outstanding complaints and allegations.

There was a good quality children's booklet in place that talked about the United Nations Convention on the Rights of the Child, sections of the booklet contained information on how some of these rights would be realised. Inspectors heard that prior to an admission information including the booklet would have been shared but there was no concrete evidence of staff going through the booklet with the young people. Inspectors could not find key work related to addressing rights or the young people's understanding of rights and this should remain in focus as a goal to complete during their stay. There was some evidence that young people had been told about the young person's care advocacy group empowering young people in care, EPIC, but due to ongoing incidents of centre damage no items related to this organisation were on display at the house.

Inspectors found that the centre had a procedure in place for young people's meetings which was intended to be a weekly feature at the centre with scheduled time identified for feedback to be given once the team had discussed any items brought forward by the young people. There were records of engagement or efforts to engage with one of the young people for this but there were no records found for the second young person who had moved to the centre in May 2023. These young people's meetings were approached informally in the main and one to one. Inspectors could not find the recorded evidence of the staff going back to individual young person after their input had been discussed at a team meeting. The young people's meeting must be implemented in line with the intended approach and adapted to best promote positive engagement and trust building with young people.

The staff were recording comments made by young people which were then collated into weekly progress reports, where a high degree of unhappiness was being expressed it was clear that complaints and opportunities for choice were offered to them as a means of addressing these. These were not proving successful for a younger child who had ongoing distress which was being exhibited in a range of high-risk behaviours, a climate of disrespect and a poor physical living environment. In recording the comments from the young people the staff must be supported to make meaning of the comments and to respond in a manner designed to reduce stress responses and in a manner that lifts the centre environment out of a climate of disrespect and damage.

There was family access taking place and some family involvement for one young person but the other young person relied on the professionals in their life to communicate with their family. A social worker identified a significant recurring problem in staff arriving late to access with a child and this must be addressed through better planning. Both social workers noted good advocacy by the centre manager for increased access for the young people and that they represented the young peoples wishes related to family in a clear and supportive way.

Compliance with Regulations	
Regulation met	Regulation 9 Regulation 17
Regulation not met	Regulation 5 Regulation 7

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	Standard 1.1

Actions required

- The centre management must ensure that the young people's meeting procedure is reviewed with all staff and actions taken to implement it in a manner best suited to promote positive engagement and trust building with young people.
- The centre management and staff must ensure that they move towards a whole centre culture of rights based practice and that they be supported in

this through training, development, consultation and support. How children and young people might be involved in this must be looked at as part of this.

- The centre manager and senior management must put a process in place to ensure that staff are well informed about existing policies supporting children's rights. A team based review of policy must be completed as part of this to complete an analysis to identify any gaps they may wish to address in this area.
- The centre management, in collaboration with the relevant social workers, must ensure that all records of outcomes of complaints and allegations are clarified on the records and that the young people are aware in a child friendly manner by the appropriate professional what the outcomes have been.
- The staff team must ensure that adequate, informed, forward planning and resources are put in place to ensure that young people arrive at access on time.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Upon arrival for this unannounced inspection the inspectors found a living environment below acceptable standards, the property was damaged, bare and had limited to no visible resources in the main areas for young people. One child's room was bare bar their bed. There was evidence of previous repairs and redecoration but the impacts over time, from previous and current young people, had become compounded to the point that extensive, multifaceted, co-ordinated responses were required of the registered provider to assist the young people, manager and staff to address them. There must be support to the staff and young people in implementing appropriate and informed interventions so the behaviour is managed appropriately and safely and that the quality of life can be urgently improved for the young people at this house. Prior to the inspectors visit it was not evidenced that this was as robust and diverse as the situation demanded and that the manager and the few remaining staff were not in a position to identify this for themselves, they were found to be in a cycle of daily plan and response with a range of different agency staff attending to fill the shift requirements.

One social work department for a child who had an impact on the property provided an additional consultant to start weekly meetings with the team, a teacher to visit at the centre and identified a camp designed to interest and engage the child in a positive manner. They had engaged with the local education welfare officer and with the regional Tusla assessment and consultation therapeutic service ACTS in response to the clear high needs and distress of the child. This social work team acknowledged that this was not a suitable environment for this child but hoped that new assessments and advice along with a reduction in incidents could advise the next stage for this child. Both social workers named that they had observed the physical environment as poor, this had not been discussed by a social worker with the manager. It was evident that the child and young person, the reduced staff team and the manager were struggling to thrive and to move forward.

The centre had a positive behaviour support policy, a model of care policy, a restorative and natural consequence policy along with anti bullying and restrictive practice policies to create a base for behaviour management. Inspectors found evidence of discussion of the model of care taking place at shift evaluations and in supervision. Despite this focus it was a struggle for staff to describe the model in practice with staff having different descriptions of how it can look when able to be fully operational. The staff presented as open to direction on it and committed to its potential to be successful. In previous years there had been training in the model of care. There has been trauma and attachment specialist working with the team provided by the registered provider to develop awareness in these areas but again there was limited evidence of this on record. The outcomes of previous diagnoses and assessments was not strongly evident on file or in the planning. There was poor evidence of advice being integrated from the existing consultant.

The behaviour management framework was created through the use of training in management of challenging behaviour and the creation of a number of behaviour management and support plans for each young person. The reduced staff team were struggling to implement appropriate and safe practices that addressed trauma and as stated there was poor awareness of how to implement the model of care. The behaviour management plans were though on file, regularly reviewed and updated. The team also relied on their risk management framework with the manager putting significant time into the development of risk assessments to inform ongoing planning. Inspectors found that the records whilst in place would benefit from more specific interventions for the staff team to implement in the day to day work. Inspectors found that staff must be able to link the model, the specialist advice and the behaviour management approach together to be able to positively influence and support the young people, thereby decreasing risks and reducing behaviours to start a cycle of opportunity for positive change. The management and the team will need to

be advised, resourced and supported to do this and must have a mechanism where behaviours and progression can be tracked to ensure the adequacy of provision of safe care and support.

During the inspection process inspectors found gaps in necessary risk information and have requested social workers to clarify and update the centre on relevant or any known aspects related to ongoing or previous investigations, in order to inform assessment of safeguarding risks for admissions. The two social work teams have also met recently in order to share appropriate information and it was noted by one social worker that the balance of peer to peer interaction, not involving bullying, was not fully represented on the significant event reports and this is something that the centre must ensure that they address. There was a good quality format in place for significant event review/SERG and these were taking place, inspectors found it hard to track from SERG to SERG the evaluation and analysis of what worked or not. The SERG format focused on solid areas like routine, schedules and consistency but was clearly heavily impacted by the lack of a detailed routine, lack of a full team and the nature of the current environment at the centre. One social work department confirmed that they identified the need to have clearer stated decisions that were tracked meeting to meeting and were committed to completing this in their weekly meetings with the centre. One social work department also confirmed that they mistakenly ceased monthly child in care reviews for a young person aged 12 and under, these must continue in order to comply with the national Tusla policy until a child turns thirteen. The centre was not aware also and had not raised this with the social work department involved.

Inspectors found that there was a need to review the use of sanctions, the present structure did not present as effective, for example six weeks of fines for a child under thirteen does not take account of their age and stage of ability to understand what is expected of them. The practices must be reviewed in line with the restorative and natural consequences policy and advice sought from the new consultant. There was a need for the existing structured daily plans to be more detailed and specific to constructively begin to fill the young people's time with more positive experiences.

There was key working on file and there was evidence that this needed to improve and focus on supporting the young people in line with their age and stage of development to have insight into their own needs. Improvements in key work will be required in order to support a co-ordinated approach that is holistic encompassing environment, team, clinical/therapeutic advice, key work, rewards/positive reinforcement, natural consequences and education. There was though evidence in these records and in daily logs of daily efforts by staff to communicate and connect with the young people and this was acknowledged by the social workers also.

The team had been reduced in size for a period of two months or more, alongside this the director level post changed with two directors and a regional manager leaving in a short time frame in the spring. The new director of operations was part of the company and familiar with the centre. They had been implementing a process for auditing and review and were aware of the incidents at the centre, they had conducted a spot audit in May 2023 along with other actions and had commenced a more detailed review of the property. The centre manager had been holding regular professionals and strategy meetings with the social worker for one of the young people and evidenced their focus on improving staff practices in significant event reporting through in-service development goals. The director of operations and the centre manager detailed for inspectors the actions they had taken along with the registered proprietor in improving the property, providing finances and improving their ongoing recruitment approach in an effort to employ a full staff team. The impact on the centre functions due to staff shortages was clear, on records, minutes of meetings and implementation of interventions in a consistent manner. There had been and continued to be specific targeting of staff that resulted in some agency staff not returning to the centre.

In response to the concerns reported by inspectors whilst onsite the ACIMS management met with the registered provider and a plan of action was submitted by them to begin to address the matters raised. Both social workers confirmed that they had been updated openly by the centre manager and that renewed efforts were being put in place. Photographic evidence of redecoration being done to the core property were provided as was evidence of recruitment of staff with the hope of successful onboarding.

During interview and on the centre records inspectors identified that there was an outline awareness of what might constitute a restrictive practice and an openness to considering what additionally might also be a restrictive practice. Staff members were not aware of review timeframes for restrictive practices and inspectors found that there was very limited and brief use of physical intervention on two occasions to ensure safety but that the terminology to describe it required attention to ensure it was accurate and clear.

Compliance with Regulation	
Regulation met	Regulation 16
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	Standard 3.2

Actions required

- The registered provider must ensure that staff training and development in the model of care and in the policies and practices expected in the promotion of positive behaviour and trauma recovery take place.
- The centre management and director of operations must ensure that the outcomes of previous assessments and advice from specialists is known by staff and integrated into the planning for young people.
- The centre management and director of operations must ensure that the significant event reporting takes adequate account of peer to peer impact and influence.
- The centre management must put in place a process whereby SERG when completed supports tracking of what is helpful and effective for the young people.
- The centre staff and management must review their sanctions practices in line with the existing policy and seek advice from the new consultant.
- The centre management and staff must continue to enhance weekly planning to be more detailed and connected to the specific advised behaviour management interventions and to build in more constructive opportunities for positive daily life experiences for young people.
- The staff team must be supported to enhance tailored key working to address the young people's specific behaviour management and other needs.
- The centre management and staff must review the restrictive practice policy and familiarise themselves on the recording and review procedures involved.

- The centre management must review and correct the use term used, if required, for the physical intervention that took place.

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.

At the time of this unannounced inspection visit the staff team consisted of a centre manager and four and a half staff members. This did not meet the regulatory requirements of the Child Care (Standards in Childrens Residential Centres) Regulation, 1996, Part III, Article 7: Staffing. The details of which are laid out in the ACIMS Regulatory Notice Minimal Staffing level and Qualification June 2023. There were not enough numbers of full-time staff with the skills and experience required given the nature of the needs of the residing young people and the centres purpose and function. On the day of the unannounced inspection a new deputy manager was commencing induction.

The centre manager provided copies of rosters that demonstrated that they worked to ensure that three staff were on duty daily utilising core staff, relief staff and agency staff. Inspectors found that in a sample from April 2023 that seventeen different staff names had been noted on records, rosters, daily logs. There was generally a core staff member on duty but this was not always guaranteed and there were regular known agency workers who consistently worked at the centre. This staffing crisis significantly impacted the two young people being able to build meaningful trusting relationships with a stable team of core staff members.

When inspectors interviewed core staff they stated that they were able to take their leave without impediment including annual leave, paternity leave and could complete their core training. They could not specifically identify formal staff retention measures but noted the centre manager, the director and the company ethos as key positives for them. The company operated an on call structure across its centres, due to the location of the centre the responses if required would revert to the centre manager if presence was required at the centre itself.

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

As stated in this report the full time staff team was significantly reduced at the time of the inspection. Those on the team had been with the centre for a number of years and were experienced as well as qualified for their roles including the centre manager. Inspectors could see where in supervision and supplementary supervision sessions that the centre manager had followed up with staff regarding execution of roles and responsibilities as well as areas for development. For example, the centre manager had identified need for improvement by senior staff in the completion of significant event reporting and had put actions in place to address this.

There were daily handovers and shift evaluations completed by the staff that sought to plan and reflect on the provision of a child centred safe and effective service. Inspectors found that the staff and centre manager were aware that they had not the personnel or the resources to achieve those goals at the time of the inspection. They were less clear about how they might progress past this point with regards with what was best for one young person in particular. All staff and management named it as critical that a full, trained and supported staff and management team was in place in order to adequately deliver a service. The centre team should also have access to shared learning from the other centres within the company and this was not evident at the time of the inspection. Inspectors also found that staff must write their full names on the logs as they have not been routinely maintaining this in practice.

There was a culture of learning and development prominent in the previous year with the provision of inhouse training seen in Q3 and Q4 2022. There had been follow up on core training for 2023 and action taken to address gaps. The social care agencies utilised to provide staff did not provide training in the same method of management of challenging behaviour that the centre does. In fact, the compliance sheets from three agencies used by the centre showed only one had training in a different recognised method of management of behaviour listed, the other two did not. Some of the regular agency staff were attending team meetings and this was beneficial to the young people and to the work.

There was a supervision policy in place and there were supervision records on file maintained by the centre manager. These records did not, over a twelve month period, fall within the policy timeframes but had done so more effectively in 2023 despite the pressures on the centre manager. Inspectors found that the centre manager sought to provide supervision and continuity in this with staff. There was a system of appraisals in place also, the model utilised identified specific areas of

practice and set actions to address those for example improvements in standard of significant event recording.

The centre team were a diverse group and members had been and continue to be targeted including racial abuse and damage to their property. The centre manager had named the risks and recorded the incidents to date within the risk management framework. Inspectors recommend that a robust approach, consistently implemented, is put in place that supports a safe work place and safe and respectful living space for all. The team members interviewed could not identify any employee assistance programme as such available from their employer and those interviewed also had little knowledge of the availability of access to some funded counselling sessions should they wish to access these. The centre manager was supporting individual staff and along with the director of operations had offered verbal support and more security for property including staff cars. The company and registered provider must take action to ensure that they have appropriate supports in place to manage the impact of working in the centre and make sure that these are known by staff. They should also ask staff what they would like to see as available to them in terms of supports.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 6.3
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must ensure that the centre has a dedicated, core staff team in place that complies with the Child Care (Standards in Childrens Residential Centres) Regulation, 1996, Part III, Article 7: Staffing.
- The centre management must ensure that there are resources and staffing in place to realise supervision for all parties within the intended policy timeframes.

- The registered provider and the director of operations must put in place a range of actions to support the centres and the teams development to promote a team based and safe approach to the work.
- The registered provider must ensure that they have robust systems for staff safety from all types of abuse and incidents. The director of operations and the centre manager must thereafter review the risks with staff and update responses as necessary.
- The registered provider must ensure that a range of employee assistance measures are co-ordinated and made known by staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre management must ensure that the young people's meeting procedure is reviewed with all staff and actions taken to implement it in a manner best suited to promote positive engagement and trust building with young people.</p> <p>The centre management and staff must ensure that they move towards a whole centre culture of rights based practice and that they be supported in this through training, development, consultation and support. How children and young people might be involved in this must be looked at as</p>	<p>SCM and DoO (social care manager and director of operations) following inspection discussed young person's meetings at the team meeting and explored alternative ways to complete same to encourage engagement. This can be done through K/W (key working) and low calming activity based such as doing when on a drive, or cooking. This may help build relationships and also promote positive engagement.</p> <p>The SCM to discuss with the team the importance of ensuring the YP (young people) in the centre are informed of their rights, and what steps they can take if they feel their rights are being infringed upon, and also to promote that they have a voice and it is listened and acted upon. This will be done through YP meetings, K/W, and</p>	<p>This will be reviewed by SCM at all team meetings when discussing YP meetings, to ensure that the staff team don't become complacent and the YP meetings are productive in promoting positive engagement, and the standing agenda is followed. The DoO will also review this when attending team meetings and SERGs (significant event review group) monthly, and Audit and spot checks on a monthly basis.</p> <p>The SCM will ensure when reviewing weekly documents it is evidenced throughout such as in K/W, PP (placement plans) reports, YP meetings, RA's (risk assessments), etc. when management feel it is not included in daily practices it will be followed up upon in team meetings and supervisions without delay. The DoO will</p>

	<p>part of this.</p> <p>The centre manager and senior management must put a process in place to ensure that staff are well informed about existing policies supporting children's rights. A team based review of policy must be completed as part of this to complete an analysis to identify any gaps they may wish to address in this area.</p>	<p>advocating for the YP in CICR's (child in care reviews). The team will also receive themed training to aid with this, and it will be explored with external consultants for advise on how to promote this with the YP to help them feel included. Themed training will be scheduled for the staff teams for October and November 2023.</p> <p>SCM and DoO will bring a section into the team meeting to explore their understanding and awareness of the YP rights, and external advocates they can reach out to for support if they feel their rights are not being met. The policies in place to support theme 1 will also be completed as part of 'check and challenges' with the team during meetings and supervision to also promote a team based approach.</p> <p>A review of all policies and procedures is being completed in the coming weeks with SCMs and senior management also, whereby this can collaboratively be discussed to explore possible</p>	<p>also complete monthly audits and spot checks to ensure this is evident. The DoO is also completing weekly visits to the centre as much as possible to help build a culture of rights based practice.</p> <p>DoO will ensure during centre audits and checks that this is evidenced on a continued basis through recordings in Team meetings, YP meetings, K/W, PP reports, Handovers, logs, supervisions etc. this is to ensure it is being implemented naturally in the SCT daily practices.</p> <p>Whereby it is noted a lack of evidence, this again will be discussed and explored with the teams as to the reasoning, and explore supports needed to improve same.</p>
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	<p>The centre management, in collaboration with the relevant social workers, must ensure that all records of outcomes of complaints and allegations are clarified on the records and that the young people are aware in a child friendly manner by the appropriate professional what the outcomes have been.</p> <p>The staff team must ensure that adequate, informed, forward planning and resources are put in place to ensure that young people arrive at access on time.</p>	<p>improvements that could be put in place to ensure staffs understanding of same, and whereby it can be more evident in daily practices.</p> <p>SCM will complete a full audit immediately on complaints and allegations on file and follow up with all outstanding actions and correspondences for same to ensure there is clear evidence of the investigations and outcomes on file. This will then be discussed with the YP in a child friendly manner to ensure they are happy with the outcomes, and if not they are aware of the appeals procedure in place.</p> <p>Where young people might be be escalated at times in the car, and staff may have to stop for a period to ensure everyone's safety until the YP returns to baseline. This can attribute to being late. This will be discussed with the team and as part of the planning staff can allow for this is the time and leave the centre earlier to try ensure</p>	<p>The SCM will ensure going forward that all complaints and allegations are followed up upon during the timeframe as per policy, and also all follow ups and outcomes are clearly evidenced attached to the compliant form, to ensure there is clarity of same on file at all times. This will also be reviewed by DoO on a regular basis to ensure compliance through audits and centre checks.</p> <p>SCM will ensure during shift planning for access that the staff team take into account there may be delays on the road, and plan to leave earlier to allow for this. K/W also to occur with the YP regarding daily plans, planned access, and input to support form a YP on long journeys to avoid escalation into feelings of distress. The SCM ensures there is 2 staff, where relevant, with YP to</p>
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		access is facilitated on time.	attend access, and a BSMP (behaviour support management plan) is in place to support best practice during these times.
3	The registered provider must ensure that staff training and development in the model of care and in the policies and practices expected in the promotion of positive behaviour and trauma recovery take place.	<p>The staff will be placed on model of care training (5th October) as a team to help develop their understanding of same. Policy and practices training will also be reintroduced once a review of same is completed, therefore by the end of October.</p> <p>SCM and DoO will also ensure to discuss YPs presentation with the relevant centre consultant, and SCM will ensure the team are made aware of all recommendations following. The additional consultant provided by Tusla has completed 6 training sessions with the team following inspection as regards promoting positive behaviour and trauma recovery, which has been effective, and we are currently seeking a further 6 sessions for the team. Most of the team attended this training, except for 1 new staff and oncoming staff, however they will be scheduled to attend</p>	DoO will ensure when completing centre checks and audits that there is clear evidence of the training being implemented into the staffs daily practice, such as daily/ weekly plans, routines and structures in place, care plannings, K/W, Meetings, monthly reports, CICR, SENs, etc.

	<p>The centre management and director of operations must ensure that the outcomes of previous assessments and advice from specialists is known by staff and integrated into the planning for young people.</p>	<p>the upcoming planned sessions when dates confirmed.</p> <p>The SCM and DoO will ensure that all recommendations and outcomes from previous assessments and external clinical supports are discussed with the team in the next few team meetings to ensure all the staff team are aware, understand and integrate same into the placement planning each month.</p>	<p>Following all future assessments, and consultations with external clinical supports, the meeting minutes, assessments, and recommendations are shared with the team immediately and signed off, and also brought to the next team meeting and discussed further, and SCM will ensure compliance of same. DoO will also ensure same by reviewing reports, records, and logs to evidence compliance.</p>
	<p>The centre management and director of operations must ensure that the significant event reporting takes adequate account of peer to peer impact and influence.</p>	<p>This was highlighted to the SCM by DoO prior to inspection during check ins, and DoO has also discussed same with the team at the team meeting. It was discussed the importance of impact SENs for both YP. It was also discussed with the team the importance of recording SENs content effectively, such as approaches and responses utilised during the event, to evidence if something escalated behaviours or aided in the return to baseline, for future learning and planning.</p>	<p>DoO is visiting the centre on a regular basis in recent months, and will continue to do so to help support the SCM promote a positive work environment and work practices by the team. During same DoO discuss events, review records such as logs, K/W, etc. this is to ensure SENs are being recorded effectively, and impact SENs and RAs are also being reported and followed up on.</p>

	<p>The centre management must put in place a process whereby SERG when completed supports tracking of what is helpful and effective for the young people.</p>	<p>DoO and SCM will discuss the purpose of SERG, and the importance of reviewing an SEN, and discussing with the team what was effective and what escalated behaviours during same as learning for best practice with the YP. Actions and supports implemented following will be reviewed and tracked during team meetings and the next SERGs to ensure there is a continuation of implementation, review, and effectiveness recorded and evidenced.</p>	<p>Both the SCM and DoO will ensure all previous supports and actions from a SERG are reviewed during the following SERG on a continued basis. This will ensure the team can explore what is effective and what needs to be reviewed and amended, so best practice is promoted when working with the YP. The SCM and DoO will also ensure to discuss same in supervision to explore if further supports, resources, incentives is required to support the YP, and the team.</p>
	<p>The centre staff and management must review their sanctions practices in line with the existing policy and seek advice from the new consultant.</p>	<p>A full review of sanctions occurred during team meetings following inspection, with both SCM and DoO present. The effectiveness, age appropriateness, and longevity of sanctions were reviewed, and the impact of same on the YP. The importance of natural and restorative consequences was discussed in detail for each challenging behaviour, and the importance of a consistent approach by the full team in order for them to be effective.</p>	<p>The SCM and DoO will ensure to review all consequences in place on a regular basis, to analyse the effectiveness in promoting positive change in challenging behaviours. If it's evidenced that its implemented for a long period with no evidence of change then it will be reviewed, and alternative consequences or incentives to be explored and implemented to ensure best practice when planning and working with both YP to help promote positive behaviours.</p>

	<p>The centre management and staff must continue to enhance weekly planning to be more detailed and connected to the specific advised behaviour management interventions and to build in more constructive opportunities for positive daily life experiences for young people.</p>	<p>This was also discussed with the team and management in consultant session to advise on the effectiveness of same, and alternative approaches.</p> <p>The SCM has ensured robust weekly plans are in place in more detailed, to include educational, social, and therapeutic interventions for both YP, with their input also evident. External supports from outdoor activity based adventures was implemented for a YP for the summer period, which evidenced effectiveness in behaviour management, and the importance of a structured routine in place. The importance of this was also discussed with the team at a meeting, and direction given to explore on a continued basis activities and interventions to support same going forward. Educational placements and plans are being explored and implemented into daily plans.</p>	<p>The SCM will ensure this is completed on a weekly basis, and plans are followed as much as possible to support and encourage the YPs engagement in same. This will also be reviewed by DoO during centre checks and audits to ensure compliance.</p>
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	<p>The staff team must be supported to enhance tailored key working to address the young people's specific behaviour management and other needs.</p> <p>The centre management and staff must review the restrictive practice policy and familiarise themselves on the recording and review procedures involved.</p> <p>The centre management must review and correct the term used, if required, for the physical intervention that took place.</p>	<p>K/W training will be provided to the K/W teams to ensure appropriate and effective placement plans and goals are being planned for and completed, taking into account previous assessments and advice from clinical consultants.</p> <p>The restrictive practice policy to be reviewed in team meeting in the next 2 weeks, and a further check and challenge to be completed by the team to ensure their understanding of same and the procedure for recording and reviewing of these within the specified timeframe. Risk assessment refreshers is also scheduled for the team on 5th October.</p> <p>On exploration with the DoO The SCM acknowledged that a MAPA term rather than a TCI term was utilised. This will be amended to input the appropriate term.</p>	<p>The SCM and DoO will review same on a regular basis through centre audits, and also discuss the effectiveness of same in team and SERG meetings.</p> <p>The SCM will ensure RA's are discussed in team meetings and the rate of risk reviewed, and the recording of same is evidenced. The sharing of same with the SWD for input will also be evidenced. The SCM will also ensure the policy is reviewed and discussed regularly in team meetings, especially with new staff members to ensure they are familiar also with the procedures in place.</p> <p>SCM to be placed on TCI refresher course, and will ensure all staff are up to date on TCI training to ensure all terms are recorded correctly. The DoO will also ensure to highlight these errors during SEN reviews.</p>
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6	<p>The registered provider must ensure that the centre has a dedicated, core staff team in place that complies with the Child Care (Standards in Childrens Residential Centres) Regulation, 1996, Part III, Article 7: Staffing.</p> <p>The centre management must ensure that there are resources and staffing in place to realise supervision for all parties within the intended policy timeframes.</p> <p>The registered provider and the director of operations must put in place a range</p>	<p>As stated in the report a deputy manager started employment during inspection. Following inspection a review of adverts on social media sites were revamped, and retention strategy meetings occurred with senior management to aid with staff retention. Since inspection 2 SCWs have been employed and on the roster. A further SCL and 1 SCW and 1 RSCW were employed- awaiting GV and references to begin.</p> <p>The centre manager has reviewed supervisions, and all completed up to date as per policy. It was noted at time of inspection, although completed they were not typed and on file.</p> <ul style="list-style-type: none"> - DoO has committed to attend all team and SERG meetings for a 	<p>The register provider and senior management will have regular meetings to discuss alternative approaches in advertising for staff, and also continue to explore incentives to be implemented to promote staff retention. As there is a staffing crisis nationally, it is becoming difficult for the privates to retain staff due to benefits in public sector and immigration being the main competition. However Terraglen will continue to review benefits, incentives and rates to help in the process of recruitment and retention.</p> <p>DoO will support the centre manager during staffing crisis to ensure all aspects of recording and filing is completing within policy timeframes. This will be evidenced by utilising other centre managers for support for SCM, and DoO being more present in the centre until a full team is sourced to support and manage same.</p> <p>The registered provider and DoO will continue and ensure that all supports,</p>
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	<p>of actions to support the centres and the teams development to promote a team based and safe approach to the work.</p>	<p>period to support and develop the teams practice</p> <ul style="list-style-type: none"> - DoO will visit the centre weekly where possible to support the SCM and the team in developing a more team based, consistent, and therapeutic approach when working in the centre. - Training of model of care, RA, and policies and procedures to be scheduled in the coming weeks to support both SCM and Team. - External supports also continue to be explored and reviewed to help support the team. - Online counselling service is being explored to be implemented also to support the team with the daily challenges they are facing in the centre. - Continued maintenance scheduled and ongoing in the centre to ensure it is a homely, positive work environment for the staff team. 	<p>training and professional development plans are in place for each centre team. They will also ensure all team incentives, benefits, and rates are continually reviewed to aid with staff retention, which in turn will help maintain a positive, safe and effective approach to the work environment.</p>
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	<p>The registered provider must ensure that they have robust systems for staff safety from all types of abuse and incidents. The director of operations and the centre manager must thereafter review the risks with staff and update responses as necessary.</p>	<p>There are policies and supports in place for types of abuse and incidents such as:</p> <ul style="list-style-type: none"> - Bullying policy - Protected disclosure policy - Supervisions and debriefs - Peer supervision and shift evaluations - SERG and team meetings - Staff risk assessment for risk of assault, abuse, pregnancy, safety concerns, damage to personal belongings etc. <p>The DoO and DoS is also exploring the online counselling service for the staff as the sessions implemented are not deemed beneficial to all. When implemented this will be inputted into the policy and procedures and SCMs will ensure staff teams are aware of all supports in place for them to avail of. The DoO is also exploring introducing possible training or workshop for staff to help support them for responding to racial and bullying</p>	<p>The registered provider and DoO will continue and ensure that all supports, training and robust plans are in place for each centre team to ensure staff safety. They will also ensure all team meetings review and discuss the risks, and amendments made if deemed ineffective. The centre manager will ensure all documentation for same updated and shared with the staff teams and externals where needed. This which in turn will help manage the presenting risks, support the teams in working with same, maintain a positive, safe and effective approach to the work environment.</p>
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	<p>The registered provider must ensure that a range of employee assistance measures are co-ordinated and made known by staff.</p>	<p>behaviours.</p> <p>The employee handbook is currently being reviewed and updated, which will include all employee assistant measures in place. When completed this will be shared with all centre teams.</p>	<p>The register provider and DoO will ensure when all new supports are reviewed, implemented or changed, that the teams have an opportunity for input, and then are made aware immediately and regularly of supports in place in team meetings and supervisions.</p>
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