An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children’s Residential Centre

Centre ID number: 129

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Terraglen Residential Services Ltd**
Registered Capacity:	**Three young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**23rd & 24th of June 2021**
Registration Status:	**Registered from 16th August 2020 to 16th August 2023**
Inspection Team:	**Catherine Hanly Eileen Woods**
Date Report Issued:	**8th July 2021**

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)

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 Assurance 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

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

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 August 2017. At the time of this inspection the centre was in its second cycle of registration and was in year one of the cycle. The centre was registered without attached conditions from the 16th of August 2020 to the 16th of August 2023.

The centre was registered to provide care for three young people aged thirteen to eighteen years on a medium to long term basis. The model of care was described as relationship based adapted from pro-social modelling and attachment theory. There was one young person 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, and the allocated social worker. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 30th of June 2021. There were no required actions identified in the draft report and all standards examined were found to be met in full. Centre and social work management were provided with the opportunity to identify any factual inaccuracies within the draft report. The findings of this report deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number 129: without attached conditions from the 16th of August 2020 to the 16th of August 2023.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
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.

At the time of this unannounced inspection, there was one young person residing in the centre. A statutory care review had been convened in May 2021 a month prior to this inspection, in accordance with the timeframes specified in the Child Care Regulations 1995. Due to a cyber-attack which had significantly impacted the Tusla's IT system, the social worker for the young person at the centre had been unable to provide the centre with a copy of the updated statutory care plan or formal minutes from the statutory care review meeting. However, the centre had recorded and retained their own minutes including agreed actions of this meeting. When the IT system is fully operational, the social worker must ensure that these records are provided to the centre for their files as a priority. Despite the absence of the statutory care plan document, both the centre manager and the social worker were satisfied that the actions and recommendations agreed were being implemented by the parties responsible. The social worker described a productive and effective interdisciplinary relationship, echoed by the centre manager, that contributed to the realisation of the identified goals for this young person.

There was an up to date placement plan on file for the young person that was linked to the actions agreed for the care plan and had been devised by the assigned key workers and overseen by both an internal case manager and the centre manager. The placement plan clearly identified monthly goals and the intervention plan agreed to work towards achieving these. There was evidence across many records reviewed including individual work, daily logs and the young person's meeting, that the voice, views and wishes of the young person were sought and considered within the placement planning process. In addition, the opinions and wishes of their parent had been considered and included within both the placement and care planning processes.

From a review of placement plans on file, there was evidence of the young person's significant progress within the placement and the planning process had taken account of changes and developments made by the young person so that the plans devised were achievable as well as being focused on assisting them to achieve the best possible outcomes.

Individual specialist supports had been sourced at various stages throughout the time of the young person's placement in line with their care plan. In addition, specialist support was available to the centre manager and the staff team as a whole to support their direct work with the young person. Where difficulties or challenges had arisen in meeting the specialist needs of the young person, there was evidence that regular and open communication with the social work team had enabled these to be addressed promptly. Although the young person had experienced a number of changes in their allocated social worker during this placement, there was no evidence to suggest that this had affected them adversely. Efforts made by the centre to maintain effective communication with the social work team had ensured a continuity of care provided to this young person and an adherence to their care and placement plans.

Compliance with Regulation	
Regulation met	**Regulation 5**
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**

Regulation 5: Care Practice s 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.

There was evidence, through interviews and paperwork review, that the manager of the centre demonstrated strong and effective leadership. They worked intently to deliver on a culture of learning and development for the staff team to maintain a quality service that provided a safe place for young people to live. This was further evidenced through regular training opportunities for staff that were facilitated by the management. There was evidence of oversight mechanisms that sought to improve the quality of service provided, as well as prompt repairs and maintenance within the centre that ensured a homely and welcoming environment was maintained for young people.

Governance arrangements within the centre were clearly defined, understood by all, and executed effectively. These included staff meetings, hand overs, internal management meetings, and weekly governance reports completed by the manager. There was clear evidence in records including internal management meeting and supervision, of roles and responsibilities being communicated to individual staff members and oversight by the manager to satisfy that there was clear accountability. The manager's weekly governance report was forwarded to the operations manager to whom they reported directly. In addition to this accountability system, there was regular contact between the centre manager and operations manager, including phone calls and regular formal supervision, that ensured the centre manager was accountable to the senior management structure of the organisation. The external management structure consisted of operations manager, director of services, managing director and board of management. Aside from the weekly governance report, reporting and auditing mechanism including significant event review groups, spot inspections and themed audits ensured clear accountability for service delivery.

The internal management structure consisted of manager, deputy and three social care leaders and was appropriate to the size of the centre. These persons met on a regular basis for the purpose of overseeing the service delivery as well as the care and

welfare of young people. Each person had clearly assigned roles and responsibilities and when the manager was absent, the deputy acted up for them. The centre manager had been replaced last year to cover a period of leave and this changeover of management had been effectively delivered without apparent negative impact on service delivery. Where duties were delegated by the person in charge, a written record of this was maintained.

The organisation had a service level agreement in place with Tusla and six-monthly reports were submitted to Tusla providing evidence of compliance with relevant legislation and the national standards.

The centre manager was responsible for the daily operation of the centre and the managing director of the organisation held responsibility for overall executive accountability, responsibility and authority for delivery of the service.

A yearly review of policies and procedures for the centre was due to commence in the weeks following this inspection. The existing policy and procedure document had last been reviewed in 2020. However, some individual policies and procedures, for example a policy on escalations, had been amended and updated since that time in response to findings during inspections of other centres within the organisation. The staff team have had input into the development or updating of policy and procedure documents, but the overall responsibility for review of existing policies and development of any amendments was held by the senior management team.

There was a risk management framework in operation at the centre that the manager and staff members were familiar with in interview. There was evidence across records reviewed of the implementation of this framework through risk identification, control measures being implemented and evaluation of these over time. Inspectors did suggest, based on review, that there could be more stringent oversight of one risk assessment and management plan to improve the accuracy of its evaluation over time.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 5.2**
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**

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.

The staff complement for this centre was comprised on a full time basis of centre manager, deputy centre manager, three social care leaders and four social care workers. The full-time staff team were supported by three identified relief social care workers that predominantly worked at this centre. Of the full-time staff team and manager at the time of the inspection, all but one had a social care qualification. The remaining staff member had a qualification in a related field of work. There was a mix of experience amongst the staff team and their skillset and competency was regularly assessed by the centre manager through the supervision forum and within the internal management meetings. Recruitment of staff was organised and coordinated by the director of services and the centre manager participated in interviews of social care staff members so was well placed to identify the necessary skillset required to fill any vacancies arising. There was evidence in records reviewed of workforce planning being a standing agenda item at senior management meetings and it was also regularly discussed at internal management meetings. Whilst there had not been any long term vacancies, inspectors did note that there had been three changes on the full time staff team in the previous twelve months. There were no adverse impacts of these changes reported in relation to the one young person resident and in fact the social worker had commented positively on a closing piece done by a former key worker that had left their employment in the centre, the

changeover of staff will need to be kept under close review by senior management to ensure that there is no negative impact on the continuity and quality of care being provided to young people.

There were arrangements in place to promote staff retention including ongoing training and professional development opportunities, opportunities for career advancement, and support around ongoing formal study.

There were formalised procedures in place for the use of on-call. These were supported by a policy and management and staff were clear in interview regarding the use of on-call.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 6.2**
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**

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2.2	None Identified		
5.2	None Identified		
6.1	None Identified		