An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 009

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Galtee Clinic**
Registered Capacity:	**Four young people**
Type of Inspection:	**CAPA Review**
Date of inspection:	**29th, 30th & 31st July 2024**
Registration Status:	**Registered from the 19th October 2024 to the 19th October 2027**
Inspection Team:	**Lorna Wogan**
Date Report Issued:	**14th October 2024**

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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 a corrective and actions (CAPA) review 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 19th October 2015. At the time of this CAPA review the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 19th October 2021 to the 19th October 2024.

The centre was registered to provide multi-occupancy medium term care for up to four young people from age thirteen to seventeen years on admission. The model of care was informed by the principles of social pedagogy. Relationships between the adults and young people were central to the work of the service. There were three young people living in the centre at the time of this inspection. Two of the young people were placed outside of the centre's purpose and function and the centre was granted a derogation by the Alternative Care Inspection and Monitoring Service to facilitate these placements.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 16th, 17th & 18th January 2023. The inspector reviewed the documentation sent by the provider to evidence that the required actions of the previous inspection were met. Interviews were also conducted with the centre manager and the service manager to inform the CAPA review inspection process.

Statements contained under each heading in this report are derived from collated evidence. The inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the centre manager and the service manager 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 20th September 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have fully implemented the required actions and therefore 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: 009 without attached conditions from the 19th October 2024 to the 19th October 2027 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Issue Requiring Action:

- The centre manager must ensure that an appropriate bedroom cleaning schedule is in place that involves the adults.
- The centre manager must ensure that a fire drill under the cover of darkness is completed.
- The centre manager and the health and safety officer must ensure that the auditing and monitoring system is fit for purpose with accurate recording and action plans in place.
- The service manager must ensure that the centre health and safety policies outline procedures in relation to accident reporting and the use of electronic cigarettes.

Corrective Actions:

- Each young person has an individual cleaning plan appropriate to their age and needs. Cleaning schedule was discussed individually, at the young person's meeting, and with the team. Effective from 26/2/23.
- A fire drill under the cover of darkness was completed on the 17/1/23 @ 8pm.
- The house leader completes the health and safety audit once a week and sends to centre manager for review and oversight. Centre manager completes action plan and returns to the house leader. Health and safety is a standing item on all handover and team meetings.
- These policies will be updated by the quality improvement coordinator to include the accident reporting process and the use of electronic cigarettes by the 27/03/23. Accident reporting form will be shared and discussed with the team. 28/3/23.

Review Findings:

Evidence was provided to the inspector that an individual bedroom cleaning plan was developed for the children appropriate to their age and stage of development. The bedroom cleaning plans reviewed by the inspector evidenced appropriate support from the adults. There were weekly oversight checks of the children's bedrooms by the centre manager and additionally by the service manager when they visited the centre. The cleaning plans were discussed with the children and there was evidence they were reviewed by the team and updated as required. There was evidence of good progress for one of the children who now was able to independently maintain a clean and well organised bedroom.

The centre manager provided a fire drill report to evidence that a drill under the cover of darkness took place on 17/01/23 as planned. Since the previous inspection in January 2023 evidence was provided that fire drills are periodically undertaken in the hours of darkness.

House leaders were appointed following the previous inspection and one of their responsibilities was to undertake the weekly centre-based health and safety audits and these are sent to the centre manager for oversight. The inspector reviewed a sample of these weekly audits. Additionally, the service manager now undertakes quarterly health and safety meetings to ensure all previous maintenance and health and safety issues are addressed. Since the previous inspection the service has appointed a dedicated maintenance person who is available to respond to maintenance issues as they arise in the centre. Health and safety issues are now a standing agenda item on both the handover and team meeting records and this was evidenced in the team meeting records reviewed by the inspector. The centre manager also reported on any health and safety matters in their monthly self-report submitted to the service manager. Health and safety training as outlined in the CAPA was completed by the centre manager. Quality improvement meetings attended by the director and service manager and centre manager evidenced oversight of health and safety procedures.

The updated health and safety policy was reviewed by the inspector and it outlined the centre accident reporting procedure and the policy in relation to the use of e-cigarettes. The smoking policy was updated in March 2023 and was most recently reviewed with the team at the handover meeting on 31/07/24. The inspector advised the service manager to include safety measures in place in the centre with regard to charging electronic devices in bedrooms at nighttime. The service manager confirmed they would update the policy and procedure to address this matter. The

accident reporting procedure was outlined to the team at a team meeting in January 2023 following the previous inspection.

The inspector was satisfied that the identified corrective actions were implemented as outlined in the CAPA.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 15** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.3**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

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.

Issue Requiring Action:

- The service manager must develop an escalation procedure in relation to statutory care plans.
- The service manager must ensure that the recording and filing system is amended to facilitate effective recording of young people's progress and interactions.
- The centre manager must ensure that placement planning has a focus on internet safety.

- The registered provider must ensure that significant events are effectively reviewed for learning purposes.
- The registered provider must ensure that regular auditing and monitoring of the centre's approach to managing behaviour that challenges take place.

Corrective Actions:

- The service manager and the quality improvement coordinator (QIC) will discuss the escalation process and develop a policy around same. This will be completed by 27/03/23.
- There have now been four forms developed to capture the work with the children. These forms will be explained to the team by 10/03/23 and will be used thereafter.
- Each primary activity therapist will focus on internet safety with each young person, as appropriate to their age and individual work will be completed to ensure same and will be recorded. This will be completed with each child in the next 6 weeks (completed by 14/04/23).
- Significant event review group meetings (SERG) will be held every time that a significant event is notified (SEN) or indicates a specific pattern or if there is a SEN of specific concern.
  It is planned where possible that the following people will attend the SERG meeting - manager, primary activity therapist, pedagogue, and the individual involved in the incident. The service manager and/or clinical director will attend the SERG. If a SERG needs to take place and the service manager and/or clinical director are on leave, a manager from one of the other houses and/or the QIC will be in attendance in lieu to provide input and objective oversight on the process.
- All SENs are sent to the service manager who will provide written feedback to the manager. The manager submits their monthly self-report to the service manager during the first week of every month. Initial written summary report is sent back to the manager and a meeting is held where the summary report is discussed and a CAPA if required is agreed on. Any SENs for the month are reported so behaviour that challenges is monitored regularly, both when it occurs and every month as standard. Behaviour that challenges and positive support approaches are now part of the rolling agenda for the clinical management meetings.

Review Findings:

An escalation policy was developed by the service manager and the quality insurance coordinator in April 2023. The policy was reviewed again in June 2024 to include

timeframes for escalation of matters to the social work department. There was evidence of improvement in relation to the timelier receipt of updated care plans for the children in placement. There was evidence that the centre manager and the service manager had implemented the escalation policy on several occasions throughout the year to good effect.

New systems to record and capture the young people's care were developed and presented to the team in March 2023. The centre manager provided written information to the team to guide them in relation to completing the new recording templates for the individual care records. The service manager found the new recording systems facilitated more effective management of the children's care records to evidence individual work and various aspects of their care placement.

Individual work submitted evidenced ongoing work with the children since the last inspection in relation to internet safety. The inspector found the topic of safe access to the internet and social media was built into each child's placement plans on an ongoing basis.

Significant event review group (SERG) meetings were undertaken when a young person's behaviour moved away from baseline and was of concern. SERG meetings reviewed by the inspector evidenced attendance by a number of key personnel within the organisation to include the in-service psychologist, service director, service manager, centre manager and adults involved in the event as required. Learning from SERG meetings was evidenced, patterns identified alongside consideration of preventable actions. The team meeting records evidenced feedback from the SERG meetings was relayed to the team members.

The inspector was satisfied that regular auditing and monitoring of the centre's approach to managing behaviour that challenges was undertaken. The quality improvement coordinator (QIC) had undertaken an audit under theme three of the Nationals Standards for Children's Residential Centres (HIQA), 2018. Audits in relation to behaviour management were completed in 2023 and 2024. A recommendation report was then completed by the QIC and forwarded to the centre manager who then completed a corrective action plan. The team meeting records evidenced feedback to the team following the quality/compliance audits. There was evidence that these plans were monitored and reviewed by the service manager to ensure implementation. The inspector advised that recommendation reports are dated and signed by the QIC when completed. There was good oversight of the significant events by the service manager through the centre managers monthly self-

reports and the inspector received evidence of the service managers response to the managers self-reports. The clinical meetings chaired by the in-service psychologist evidenced a focus on identifying positive behaviour management approaches and a good analysis of behaviour that challenges.

Overall, the inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

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

Compliance with standards	
Practices met the required standard	**Standard 3.2**
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 Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-cantered, safe and effective care and support.

Issue Requiring Action:

- The service manager must ensure the structures to aid support, development and accountability with the centre manager are robust.
- The registered provider must ensure that an effective auditing framework is developed and implemented without further delay, that allows for an assessment of the centre's compliance with the National Standards for Children's Residential Centres (HIQA), 2018.

- The registered provider must ensure that all stages of the risk management framework are understood and completed.

Corrective Actions:

- Health and safety training has been sourced and booked for the centre manager (21st April). The service manager will provide oversight and feedback to centre manager each month after receiving monthly self-report. Starting from the 3rd of April, a more robust system of auditing the monthly self-reports will come into effect and will take place. The service manager will communicate this process to the clinical director and the quality improvement coordinator (QIC) to ensure another layer of oversight is sought.
- As of the 13th of February, the QIC is no longer involved in the rostering process which will allow focus on auditing, policy review and development and quality improvement.
- The risk registers are discussed at clinical management meetings as a rolling item to support understanding and full completion. Feedback provided to the centre manager from the service manager on all risk assessments and monitoring of same as part of the monthly auditing system. Risk management policy will be reviewed and updated if required by the QIC and the service manager by April 10th. Any changes will be communicated to the team.

Review Findings:

The inspector found additional structures were developed since the last inspection to aid support, development and accountability with the centre manager. The centre manager completed weekly reports on their work in the centre and there was evidence of good oversight of these reports as set out in the service managers sign off of the reports. Guidance, advice and requirements for any follow-up actions were identified on these weekly reports. The monthly self-reports completed by the centre managers also provided an additional layer of governance and oversight and opportunity for the manager to report on how they were managing their workload. A new supervision support structure for the centre manager had recently commenced and it was planned that the centre manager would receive supervision from the service manager every six weeks. This supervision process commenced in June 2024 and the supervision record reviewed by the inspectors evidenced support, development and accountability.

There were significant changes to the role and responsibilities of the quality improvement coordinator since the last inspection. The sole focus of their role now was to undertake quality/compliance audits against the requirements of the National

Standards for Children's Residential Centres (HIQA) 2018. Since that last inspection all themes within the national standards, apart from theme 8, were completed and this theme was scheduled to be undertaken in October 2024. There was a schedule in place for quality improvement audits. An annual review of the centres compliance with national standards was completed in May 2024 with areas of improved practice highlighted. In addition, areas that required attention were set out under the themes of the national standards and prioritised for action. A service improvement plan (SIP) was then developed in July 2024 to address prioritised actions. There was a process in place to undertake quarterly reviews of the SIP by the service manager and the quality improvement coordinator.

The risk management policy was most recently reviewed in June 2024. The inspector was provided with written evidence of the service managers oversight and governance of the centre risk register. The service manager reviewed the centre register every six to eight weeks. Additionally, the individual risk assessments were evidenced as reviewed at the clinical management meetings. Safety issues relating to the young people were also outlined in the monthly centre managers self-report. The service manager stated that the risk management policy was reviewed with staff and staff were at varying levels of competency in terms of completing risk assessments. They stated that risk assessments are generally developed at handovers or at clinical meetings or under the guidance of the centre manager and/or service manager.

Overall, the inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

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**