



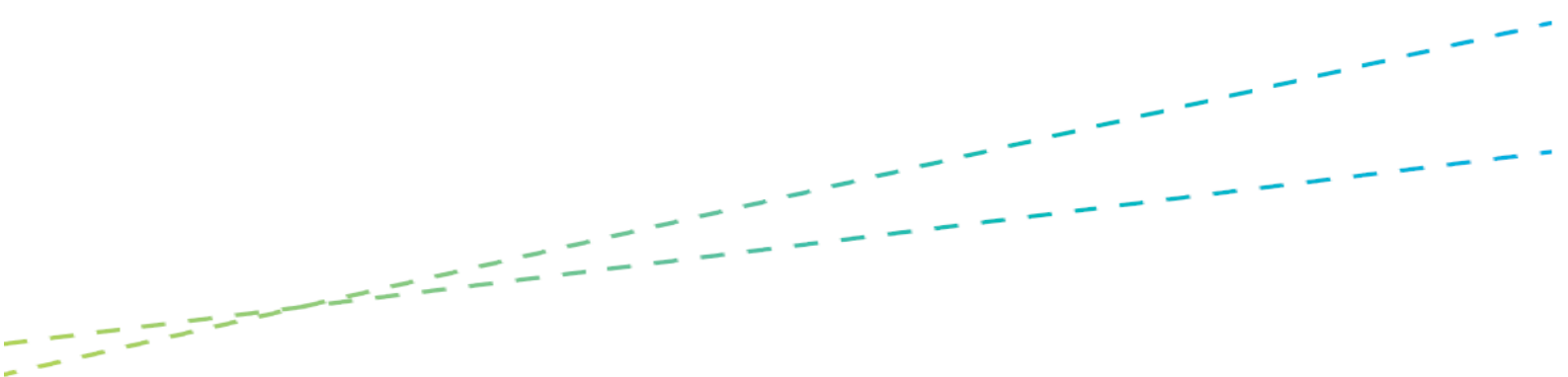
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 009

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Galtee Clinic
Registered Capacity:	Four young people
Dates of Inspection:	21st October 2019 23rd October 2019
Registration Status:	Registered without conditions from the 19th of October 2018 to the 19th of October 2021
Inspection Team:	Anne McEvoy Paschal McMahon
Date Report Issued:	15th January 2020

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2015. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without attached conditions from the 19th October 2018 to the 19th October 2021.

The centre's purpose and function was to accommodate four young people of both genders 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 centre.

The inspectors examined standards 2 'management and staffing', standard 5 'planning for children and young people', standard 7 'safeguarding and child protection' and standard 9 'health' of the National Standards For Children's Residential Centres, 2001. This inspection was announced and took place on the 21st and 23rd October 2019. At the time of the inspection there were two young people in residence.

1.2 Methodology

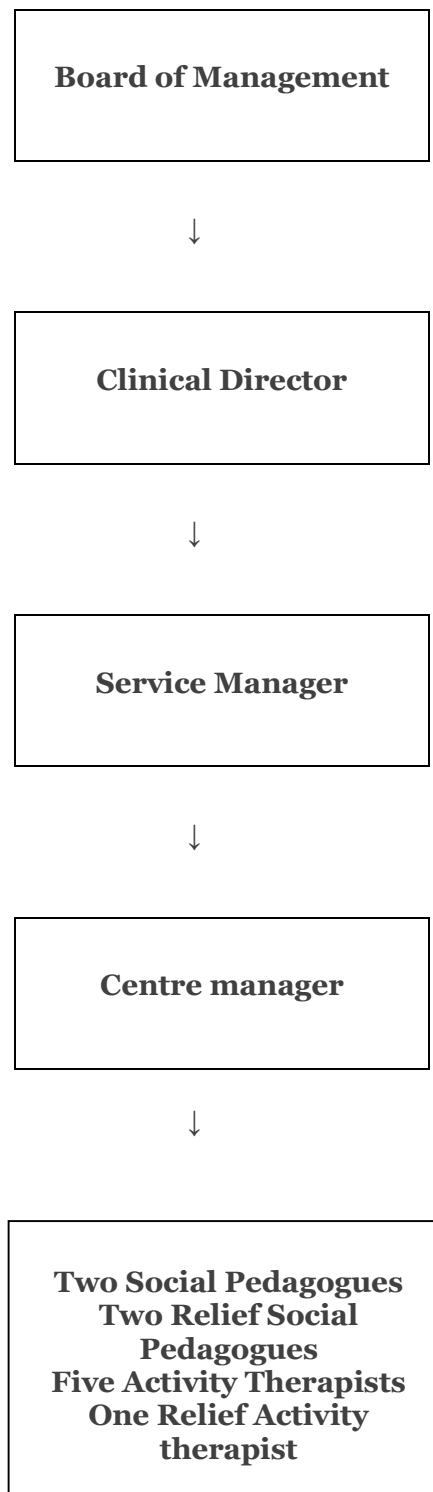
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Nine of the care staff
 - b) The clinical director and head of service
- ◆ An examination of the centre's files and recording process including:
 - Centre registers
 - Young people's care files
 - External audits completed
 - Staff supervision records
 - Personnel files
 - Team meeting minutes
 - Management and senior management meeting minutes
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre management
 - b) One relief social pedagogue
 - c) Two activity therapists
 - d) Two young people
 - e) One supervising social worker
 - f) One guardian ad litem
- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

At the time of this inspection the centre was registered without conditions from the 19th October 2018 to the 19th October 2021.

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 6th Dec 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 6th January 2020 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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 with attached conditions from the 19th of October 2018 to the 19th of October 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre manager maintained a register that outlined the required information relating to the admission and discharge of young people from the centre. Inspectors found it was in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995: Part IV, Article 21 and was up to date. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

Inspectors examined the centre records and found that significant event reports were promptly notified in line with the regulations. The centre maintained a significant events register which recorded the name of the young person involved, the date and type of event that occurred. Inspectors found that this register was up to date. One social worker interviewed stated they were notified promptly of significant events. The guardian ad litem of the second young person stated they were also notified promptly.

Administrative files

The inspectors examined a range of administrative files and records. The care files and centre records were well maintained. The young people had secure individual care files which maintained appropriate levels of privacy and confidentiality about the young people's history and circumstances. The recording systems were well maintained and held a record of the daily life of the young person.

Inspectors found evidence that the records were monitored by the centre manager and the service manager and insights provided by the clinical director in relation to the young people resident. Records relating to children were kept in perpetuity. The centre had a clear financial management system and inspectors found that the centre had enough resources to meet the needs of the young people in placement.

3.2.2 Practices that met the required standard in some respect only

Management

Inspectors found that the centre was managed by an appropriately qualified and experienced person. The manager had worked in the company for the previous five years and as centre manager in this centre for the past two years.

There was a clear management structure in place to ensure that the centre was adhering to its statement of purpose and function. The service manager line managed the centre manager. The service manager reported to the board of management and also to the clinical director. The inspectors reviewed the reports submitted by the service manager to the board of management which evidenced that the board was aware of all issues arising within the centre.

The manager was based offsite in an office located near the centre and worked office hours Monday to Friday. To satisfy themselves that appropriate and suitable care practices and operational policies were in place, the manager was present at the centre daily and conducted a weekly team meeting. The service and centre manager met weekly to review and monitor overall practices within the centre. The inspectors reviewed the weekly handovers to the service manager. These reports evidenced communication between the centre manager and pedagogues. These meetings also included a review of significant event reports, placement plans and issues arising for the young people. There was clear direction and support provided to the pedagogues on a daily basis. The manager had regular interaction with the staff and young people and there was evidence that they had oversight of records and provided staff supervision.

There was evidence of management meetings taking place. There were eight meetings held in 2019 up to the date of this inspection with some of these taking place within a week to two of each other and gaps of 2 months evident between others. These meetings were attended by the clinical director, the service manager, the finance manager and the centre managers. While these meetings discussed health and safety issues, staffing issues, policies and procedures, repairs, maintenance and training, there was limited discussion on young people in the centre and no discussion on child protection issues evident. There was no evidence that the minutes from the last meeting were read and agreed, or action plans and timeframes agreed. The service manager and board of directors must ensure that senior management meetings are held with a regular frequency, that actions and timeframes are agreed and revisited at the next meeting and child protection and placement reviews are standing items on their agenda.

The clinical director held a separate folder detailing their contact with the service manager and the centre manager on at least a weekly basis with guidance and insight offered on a range of issues. There was evidence in this folder of contact the clinical director had with young people in the centre and visits made by the clinical director to the centre.

The company employed external auditors to review and provide feedback on the administrative and care files. These audits were completed to a good standard and identified a range of issues for correction. This company provided an action plan on work to be undertaken to further promote the quality of care provided and the recording systems in place. The inspectors did not find evidence of this action plan being implemented. Inspectors were advised that there was a meeting planned in the weeks following the inspection to review the action plan and make arrangements to implement the proposed actions. The centre manager and service manager must ensure that this review takes place and actions outlined by the auditors are implemented.

Staffing

At the time of inspection, the centre had adequate levels of staff to meet the needs of the young people living there. The centre had two social pedagogue teams who lived and worked in the centre on a rota basis. Their role was to creating a ‘shared living space’ where adults and young people live together. Each of the young people had an assigned primary activity therapist. The primary activity therapist had responsibility for the daily life requirements of the young people and were responsible for constructing and delivering the young person’s placement plan. They played an important role in the formation of relationships with the young people.

Psychological guidance to the work of the centre was provided by a senior clinical psychologist who was also a director of the company. The clinical director was responsible for providing guidance and direction to the pedagogues and activity therapists regarding the placement plans for the young people. A record of clinical notes was held on the individual files of the young people.

All staff had appropriate relevant qualifications and inspector observations between staff and young people demonstrated that they had the ability to communicate effectively with the young people resident.

A review of personnel files evidenced that all staff had been appropriately vetted before taking up duties, with three references obtained on each staff member,

including the most recent employer reference. Inspectors found that all personnel files held Garda clearances and police authority clearances for all staff who resided outside of the country as required.

There was evidence that all staff received an induction. This included a two week shadowing of other staff to fully apprise themselves of how the centre operated. All staff had time to read the young people's files, be fully aware of placement plans and behaviour management plans as well as reading the company's policies and procedures. In interview staff stated that while the model of care was discussed at team meetings and during supervision, there was no formal training provided by the company. Staff stated that they were aware of the model of care but struggled to describe it. The centre manager and service manager must ensure that the company hold model of care training as part of their induction and provide refreshers on a regular basis to ensure that the model of care is understood and easily incorporated into daily practice by all staff members.

Supervision and support

The company had a supervision policy noting that formal supervision took place between six to eight times per year. Inspectors reviewed a sample of supervision files and found that while the centre was in line with its policy of six-eight supervision sessions per year, there were significant gaps of 3 months and 5 months evident on the files examined. The centre manager must ensure that supervision sessions are held at regular intervals in accordance with their policy.

The social pedagogues and primary activity therapists reported to and were supervised by the centre manager. The centre manager had received supervision training to facilitate supervising the staff within the centre. The social pedagogues had access to external supervision as well as supervision provided by the centre manager. This external supervision was also made available to the activity therapists if they wished to avail of it.

A supervision contract was held on the supervision files of the staff members. Supervision sessions were recorded but of the sample examined there was limited narrative with no detailed discussion on placement planning. There were no links between supervision sessions evident, with no evidence of agreed actions or goals being followed up at the next supervision session. The centre manager must ensure that there is an effective link between supervision and the implementation of individual placement plans.

At the time of inspection there was a change occurring regarding team meetings. Prior to inspection, staff attended weekly handover meetings, however these meetings were now to be called team meetings. There was a standing agenda for these meetings which comprehensively detailed issues arising for the young people. Behaviour management issues and significant events were routinely discussed as was the voice of the young person. Inspectors acknowledged that the content of these meetings facilitated good communication and consistency between staff in implementing care plans and providing consistency of care, however, there did not appear to be any regular forum for the discussion of child protection matters, staff training and development, health and safety, or routine maintenance and repairs. The centre manager and service manager must ensure that the weekly team meetings are expanded to incorporate these issues.

Staff identified supervision as a support mechanism and stated that they had a good work life balance in the centre. Staff members interviewed said they were well supported by the management team and there were support systems in place for staff including on call support.

Training and development

Of the sample of personnel files reviewed, all staff had completed fire training and all staff were trained in a recognised model for de-escalation of behaviours and physical intervention. While all staff had completed the TUSLA e-learning programme, Children First: National Guidance for the Protection and Welfare of Children, 2017 there was no company training module on child protection. In interview, some staff were unaware of making reports through the TUSLA portal and their role as a mandated reporter. The service manager and board of directors must ensure that company child protection training is developed and provided to staff as part of their induction and refreshers provided as necessary, including a focus on mandated reporting and report making.

Of the sample of files reviewed, the first aid training for one had expired four months prior to the inspection and another did not have any first aid certificate on file. Assurances were provided that there was always a staff member qualified in first aid on shift. Inspectors recommend that the centre manager and service manager review the training undertaken and complete refreshers when required.

Additional training such as manual handling, food hygiene, medication management had been undertaken by staff and there was evidence on personnel files that external training was sourced when the needs of young people required it. Understanding

self-harming training was also provided to assist in the management of young people's pain-based behaviours. In interviews, staff identified that they had undertaken attachment training with the clinical director.

3.2.3 Practices that did not meet the required standard.

None identified

3.2.4 Regulation Based Requirements

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

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

Required Action

- The service manager and board of directors must ensure that management meetings are held with a regular frequency, that actions and timeframes are agreed and revisited at the next meeting and child protection and placement reviews are standing items on their agenda.
- The centre manager and service manager must ensure that a review of external audits takes place and actions outlined by the auditors are implemented.
- The centre manager and service manager must ensure that the company hold model of care training as part of their induction and provide refreshers on a regular basis.
- The centre manager must ensure that supervision sessions are held at regular intervals in accordance with their policy.
- The centre manager must ensure that there is an effective link between supervision and the implementation of individual placement plans.
- The centre manager and service manager must ensure that the weekly team meetings are expanded to incorporate additional issues such as child protection, health and safety, staff development.

- The service manager and board of directors must ensure that company child protection training is developed and provided to staff as part of their induction and refreshers provided as necessary.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre accepted referrals of young people, male or female, aged 13- 17 years on admission and referrals for placements were accepted from the Child and Family Agency National Private Placement Team.

In interview, the supervising social worker for the young person admitted the month prior to inspection was very satisfied that the placement was meeting their needs. They stated that the young person had developed a good rapport with their activity therapist and the centre was very proactive in seeking out appropriate work placements and supporting the young person through difficult emotional issues presenting for them. The young person had advised their social worker that they were very happy and felt very comfortable.

The guardian ad litem for the other resident did not feel that the placement was currently meeting their needs. The guardian stated that the centre was very proactive in identifying the issues for this young person but that progress had not been made in the four years the young person had been placed there, relating to health matters affecting them. Inspectors were informed by the centre management and by the guardian that agreement had been reached that the young person's placement would need to end following completion of state examinations. The purpose of this discharge was to identify and access specialist supports closer to the young person's home address. The guardian noted to inspectors that they had requested that this information not be made known to the young person until a tentative plan could be

identified and presented to them. Inspectors recommend that the supervising social work team and the centre manager meet to agree how and when this information will be given to the young person and to formally record the reasons why this information has not yet been made known to them.

The centre had an admissions policy which was reviewed by the inspectors. This policy had very clear agreed procedures describing the process of admission. The process included a visit to the centre and an overnight where this would be in the best interests of the young person. If it was deemed to be beneficial, in consultation with the supervising social worker, the centre manager devised a unique “welcome” booklet centred around the young person’s particular level of ability, their interests and needs. Inspectors were provided with a copy of a “welcome” booklet that was devised for a specific young person being admitted. This booklet contained comprehensive information in a child friendly format, accompanied by numerous photos to bring the centre to life for the young person prior to admission.

Inspectors found significant social histories on file for each young person prior to admission and the centre manager accepted that they had received adequate information about each young person at the time of referral.

In reviewing the care files, there was evidence of a risk management plan in place at the time of admission. This plan identified the risk and noted methods of intervention to manage the risk. It took into account the risks posed by other residents to the young person being admitted as well as risks posed to the other residents.

Contact with families

The young people maintained positive relationships with their families when this was considered to be in their best interest. These visits were supervised when necessary to safeguard the young person and to support them thereafter. Arrangements were in place for young people to visit their families and centre staff facilitated these in line with care plans. Parents and families were invited to visit the centre and to interact with the pedagogues and activity therapists where this was considered safe to do so.

Preparation for leaving care

Inspectors found evidence to support that the centre was advocating for each young person to leave care in a planned and supported way. One young person was approaching the age of 16 years and there was evidence of contact between the social work department and the centre requesting aftercare planning to be arranged. In

interview, the supervising social worker advised that there was an aftercare application to be filled out with the young person in the month following the inspection when they turned 16. The activity therapists, centre manager and service manager advocated for one young person to have access to supported employment that could move towards an apprenticeship for when the young person turned 18. The aftercare plan for the second young person was for them to return to their own geographical area at the end of the school year. Inspectors saw evidence of advocacy by the centre to link this young person back with specialist services in their own area.

Discharges

Inspectors found good evidence that efforts were made to ensure that all discharges were carried out in a planned manner following consultation with all relevant parties. There were two discharges since the time of the last inspection. The last discharge from the centre took place a number of weeks prior to inspection. The young person had resided in the centre for three months. During that time, it became evident that they were not settling and there were numerous significant event notifications and missing in care notifications sent to the social work department. The young person did not wish to live so far from their family centre, their understanding was that they were to move centre and they constantly absconded. The clinical director, service manager, centre manager and activity therapist recognised that the young person was more at risk by virtue of the frequency of absconding and they arranged numerous planning meetings with the social work department. The decision to discharge the young person was made in consultation with the young person, their parent, the social work department, and the centre staff. The discharge was supported by the centre. The young person's activity therapist continued to visit them at their family centre for a period of time afterwards with the permission of the young person and their family. The young person's belongings were brought to their centre by the activity therapist.

Aftercare

Inspectors found that in line with the model of care used in the centre, the staff worked towards creating a homely environment and this extended to aftercare provision. One young person had recently left the centre. Following discharge they were visited twice by their activity therapist. The young person and their family had been invited back to the centre for a farewell party. While resident in the centre, this young person had also achieved an award. When they received their award, the centre manager, service manager and clinical director were all in attendance to support and acknowledge their achievement. The centre advocated that any young person who was resident there was welcomed and encouraged to return for visits if

they wished or if they needed to. One young person who had turned 18 and had left the centre made contact with the centre to advise that they were struggling. This young person was being visited by the centre manager and the service manager to offer support while they acclimatised to college life. The service manager and centre manager reported any issues that needed addressing to the aftercare worker for this young person. Inspectors found evidence to support that the centre provided aftercare and they kept in touch where possible.

Inspectors found evidence that supported aftercare planning for the young people resident. The activity therapists, centre manager and service manager advocated for one young person to have access to supported employment that could move towards an apprenticeship for when the young person turned 18. There was an aftercare plan in place for this young person.

Children's case and care records

Inspectors found that care records in the centre were well organised and written to a good standard. Files were categorised for ease of reference. All relevant documentation including the young person's care order and birth certificate were present. Placement plans were easily accessed and understood. The social pedagogy model of care was very much evidenced in the placement plans. All case and care files for the young people were maintained at the company's head office in a secure fireproof filing cabinet. The young people's daily logs were maintained in the centre in a secure locked cabinet in the centre office. The centre used a secure external company for archiving older files.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

There was evidence on the young people's care files that child in care reviews were taking place. The supervising social worker for one young person who was admitted in the previous month advised that the last child in care review for the young person was held just prior to their admission and the first child in care review in this placement took place two weeks following inspection. The social worker stated that the young person attended their child in care review and participated fully in it. They are aware of the long term plan and purpose of this placement. This was confirmed by the young person in interview. The social worker stated that they were in the process of updating the care plan to reflect the most recent child in care review.

Inspectors found evidence that a recent child in care review was held for the second young person seven weeks prior to inspection. This young person, who had been resident in the centre for the preceding four years, did not have an up to date care plan. The care plan on file was dated January 2018. This care plan was quite comprehensive and did note the aims and objectives of the placement, access arrangements and the supports to be provided, however it was significantly out of date. There was evidence on file that the centre had emailed the supervising social work department requesting an up to date care plan be forwarded to them. Minutes of previous child in care reviews on this file demonstrated that there was an on-going focus on the young person's progress especially in the area of health. In interview with the young person, they stated that they attended their child in care review, they were given the time to prepare for it, they were aware of the reason why they were there and were consulted around decisions made regarding their care. The supervising social workers for both young people must ensure that the up to date care plans are forwarded to the centre as soon as possible.

Social Work Role

Standard

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

The inspectors interviewed one of the supervising social workers and they were very positive about the level of care afforded to their young person. The social worker for one young person and the guardian for the other resident were satisfied that they were informed of significant events in writing promptly and that the centre managed these events with care and competence. The social worker and guardian advised that they had regular communication with the centre and were advised of any issues as they arose. There was evidence that sufficient background information was provided to the centre by the referring social work teams. In reviewing care files, inspectors found evidence to confirm that child in care reviews were being held, that young people and their respective relatives were invited to attend and both young people confirmed that they contributed to their child in care review and had their views heard. Both young people had access to their own phones and one young person stated in interview that they phoned their social worker regularly.

As noted earlier in this report, the care plans on file were significantly out of date, one young person was not visited in the centre regularly by an authorised person and one social worker acknowledged not reading the daily logs when they visited. The respective social work departments must ensure that these matters are addressed.

The guardian ad litem for the one resident stated that the services required for their young person were specialist services not available in the geographical area and attempts to gain access to this service were being delayed due to the referral not being made to the local child and adolescent mental health service (CAMHS). There was acknowledgement by the centre and the guardian that this CAMHS was reluctant to accept referrals when the centre address was outside of their area but that issue could not be addressed until they refused to accept the referral. The supervising social work team must ensure that the general practitioner is requested to make this referral to the local CAMHS as soon as possible.

Emotional and specialist support

The centre had a specific emotional and specialist support policy guided by the model of care of social pedagogy, i.e. that the centre in and of itself offers an integrated treatment programme - a group living environment that is designed to offer therapeutic opportunities integrated into the day to day experience.

However the policy identified that there were occasions when young people would either need or want additional specialised services. It was noted in the policy that the clinical director had the responsibility for identifying these particular needs and working with either the centre's existing resources or looking outside of the centre to have these needs addressed. This was to be discussed by the clinical director with the young people, their carers, social work teams and when appropriate, their family.

In interview with staff, they demonstrated that they were very aware of the needs of the young people, they noted numerous methods of intervention in attempts to manage specific behaviours. Staff stated that the needs of young people were raised at team meetings and interventions suggested on how they could be managed.

There was evidence in personnel files that pedagogues and activity therapists were offered specialised training to support them in addressing specific needs of the young people resident.

The supervising social worker for one young person was very satisfied that their young person was brought to all identified support services and that these services alongside the model of care was working well for them. This young person had been facilitated to attend a substance misuse counsellor and had availed of psychotherapy

sessions with the clinical director.

3.5.3 Practices that did not meet the required standard.

Supervision and visiting of young people

Each of the young people had an allocated social worker. One young person who was admitted in the previous month had been visited by their social worker. In interview this social worker stated that they were in weekly, if not daily contact with either the young person or the centre staff, however they did not read the daily logs. The supervising social worker for the second young person had not visited the centre except for child in care reviews, due to a transport issue. The responsible social work departments must ensure that each young person is visited by an authorised person in line with *Child Care (Placement in Residential Care) Regulations, 1995, Part IV, Article 24* and that said authorised person, from time to time will read records held in the centre relating to the young person.

Inspectors found evidence of social work visits recorded in the daily logs of the young person.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 -Part IV, Article 23, Paragraphs 1 and 2, Care Plans*
-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 22, Case Files.

The Child and Family Agency have not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*
-Part IV, Article 24, Visitation by Authorised Persons

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*
-Part III, Article 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The supervising social work team must ensure that they agree how and when the information regarding the end of the young person's placement will be

given to them and to formally record the reasons why this information has not yet been made known to them.

- The supervising social workers must ensure that the up to date care plans for both young people are forwarded to the centre as soon as possible.
- The responsible social work departments must ensure that each young person is visited by an authorised person in line with regulations and that said authorised person, from time to time will read records held in the centre relating to the young person.
- The supervising social work team must ensure that the general practitioner is requested to make the referral to the local CAMHS as soon as possible so that access to the specialised service can be progressed.

3.7 Safeguarding and Child Protection

3.7.1 Practices that met the required standard in full

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

The centre have a comprehensive policy document that contained appropriate policies to compliment safeguarding. The policy on safeguarding was readily available for staff to read. In interview, staff demonstrated that they were very aware of the safeguarding statement and its contents. This statement was reviewed by the Tusla Child Safeguarding Statement Compliance Unit and was deemed to be fully compliant with the Children First Act 2015. The statement was due to be re-reviewed in 2020.

There were a number of safeguarding practices implemented within the centre including the vetting of staff and a complaints policy. Inspectors were given a copy of the centre's policy on "young people visiting team members centre". This policy reflected the centre's model of care, required staff to obtain consent from relevant individuals and risk assess any visit prior to it being undertaken. The centre did not have a specific lone worker policy and inspectors recommend that this policy be produced to complement and enhance the overall safe care practice in the centre. All staff were qualified and appropriately vetted, in receipt of supervision and support. In interview with staff, they felt comfortable and confident to challenge the work practices of peers without fear of victimisation. Staff advised that they felt

comfortable to discuss issues regarding quality of care in supervision if the matter was unresolved.

Staff demonstrated a clear understanding of safe practices. One supervising social worker and one guardian ad litem confirmed that the young people had access to phones and had the opportunity to phone their social worker/guardian in private.

Both the social worker and guardian confirmed that they met with their respective young person in private.

3.7.2 Practices that met the required standard in some respect only

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Inspectors were provided with a copy of the child protection policy. Inspectors noted that much of the safeguarding policy was used as the child protection policy. In reviewing the child protection policy, inspectors noted that there was no reference to reporting concerns to the social work department. There was very limited reference regarding reporting guidelines. The service manager and board of directors must ensure that the child protection policy is a stand-alone document and offers guidance regarding measures to be taken in the event; (1) of an allegation of current abuse or neglect in the children's residential centre, (2) of an allegation of past abuse or neglect in the children's residential centre (or previous care placements), (3) of an allegation concerning the abuse or neglect of a resident of the centre outside that centre.

As noted under standard two, all staff had completed the TUSLA e-learning programme, Children First: National Guidance for the Protection and Welfare of Children, 2017 however, there was no company child protection training. In interview staff demonstrated an understanding and knowledge regarding their role as mandated reporters. The service manager and board of directors must ensure that a company child protection training is developed and provided to staff as part of their induction and refreshers provided as necessary.

Required Action

- The service manager and board of directors must ensure that the child protection policy is a stand-alone document and offers guidance regarding measures to be taken in the event; (1) of an allegation of current abuse or neglect in the children's residential centre, (2) of an allegation of past abuse or neglect in the children's residential centre (or previous care placements), (3) of an allegation concerning the abuse or neglect of a resident of the centre outside that centre.

3.7.3 Practices that did not meet the required standard.

None identified

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

None identified

3.9.2 Practices that met the required standard in some respect only

There was evidence on care files that both resident young people had a medical assessment on admission to the centre, compliant with Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 20. Comprehensive medical histories including a record of vaccinations and on-going appointments for the young people were made available to the centre on admission to enable the general practitioner to provide optimal care. The young people in the centre had access to a local general practitioner and each had their medical cards on file. The inspectors examined the care records of the young people and found they were encouraged to participate in a healthy lifestyle, with emphasis placed on sporting activities as part of the daily routine.

The supervising social worker for one young person noted that they needed to access dental services. This was being facilitated by the centre but the young person was refusing to engage. The supervising social worker commented that the centre was being proactive in encouraging the young person to attend and was conducting key working around this. One young person was facilitated in attending a drugs misuse counsellor and evidence of this was found in their care file. Their activity therapist

also completed individual work with them around substance misuse, sexual health, diet and exercise.

In reviewing key work documents there was evidence that young people were consulted regarding their health care and treatment plans. There were records kept of medications administered, both prescribed and across the counter.

Staff had received training in the administration of medication. All medicinal products were stored in the staff office and the inspectors were satisfied that the administration of medicines was properly recorded. The centre had a no smoking policy that prohibits staff and young people smoking in the centre. Young people were encouraged not to smoke and were informed of the health implications when they continued to engage in smoking.

The guardian ad litem (GAL) for one young person was concerned about the lack of progress made in relation to health issues for their young person. The clinical director had provided psychotherapy sessions to this young person and provided psychological guidance to the social pedagogues and activity therapists around the management of this issue. The GAL noted that while the centre had engaged a number of interventions in managing the behaviour and facilitating attendance at paediatric and consultant appointments, the underlying therapeutic needs had not been addressed. There was evidence on the young person's file of communication between the centre and the social work team around the management of this issue. However the GAL was concerned that efforts were too focused on managing the issue and not enough effort placed in accessing therapeutic services to address the underlying cause. The centre and the GAL noted that access to child and adolescent mental health services (CAMHS) was necessary in order to gain access to specialist clinics. Both the centre and the GAL stated that access to CAMHS had proven to be problematic in their area, however in interview with the GAL, inspectors were advised that the referral to CAMHS had yet to be made. The supervising social worker must ensure that the general practitioner is requested to make this referral as a matter of urgency so that progress can be made in accessing appropriate therapeutic supports for this young person.

3.9.3 Practices that did not meet the required standard

None identified

3.9.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).***

Required Action

- As advised under standard five: emotional and specialist support: The supervising social worker must ensure that the general practitioner is requested to make the referral to the Child and Adolescent Mental Health Service as a matter of urgency so that progress can be made in accessing appropriate therapeutic supports for their young person.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	The service manager and board of directors must ensure that management meetings are held with a regular frequency, that actions and timeframes are agreed and revisited at the next meeting and child protection and placement reviews are standing items on their agenda.	After discussion around the frequency of management meetings and how feasible it is to hold one every week, it has been agreed that one will be held every two to three weeks as it is imperative that the managers, clinical director and finance manager are all present. We have created a new template for the management meetings with the first item on the agenda being an overview of the last minutes and sign off on actions and note any outstanding actions and person(s) responsible for same. We have included actions, timeframes and person responsible on the new template to address all issues going forward. Child protection and the children's placement reviews have also been entered into the new template and will be standing items on the agenda.	New recording template has been devised and will be used at all future management meetings with the next scheduled for the 6 th of January 2020.

	<p>The centre manager and service manager must ensure that a review of external audits takes place and actions outlined by the auditors are implemented.</p> <p>The centre manager and service manager must ensure that the company hold model of care training as part of their induction and provide refreshers on a regular basis.</p>	<p>Feedback from the external auditors took place in late June and internal review of the audit took place in September. At this time, several recommendations were implemented and some recommendations after discussion we choose to not implement for a variety of reasons. Any outstanding recommendations that we wish to enact will be implemented by the end of January 2020.</p> <p>Some months ago, a comprehensive paper was written by one of the management team as part of a large piece of work on research and development, detailing essentially the Galtee Clinic’s model of care. Salient points will be taken from this paper and will form the basis of a description that will be given to new team members which will outline the model of care and what it looks like in practice. This will be ready to roll out by the end of January 2020.</p>	<p>Plan to have the next external audit completed at a less busy time of the year so that the management team have more opportunity and time to review, discuss and implement recommendations. Audits will be more focussed from this point on given that the last audit encompassed every aspect of the service. After next audit, we will document when the feedback is received, when they were reviewed and document the action plan, timeframe and person responsible.</p> <p>Acknowledging that for the team to be able to articulate the model of care it needs to be part of our dialogue on a regular basis. As discussing theoretical concepts often does not occur in a milieu where we aim to have simple everyday language present in order to give the child the sense and feeling that they are in a normal environment, these opportunities need to be created. Service Manager and Clinical Director to combine the two papers written by the management team to create a substantial explanation of our model of care. This</p>
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	<p>The centre manager must ensure that supervision sessions are held at regular intervals in accordance with their policy.</p> <p>The centre manager must ensure that there is an effective link between supervision and the implementation of individual placement plans.</p>	<p>The Supervision record template has been amended so that the model of care and discussions on same are a standing item on the agenda for supervision sessions. At the weekly team meeting, starting in January, one team member will be asked to do a short presentation on one of the policies and this will occur at every meeting with a different person and different policy. The model of care will be part of this new process with the aim of helping people articulate what we do so they find the relevant dialogue more attainable.</p> <p>This will be put into action immediately.</p> <p>The supervision record template has been amended and a specific section has been inserted in order to ensure that discussion of the children’s placement plan is</p>	<p>piece of work will be completed by mid-February and will be given to all our current team members at that point and all new employees coming on board after that.</p> <p>Awareness of same and oversight from the Service Manager to ensure that supervision sessions are held at regular intervals. Starting Jan 2020, the Service Manager will go through the supervision log every quarter to ensure that this is being done.</p> <p>Constant monitoring and review of same. New template ensures that this will occur. Oversight provided every quarter by the Service Manager, starting Jan 2020.</p>
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	<p>The centre manager and service manager must ensure that the weekly team meetings are expanded to incorporate additional issues such as child protection, health and safety, staff development.</p> <p>The service manager and board of directors must ensure that a company child protection training is developed and provided to staff as part of their induction and refreshers provided as necessary.</p>	<p>facilitated in the supervision process.</p> <p>Team meeting record template has been amended to include the following as standing items on the agenda; child protection issues, health and safety, routine maintenance and repairs and staff training and development</p> <p>All team members have the E-Learning Child Protection Training however we need to source more robust training and have it accessible to the team on a more frequent basis.</p> <p>Child protection is going to be a part of the induction process with specific attention being paid to mandated reporting and the process of report making. We are going to source a Train the Trainer course for at least one team member so we can have in-house delivery of child protection and related issues on a regular and as required basis.</p> <p>Currently, we are looking to book external</p>	<p>Constant monitoring and review of same. New template ensures that this will occur. Oversight provided every quarter by the Service Manager, starting Jan 2020.</p> <p>Child Protection to be added to the Induction Policy by the service manager in the New Year.</p> <p>Train the Trainer to be sourced and booked by the end of January. Service Manager to co-ordinate this. External training for all team members to be sourced and booked by the end of January. Dates that are available are the 30th of January and the 3rd and 6th of March. Service Manager and Centre Manager to look at the roster and book two days training to ensure that the entire team receive the relevant training. At the weekly team meeting, starting in January, one team member will be asked to</p>
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		child protection training for all team members.	do a short presentation on one of the policies and this will occur at every meeting with a different person and different policy. Child protection will be part of this new process. The Centre Manager for each house will email the named team member the policy the day before the meeting and ask them to speak about that policy for a couple of minutes at the meeting. The policies will be chosen in alphabetical order.
3.5	<p>The supervising social work team must ensure that they agree how and when the information regarding the end of their placement will be given to the young person and to formally record the reasons why this information has not yet been made known to them.</p> <p>The supervising social workers must ensure that the up to date care plans for both young people are forwarded to the centre as soon as possible.</p>	<p>Response from social work department. PSW reviewed the report and can confirm that a meeting will be convened in Jan 20 to clarify the duration of this YP's placement and to agree the next steps in this process (including telling the YP if agreed this is appropriate).</p> <p>PSW also confirmed that the care plan dated Jan 19 has been sent to Blossom House. A CICR has been convened since this time and the care plan will be completed when the allocated social worker returns from sick leave.</p>	To be addressed at the next CICR scheduled for the 16 th of January 2020.

	<p>The responsible social work departments must ensure that each young person is visited by an authorised person in line with regulations and that said authorised person, from time to time will read records held in the centre relating to the young person.</p> <p>The supervising social work team must ensure that the general practitioner is requested to make the referral to the local CAMHS as soon as possible so that access to the specialised clinic can be progressed.</p>	<p>The allocated SW will be visiting young person in Jan 20.</p> <p>G.P has made a referral to CAMHS</p>	
3.7	<p>The service manager and board of directors must ensure that the child protection policy is a stand-alone document and offers guidance regarding measures to be taken in the event; (1) of an allegation of current abuse or neglect in the children's residential centre, (2) of an allegation of past abuse or neglect in the children's residential centre (or previous care placements), (3) of an allegation</p>	<p>The Child Protection Policy will be amended in the first week of January 2020 to bring it in line with the Children's First Legislation and to ensure that it incorporates these three elements.</p>	<p>In January, we have already reviewed and updated the following policies; child protection, complaints, on-call policy and we have created three new policies; natural parenting policy, restrictive practices and protected disclosures. One day each week (on an alternating Wednesday and Thursday) the Centre Managers will not go to the houses in the morning, they will come directly to the farm so there can be a day set aside each week for managerial</p>

	concerning the abuse or neglect of a resident of the centre outside that centre.		tasks which will include policies and procedure reviews. This is starting Jan 2020.
3.9	As advised under standard five: emotional and specialist support: The supervising social worker must ensure that the general practitioner is requested to make the referral to the Child and Adolescent Mental Health Service as a matter of urgency so that progress can be made in accessing appropriate therapeutic supports for their young person.	As stated above, this has been addressed and the referral has been made.	Centre have confirmed that they will continue to ensure that all these matter will be discussed at the next CICR on the 16 th of January 2020.