



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: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Galtee Clinic Limited</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>7<sup>th</sup> &amp; 8<sup>th</sup> September 2020</b>
<b>Registration Status:</b>	<b>Registered from the 19<sup>th</sup> October 2018 to the 19<sup>th</sup> October 2021</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>22<sup>nd</sup> October 2020</b>

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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 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



## 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 19<sup>th</sup> October 2018 to the 19<sup>th</sup> 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. There were three young people placed in the centre at the time of this inspection.

## 1.2 Methodology

The inspectors examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

Inspectors looked 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 via teleconference with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

## 2. Findings with regards to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 24<sup>th</sup> of September 2020 and to the relevant social work departments on the 24<sup>th</sup> of September 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 8<sup>th</sup> of October 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA 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: without attached conditions from the 19<sup>th</sup> October 2018 to the 19<sup>th</sup> October 2021 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 5 Practices and Operational Policies

#### Regulation 8 Accommodation

#### Regulation 13 Fire Precautions

#### Regulation 14 Safety Precautions

#### Regulation 17 Records

#### Theme 2: Effective Care and Support

#### Standard 2.1 Each child's identified needs inform their placement in the residential centre.

Inspectors reviewed the centre's written policy on admissions and found that it did not meet the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors found that the policy specified the type of referrals that would be considered for placement and the admissions process. However, the policy did not acknowledge the need for a written pre-admission risk assessment, written impact risk assessments or the rights of the other young people.

Inspectors found evidence through interviews that prior to admission, the centre manager worked with the allocated social worker to ensure the centre was suitable to meet the needs of the young person. The centre was also provided with a range of documents to review including detailed social history reports and assessment reports. From review inspectors found that a Tusla derogation risk assessment document was the template in use to complete impact risk assessments for all proposed admissions as opposed to those under twelve years of age. This had not been adapted to the needs of the service. Inspectors spoke with two social workers who both confirmed they did not receive any written information prior to admission relating to risks or impact risks but that this was discussed verbally via phone with the centre manager at the time of admissions. The service manager must develop a pre-admission process incorporating written formal pre-admission risk assessment and collective impact risk assessments.

In interview centre management and staff stated that referrals are received and reviewed by the service manager and centre manager. The centre manager stated that this was a collaborative approach and they would not always have the final say on admissions. However, to date there had not been a referral they did not agree with. Inspectors found that there was sufficient pre-admission information on file to



allow for the centre to adequately determine if the placement was suitable for each young person prior to admission. Inspectors reviewed the centre's register and found all admissions to be in line with the centre's statement of purpose.

Staff members and management confirmed in interview that where possible, and appropriate, young people visited the centre in advance of moving in to become familiar with the day-to-day living arrangements and to meet the staff team and other young people living in the centre. One young person confirmed to inspectors that they were afforded the opportunity to visit the centre in advance of moving in. Inspectors did not find any evidence of written transition plans on file for all of the current young people. The centre manager must ensure that a written record of the transition process is maintained when planning all future admissions. The centre had developed a young person's booklet that was provided to young people upon admission and detailed their rights and responsibilities.

**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 inspection there were three young people residing in the centre. Two young people had up-to-date care plans on file. However, one young person, who was placed under derogation, did not have care plans on file for March, April and May 2020. There was evidence on file of efforts made by the centre to obtain these care plans from the supervising social worker. Inspectors saw evidence on file of young people being encouraged to attend their review meetings and where they chose not to, work was done with them in advance to ensure their views were represented at the meeting and their voices heard. One social worker developed a draft care plan after each review and did not finalise the care plan until they consulted with the young person and they signed off on it.

Each young person had an up-to-date placement plan on file that was prepared by their primary activity therapist. Inspectors found two out of three placement plans to be reflective of the care plans and linked to individual work being completed with the young people. Inspectors found that goals were clearly defined along with identified supports required to meet the goals. The third placement plan contained a significant amount of narrative and was not primarily goal focused and this should be reviewed. This had been previously identified by the service manager in their review of placement planning. Inspectors found that weekly meetings and supervision records did not detail any recorded discussions relating to the review of placement

plans and the centre manager must ensure a forum is developed for the regular discussion and review of goals.

Social workers interviewed confirmed that the placement plans supported the aims and objectives of the care plan. There was also evidence of individual work records being completed with young people that focused on the goals they wished to achieve for the month ahead and this was then incorporated into the placement plan. From a review of the current placement plans on file, inspectors did not find evidence that the families of the young people in placement had been consulted in relation to the development of the placement plans. The centre manager must evidence in practice that families are facilitated to participate in the placement planning process where appropriate.

Inspectors found each of the young people had access to the appropriate specialist services they required. There was evidence that young people were facilitated to attend play therapy, equine therapy and specialist supportive services. The centre also had a clinical psychologist attached to the service and they were available to work directly with the young people and also with team members to support them in their work with the young people.

Inspectors found from a review of care files, social work questionnaires and interviews with social workers, centre management and staff that there was effective communication between all parties.

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

The layout and design of the residential centre was suitable to provide safe and effective care for the three young people in placement at the time of inspection. Each young person had their own bedroom, three were en-suite and the fourth had access to their own bathroom. Arrangements were in place for safe and secure storage of their personal belongings. The centre was found to be adequately lit, heated and ventilated. There were communal, recreational and adequately decorated outdoor areas that were well maintained. Young people had access to age appropriate play equipment and games. Managers, staff and young people all confirmed that external managers visited the centre to ensure the premises is well maintained. The premises were clean and well decorated. There were photographs of young people throughout the house and inspectors viewed one young person's bedroom which was decorated with their input. Social workers interviewed noted that the house had a homely feel to it and that young people felt they belonged. They also noted the house was always

clean and well presented during their visits. Inspectors noted in the sitting room there was a leather sofa and armchair that were torn and these should be replaced. Inspectors found there were procedures in place to manage risks related to the health and safety of staff, young people and visitors. There were general risk assessments in place for routine risks within the centre. The centre had adequate measures in place for visitors to effectively manage Covid 19. There was an appropriate visitors protocol in place and inspectors were required to complete a Covid 19 questionnaire in advance of their visit. The centre also ensured temperatures were checked and details taken for contact tracing together with sanitizers being provided. The centre had an organizational health and safety statement however this was not site specific and staff did not demonstrate an effective awareness of same through interview. Inspectors recommend that the centre manager and service director develop a site specific health and safety statement. The centre also had an allocated health and safety officer, however staff were not familiar with who this person was or their role. The centre manager and health and safety officer had recently developed an audit tool which will be completed on a quarterly basis.

Inspectors reviewed a sample of staff files and found that staff were fully trained in an approved behaviour management technique for the safe management of young people presenting with challenging behavior. All staff had received training in first aid and fire safety. Inspectors found all fire records and servicing of equipment was up to date.

Inspectors viewed a sample of personnel files and found that the staff files maintained a copy of the full driving license. Car tax, insurance and NCT were found to be up to date on the centre vehicles.

**Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.**

Inspectors reviewed care files for young people and found that staff in the centre maintained an individual care file for each child in the residential centre. All records reviewed by inspectors were found to be up-to-date. All records were held within a central locked office separate to the house premises and young people could access their files if they wished to do so. The centre had a system in place for archiving care files and centre records. Inspectors found upon review of one young person's files that individual work records relating to another young person were misfiled. This

could potentially be a data protection issue should the young person see files not related to them and should be reviewed immediately by the centre manager.

**Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.**

There was evidence from staff interviews, social work interviews and from centre records of good interagency cooperation between the centre and social work departments to ensure the best outcomes for each young person.

The centre had a discharge policy in place however inspectors noted this focused primarily on discharge through aftercare and did not address any other form of discharge. The service manager must ensure the policy is reviewed to take this into account. When interviewed, staff members could not relay a process relating to an unplanned discharge and instead focused on discharge through aftercare. The centre had experienced an unplanned discharge in March of this year. Inspectors spoke with the social worker involved and they identified that they felt this was rushed but acknowledged that this was due to the risks associated with the young person's behaviours at the time. Due to the risks at the time of discharge the social worker and centre manager decided the young person could not be involved in consultation and transition to a new placement. The social worker identified that communication with the centre during this time was effective, open and transparent. The social worker noted that more could have been completed on both ends in relation to a collective approach to review risk assessments. The social worker noted that the young person had been left impacted by this move however noted that the staff team remained committed and continued to do closing work with the young person through key working.

The centre manager and staff members confirmed in interview that a debrief had been completed with the team following this discharge and this was guided by management and supported by the organisations clinical psychologist. Learning outcomes were identified as part of this process.

The centre had a process in place to receive feedback from young people in relation to their experience of care through exit interviews. Whilst there had been no exit interviews completed for the period under review, inspectors reviewed the template and found this was comprehensive and facilitated adequate feedback to the centre.

**Standard 2.6 Each child is supported in the transition from childhood to adulthood.**

The centre had an aftercare policy in place. Staff interviewed were familiar with the Tusla National Aftercare Policy, 2017. At the time of inspection there was one young person who was sixteen years of age. Their social worker confirmed that an aftercare worker would not be allocated until they were over seventeen years of age but acknowledged that the centre were completing individual work with the young person to prepare them for independent living. Inspector found evidence on file of individual work being completed with the young person relating to nutrition, budgeting and self care skills. The centre had also worked with the young person to ensure they secured an apprenticeship. There was evidence through individual work that this young person was facilitated to provide input on their future aftercare plans.

Although the other young people were significantly younger, there was evidence on file of age appropriate individual work being completed with these young people around self care skills, keeping bedrooms clean and learning how to cook and bake. Centre management stated that the centre’s policy was that young people were provided with information upon leaving care that included important documents such as their birth certificate, medical records and education records in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.6</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.1 Standard 2.2 Standard 2.3 Standard 2.4 Standard 2.5</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

## **Actions required**

- The service manager must review the current admission and discharge policy to ensure it reflects all aspects of the process and complies with the National Standards for Children's Residential Centres, 2018 (HIQA).
- The service manager must develop a formal pre-admission process incorporating written formal pre-admission risk assessments and collective impact risk assessments.
- The centre manager must ensure there is a written record of transition plans maintained on young people's files.
- The centre manager must evidence in practice that families are facilitated to participate in the placement planning process where appropriate.
- The centre manager must ensure a forum is developed for the regular review of placement plan goals.
- The primary activity therapist for one young person must ensure the placement plan is reviewed to ensure it is goal focused.
- The centre manager and service manager must develop a site specific health and safety statement.
- The centre manager must ensure all staff are aware of who the appointed health and safety representative is and their role in same.
- The centre manager must review each young person's care files to ensure all documents are filed in the correct care file.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The service manager must review the current admission and discharge policy to ensure it reflects all aspects of the process and complies with the National Standards for Children’s Residential Centres, 2018 (HIQA).</p> <p>The service manager must develop a formal pre-admission process incorporating written formal pre-admission risk assessments and</p>	<p>The admission and discharge policy will be reviewed to encapsulate both our admission criteria and process. With regard to discharge our current planned discharge process will be reviewed while any potential processes around unplanned discharges will also be outlined. The policy will also be drafted in line with national standards for Children’s Residential Centres, 2018</p> <p>Policy to be reviewed and updated by 23.10.20</p> <p>Alongside reviewing and updating our admission and discharge policy a formal process will be developed to create full transparency around our admission process. This will include detailing any</p>	<p>Policy will be followed with any new admissions to the centre. Policy will be updated with any change in standards or legislation.</p> <p>This will form part of the centre’s updated admission and discharge policy</p>

	<p>collective impact risk assessments.</p> <p>The centre manager must ensure there is a written record of transition plans maintained on young people's files.</p> <p>The centre manager must evidence in practice that families are facilitated to participate in the placement planning process where appropriate.</p>	<p>admission meetings, discussion with relevant parties, transition planning and both pre-admission and impact risk assessments</p> <p>Will be reviewed in line with policy update by 23.10.20</p> <p>Transition planning will be formalised as part of our updated admission and discharge policy and will be kept on file as part of that process</p> <p>Will be reviewed in line with policy update by 23.10.20</p> <p>All three of our current young people's families are involved directly with their placement at the Care Plan stage. Where discussions are held with family members about placement planning individual work sheets are draw up. Currently these are</p>	<p>This will form part of the centres updated admission and discharge policy</p> <p>Placement plan will be updated to clearly display family inclusion and their voice in same. Individual work completed with family will be reviewed and where appropriate be placed in Placement plan section.</p>
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	<p>The centre manager must ensure a forum is developed for the regular review of placement plan goals.</p>	<p>stored in the section 'Family' in their care record. This will be amended and these will be moved to the 'Placement Planning' section. The placement plan will also be updated to include a section around consultation with family and any views they may have expressed to be contained therein.</p> <p>Placement plan will be discussed at Quality Improvement meeting next week. Placement plan to be updated by 16.10.20</p> <p>While placement planning is discussed at both a team and individual level it was not appropriately recorded. Our team meeting agenda will be updated to include a standing item specifically for Placement planning. While Supervision records will also be updated to include a section for placement planning.</p> <p>Team meeting Agenda has already been</p>	<p>Our team meeting template has been updated to ensure weekly review of placement plan issues. Our supervision template will be updated to ensure individual review during supervision.</p>
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	<p>The primary activity therapist for one young person must ensure the placement plan is reviewed to ensure it is goal focused.</p> <p>The centre manager and service manager must develop a site specific health and safety statement.</p> <p>The centre manager must ensure all staff are aware of who the appointed health and safety representative is and</p>	<p>updated. Supervision Template will be updated be 16.10.20</p> <p>To be reviewed in Supervision with the primary activity therapist and re-focused on current goals.</p> <p>Supervision scheduled for 20.10.20</p> <p>Site specific health and safety statements will be drawn up as part of our next health and safety meeting.</p> <p>Health and safety meeting scheduled for 20.10.20</p> <p>A new house weekly health and safety audit has been drawn up and emailed to all team members. This email has also included details of our current health and</p>	<p>Placement planning will now form part of the standing agenda of our supervision template to ensure regular review of the planning process.</p> <p>Drawn up and approved for each centre as part of our next health and safety meeting.</p> <p>Current Health and Safety officer and role to form part of our induction template.</p>
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	<p>their role in same.</p> <p>The centre manager must review each young person's care files to ensure all documents are filed in the correct care file.</p>	<p>safety officer.</p> <p>Team have been made aware of health and safety officer by email. Induction checklist will be updated by 16.10.20</p> <p>The centre manager has reviewed each child's care record following on from this inspection to ensure that all documents are stored correctly.</p> <p>Completed</p>	<p>Regular review of care records forms part of our updated House audit which is completed monthly.</p>
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