



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 047

Year: 2017

Lead inspector: Paschal McMahon

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Galtee Clinic
Registered Capacity:	Four young people
Dates of Inspection:	28th of February 2017
Registration Status:	Registered from 18th of May 2015 to the 17th of May 2018
Inspection Team:	Paschal McMahon
Date Report Issued:	3rd May 2017

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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 Methodology

The centre was granted their first registration in May 2012 to accommodate four children of both genders from age thirteen to seventeen years on admission. They are currently in their second three year cycle of registration. 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 ongoing operation of the centre in line with its registration. The inspector examined standards four 'Consultation', six 'Care of Young People', seven 'Safeguarding and child Protection' and ten 'Premises and Safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 28th of February 2017. The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaires and related documentation completed by the Manager and the Deputy Manager.

- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff

 - b) The social workers with responsibility for two young people residing in the centre.

- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.

- ◆ An examination of the centre's files and recording process.

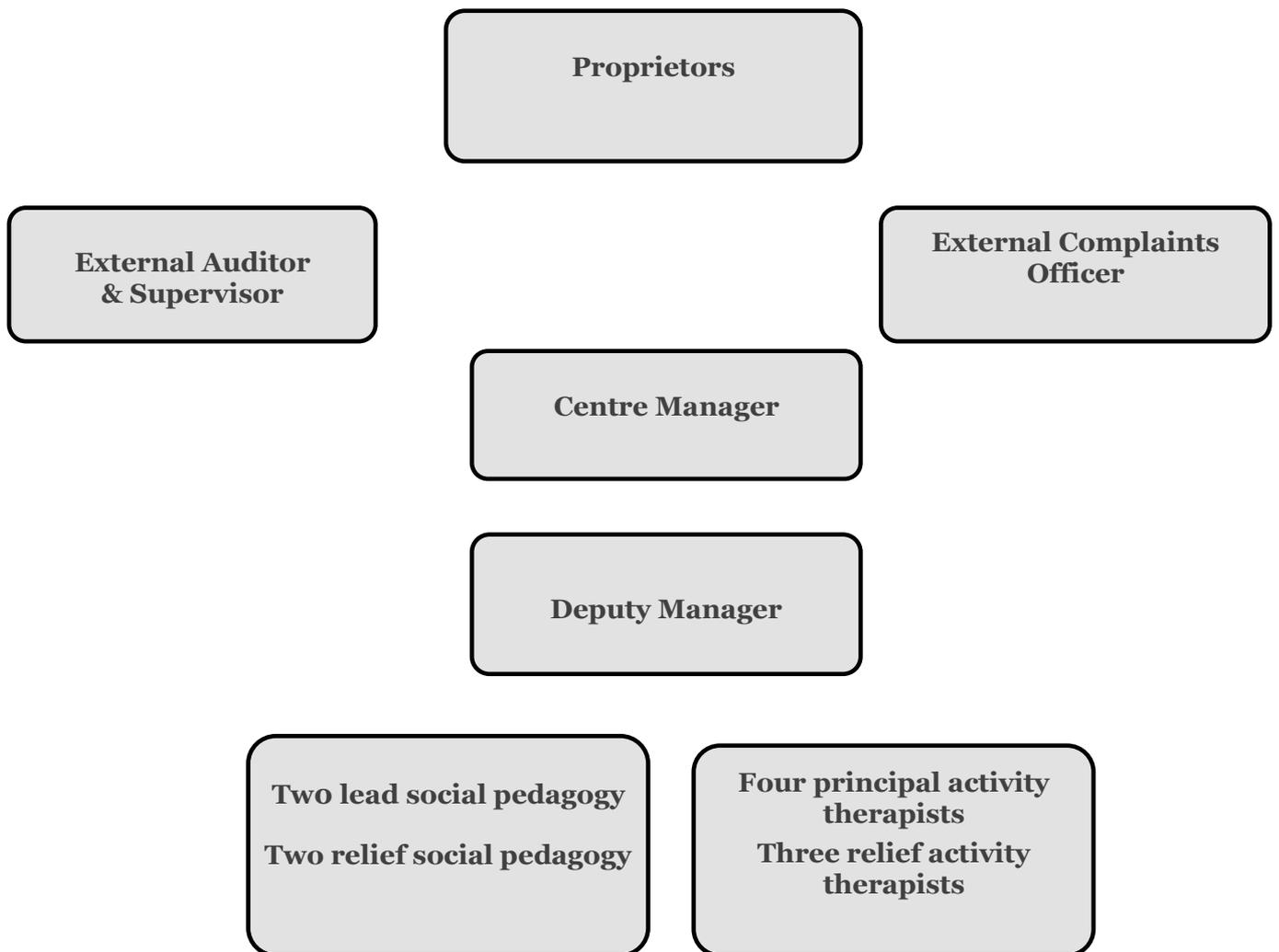
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The centre deputy manager
 - c) Four staff members
 - d) Two young people

- ◆ 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.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains registered without attached conditions from the **18th of May 2015 to the 17th of May 2018.**

3. Analysis of Findings

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

There was evidence of good practice regarding consultation with the young people. The two young people the inspector met with confirmed that they were consulted about decisions that affected them and stated that they had attended regular meetings in relation to their care. There was also minutes of house and community meetings on file which recorded young people's participation in decision making and reflected young people's views being heard and responded to. Young people confirmed that they were involved in the development of their daily plans, meal planning, activities, and each young person had decorated their own room. The young people were also linked in with EPIC (Empowering Young People in Care) the children's advocacy group and had attended a number of EPIC events. The centre provides an information guide for young people and their families on admission. The inspector was informed that this booklet is currently being revised and updated.

Complaints

Young people confirmed that they were aware of the centres complaints process and were satisfied that complaints were taken seriously and responded to. Most issues are resolved to the young people's satisfaction through dialogue with staff. The centre maintained a complaints register and there was one complaint recorded at the time of inspection. Whilst this complaint had been investigated by the centre manager in consultation with the social worker and resolved satisfactorily, there was no record on file from the young person's social worker confirming that they were satisfied with the outcome of the complaint. Following the inspection the inspector received confirmation from the centre manager that this confirmation was now on file.

3.4.2 Practices that met the required standard in some respect only

Access to information

The centre has a written policy on young people's access to information. The staff and young people confirmed that they had access to their care files. One of the young people had made entries in their care file which was good practice. In interviews with staff there was a lack of clarity in relation to young people's access to sensitive or third party information. The centre manager must ensure that all staff have a clear understanding regarding what information the young people can view with staff permission and what information requires third party consent.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- The centre manager must ensure that all staff have a clear understanding regarding what information the young people can view with staff permission and what information requires third party consent.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

It was evident that all young people in the centre were treated as individuals and there were specific programmes in place to meet their needs. Young people are encouraged to get involved in activities and clubs and were participating in a number of activities in the local community. The young people told the inspector that the staff listened to them and that their wishes and preferences were taken into consideration. The two young people both stated that they were happy living in the centre.

Provision of food and cooking facilities

There was good evidence that there were adequate quantities of nutritious and appetising food available to the young people at meal times, and that the likes and dislikes of the young people were being taken into consideration. Young people were involved in menu planning and cooking and eat together on a regular basis.

Race, culture, religion, gender and disability

Each young person's independence and individuality is encouraged in the centre and young people are facilitated to practice their religion if they so wish. The staff team in the centre is multinational which is beneficial in increasing the staff and young people's cultural awareness living in a multicultural environment.

Managing behaviour

The centre had a policy on behaviour management and all staff were trained in an approved behaviour management model. The centre had developed a Safe Plan for

each young person which offers a current analysis of young person's potential behaviour during a crisis and outlines the strategies for responding to this behaviour. The inspector reviewed the safe plans for the three current residents and noted that one of the young people's safe plans had not been reviewed in the previous seven months and recommended to the deputy manager that this is addressed without delay.

The centres behaviour management policy outlines the behaviour expected of young people and the rewards and consequences that can be applied. The centre maintains a record of sanctions/consequences in a consequences book. The inspector reviewed this and noted that there was minimal use of sanctions as a behaviour management strategy which was congruent with the centres model of care as they use their relationship to work through issues with the young people. The inspector noted that the most recent consequences issued did not record the name of the staff member who was issuing the consequence and this needs to be completed. The inspector found that the team relied on the relational approach as the core feature of their practice. Where consequences were applied in so far as possible they were logical consequences directly related to the young people's behavior in an effort to promote a learning outcome. The consequences log book also evidenced that positive behavior was rewarded. The inspector would recommend that the behaviour management policy is amended to include what sanctions/consequences are permitted and prohibited in accordance with the national standards.

Restraint

The staff team were trained in the use of a specific approved intervention system and in physical intervention techniques. There were no restraints in the period under review.

Absence without authority

The inspector found that each young person had an Individual Absent Management Plan on file. At the time of inspection one of the young people's Individual Absent Management Plans required review and this was brought to the attention of the deputy manager. One young person who was absent from the centre at the time of inspection had been reported missing in care on 22 occasions in the 12 months prior to the inspection. The inspector found that the centre was following the Joint Protocol between Child and Family Agency and An Garda Síochána and there was

evidence that strategy meetings had taken place in an effort to reduce these absconctions.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

None identified.

3.7 Safeguarding and Child Protection

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.

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a policy regarding safe practice for staff members. The members of the staff team interviewed as part of the inspection had a good knowledge of safeguarding practices and spoke of a culture of openness amongst the team. The young people's safety and wellbeing was always to the fore and the young people interviewed told the inspector that they felt safe living in the centre and had never experienced any ill treatment or bullying.

The inspector examined a sample of the personnel files and found that all staff members were appropriately vetted by the Gardai and where required international police checks were secured and on file. The inspector reviewed employee references and found that the references obtained for a number of staff from other jurisdictions were unsigned and unverifiable and this needs to be addressed. The inspector recommends that the organisation reviews the process for seeking references for staff from other jurisdictions and ensures that verifiable references are evident on file. The Inspector also found that while the files contained copies of employee's qualifications there was no evidence that copies of staff qualifications have been verified with the appropriate educational institutions.

3.7.3 Practices that did not meet the required standard

None identified.

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.

Child Protection

The centre had a written policy on child protection which is in accordance with the 'Children First - National Guidance for the Protection and Welfare of Children' (2011). All of the care staff had received training in Child Protection in line with Children First. All staff interviewed by the inspector were aware of the centres child protection procedure and the steps to be taken in dealing with a disclosure or child protection issue. The centre manager was the designated person for reporting child protection and welfare concerns, and was clear about their role and responsibilities. At the time of this inspection there were no outstanding child protection concerns.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

Required Action

- The centre management must attend to the deficits in vetting in relation to references and verification of staff qualifications and evidence this clearly on file.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The inspectors were satisfied that the accommodation was fit for purpose. The centre is a detached house located in a rural area. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre was homely and there was adequate space within the centre for the young people to have visits from other professionals and their social workers in private. The young people had their own bedrooms.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

The centre uses the services of a number of local contractors to carry out maintenance and repairs. At the time of inspection the centre was not maintaining an up-to-date maintenance log so the inspector was unable to assess if repairs were being carried out in a timely manner. Centre management must ensure that the maintenance log is kept updated and dates of completion of repairs are consistently recorded in the maintenance log, signed and oversight by external management is evidenced.

Safety

The centre had a Health and Safety Statement. The inspector noted that this was not signed by a number of staff. There was also no evidence of regular health and safety

audits taking place. The inspector was informed during the inspection that two new staff members had recently taken over responsibility for health and safety and fire safety from staff who had left the service and they were due to undergo training. The inspector carried out a Health and Safety walkthrough of the premises and observed cleaning products containing toxic materials were stored in an unlocked cupboard in the kitchen. All chemicals should be stored in a ventilated and locked area as recommended in the centres hazards/risk assessments.

Medication was stored securely in a locked cabinet. The inspector reviewed the contents and organisation of the medication cabinet and found that the young people's medication was not individually separated. This is an issue that needs urgent attention and each young person's medication should be stored separately in individual containers for safety reasons. The centres recording of administration of medication also required action. The inspector found that in some cases medication administered was recorded on young people's daily logs as opposed to the centres medication recording log. The administration of medication should be properly recorded in line with the centre policy. An appropriate number of staff were trained in first aid and a first aid kit was available in the centre.

Fire Safety

The inspector observed that fire safety systems were in place in the centre including a fire blanket in the kitchen, fire extinguishers, emergency lighting and a fire alarm system. The inspector reviewed the fire register which recorded that the fire equipment had been subject to regular checks and there was evidence of regular fire drills taking place. The inspector noted that the emergency lighting test certificate expired on the 26.01.17 and must be re-tested. The fire register should also be updated and reviewed and centre management must have regular oversight of fire safety records to be satisfied that all required fire safety measures are in place. At the time of inspection three staff members had not received training in fire safety and this needs to be addressed as a priority.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, -Part III, Article 8, Accommodation***

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- Centre management must ensure that the maintenance log is kept updated and dates of completion of repairs are consistently recorded in the maintenance log, signed and oversight by external management is evidenced
- Centre management must ensure that all staff sign the centre's Health and Safety statement to evidence they have read and understood the policy
- The centre management should ensure that the assigned health and safety officer is appropriately trained.
- The centres dedicated health and safety officer must schedule audits and complete reports which are actioned by the centre management.
- The centre manager must ensure that all chemicals should be stored in a ventilated and locked area as recommended in the centres hazards/ risk assessments.
- The centre manager must ensure that practices in relation to the storage of medication are reviewed and ensure that medication is stored separately for each resident.
- The centre manager must ensure that the administration of medication is properly recorded in line with the centre policy.
- The centre manger must ensure that the emergency lighting system is tested and the inspectorate receives a copy of the updated certificate.
- Centre management must have regular oversight of fire safety records to be satisfied that all required fire safety measures are in place.
- Centre management must ensure that fire safety training must be completed with all untrained staff as a matter of priority.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.4	The centre manager must ensure that all staff have a clear understanding regarding what information the young people can view with staff permission and what information requires third party consent.	All Staff read the policies and procedures when inducted at the beginning of their employment with the Galtee Clinic. Having said this, staff need to be refreshed on policies and procedures throughout. An email has been sent out to the team with the attached policy; “Young People’s access to information Policy” to remind the staff team the procedures to be followed in this regard. Also, this will be discussed at the next team meeting which is due on 24 th April 2017.	All young people’s files are kept in the office and not in the house. Accessing the files is done in a planned and structured way with the involvement of the Principal Activity Therapists, Management and the child’s Social Worker.
3.7	The centre management must attend to the deficits in vetting in relation to references and verification of staff qualifications and evidence this clearly on file.	To date our process has been to seek verbal references over the phone using our reference form, followed by emailing the referee said verbal reference, requesting that it be printed off, signed and posted back. We now understand that the referee form is to be filled in first via email by the referee and then a verbal check carried out once emailed back.	Management team, who carry out all references and vetting, are aware of same as this was discussed after the recent inspection.

		This is the process we will follow from this point on.	
3.10	<p>Centre management must ensure that the maintenance log is kept updated and dates of completion of repairs are consistently recorded in the maintenance log, signed and oversight by external management is evidenced.</p> <p>Centre management must ensure that all staff sign the centre's Health and Safety statement to evidence they have read and understood the policy.</p> <p>The centre management should ensure that the assigned health and safety officer is appropriately trained.</p> <p>The centres dedicated health and safety officer must schedule audits and complete reports which are actioned by the centre management.</p>	<p>Our Health and Safety Officer will ensure that the maintenance log is kept updated with information on repairs and dates of completion of any work carried out. This will be overseen by the Deputy Manager and the Manager in their absence.</p> <p>Health and Safety statement is currently undergoing review and being updated. All staff will be required to read and sign this once completed.</p> <p>Our Health and Safety Officer has a training course booked for 25th April 2017. This course will cover an introduction to health and safety concepts, hazards and fire risks.</p> <p>Once trained, the Health and Safety Officer and management will create a Health and Safety audit checklist for Hill House. This will be carried out monthly, followed by a Health and Safety meeting on the same day to</p>	<p>Oversight from management to ensure this is being carried out regularly. Health and Safety Officer will ensure log is being updated as it will be part of our Health and Safety monthly checklist/audit. This will ensure that this issue does not arise again.</p> <p>Health and Safety Officer to ensure that every new staff member adheres to the new process.</p> <p>Health and Safety Officer will keep up to date with any new Health and Safety developments and their training will be refreshed annually.</p> <p>This will be an on-going process and management will ensure that this happens monthly.</p>

	<p>The centre manager must ensure that all chemicals should be stored in a ventilated and locked area as recommended in the centres hazards/ risk assessments.</p> <p>The centre manager must ensure that practices in relation to the storage of medication are reviewed and ensure that medication is stored separately for each resident.</p>	<p>address any concerns.</p> <p>The Social Pedagogy model of care that is adopted in the Galtee Clinic strives to help children learn and develop through the “shared living space” and the normative environment. The specific chemicals that were raised as a concern (oven cleaner and bleach) throughout the inspection, have never, in five years, been an issue or a concern. We try to avoid consciously creating an environment where we are “locking things away” unnecessarily as it is counter to our approach. However, we have taken on board what the inspectorate has recommended and have locked away the bleach and oven cleaner in the cupboard in Hill House.</p> <p>Since this has been highlighted in the inspection we have purchased three (for the three residents) lockable medication cabinets which will be put in place in the cupboard, along with the medication cabinet already in place. This will ensure that each young person will have their own medication</p>	<p>This will be an on-going process as it will be checked monthly as part of the monthly Health and Safety audit</p> <p>This will be an on-going process as it will be checked monthly as part of the monthly Health and Safety audit</p>
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	<p>The centre manager must ensure that the administration of medication is properly recorded in line with the centre policy.</p> <p>The centre manger must ensure that the emergency lighting system is tested and the inspectorate receives a copy of the updated certificate.</p> <p>Centre management must have regular oversight of fire safety records to be satisfied that all required fire safety measures are in place.</p> <p>Centre management must ensure that fire</p>	<p>cabinet which will have the individual's name labelled on the front.</p> <p>The administration of medication was being logged in the young person's daily logs. They are now logged in a specific medication chart/sheet, which has been included at the front of each young person's daily log book. This allows for easier visibility for each young person's medication administration</p> <p>The lighting system in Hill House has been tested on 23rd of March 2017. Certificate re: same will be forwarded to the inspectorate.</p> <p>The management team have regular oversight of the fire safety records but this needs to become more regular</p> <p>We provide fire training annually to the team.</p>	<p>This has been discussed with the team in Hill House. They are all aware that medication must be logged in the medication chart sheet which is attached to the daily log books and clear for all to see</p> <p>Inspection of emergency lighting system to be carried out annually. Emergency lighting checks to be part of the monthly Health and Safety checklist</p> <p>We are also planning to include this in the monthly Health and Safety audit checklist to ensure that oversight is given at least once a month and we will endeavour to provide oversight in between the audit</p> <p>Front file sheet to be created for each staff</p>
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	safety training must be completed with all untrained staff as a matter of priority.	Fire training was sourced and the three untrained members of the team (new employees) attended training on the 27 th March 2017. Two chosen members of the team will now go forward to attend Fire Warden Training.	member's file where a detailed account of all training needs and any courses attended will be recorded
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