



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 047

Year: 2021



Inspection Report

Year:	2021
Name of Organisation:	Galtee Clinic Limited
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	01st, 02nd & 03rd February 2021
Registration Status:	Registered from the 18th of May 2021 to the 18th of May 2024
Inspection Team:	Joanne Cogley Lorna Wogan
Date Report Issued:	10th March 2021

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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 determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 18th May 2012. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 18th May 2018 to the 18th May 2021.

The centre was registered to provide care to four young people of both genders from age thirteen to seventeen years on admission. Young people residing in the centre availed of a home style living environment with a small, dedicated, and flexible staff team made up of two house pedagogues who reside in the centre for one week periods at a time. Their work was supported by activity therapists who work alongside the house pedagogues on a daily basis in caring for the young people, overseen by the centre manager assigned to the centre and the service manager who has responsibility for the service as a whole.

The centre's therapeutic programme relied on a three pronged approach of social pedagogy, attachment theory and therapeutic activities. The model utilised in the centre aimed to offer attachment relationships to the children in their care. The primary attachment figure for the young people was known as the primary activity therapist. There were four children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4
7: Use of Resources	7.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation 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. Due to the Covid 19 pandemic this inspection was conducted remotely.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 17th February 2021 and to the relevant social work departments on the 17th February 2021. 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 26th February 2021. 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: 047 without attached conditions from the 18th May 2021 to the 18th May 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found evidence of workforce planning and issues on staff shortages being addressed in management meetings. Planning took into account management of annual leave, maternity leave and the current Covid-19 environment. The centre also had access to its own regular relief staff to cover any gaps required. During interviews with staff members and from review of inspection questionnaires, inspectors found that staff demonstrated that they had the relevant competencies and experiences to meet the needs of the young people.

Staff rosters were reviewed by the inspectors and evidenced that rotas were planned to ensure that there was a balance of experience and competencies across each shift. Inspectors found sufficient numbers of staff to meet the needs of the young people living in the centre at all times and this was confirmed by social workers interviewed as part of the inspection process. The centres staffing numbers, at the time of inspection also met the staffing requirements of standards and regulations. The centre was required to have eight full time permanent staff members employed. At the time of inspection, the centre had four full time house pedagogues and four full time primary activity therapists together with availability of six assigned relief staff members.

Inspectors found policies and arrangements were in place to promote staff retention and continuity of care. Procedures were in place that involved staff bonuses, staff supports and staff needs were taken into account when rostering to ensure adequate work-life balance. Through interview, staff members confirmed with inspectors that these supports promoted staff retention. Social workers interviewed confirmed that there was a consistent staff team in place and consistent key personnel with whom they communicated. Young people's questionnaires also confirmed they had consistent key staff members they could seek out if they wished to do so.

The centre had a formalised procedure for on-call arrangements at evenings and weekends.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The organisation had policies and procedures in place for the recruitment and retention of staff members. Inspectors found the recruitment policy required more detail in relation to the interview process itself, the recording systems and the composition of the selection panel. The service manager must ensure they review the current recruitment policy. Management and staff interviewed demonstrated an effective awareness of recruitment procedures. Inspectors found staff recruited had the necessary qualifications and personal attributes for their roles.

Inspectors found the centre manager had appropriate qualifications and experience to manage the centre. The centre manager was also exploring a management qualification to broaden their education. It was evident through a review of questionnaires that the centre manager was held in high regard and provided good support to staff and young people. Social workers interviewed as part of the process confirmed that the centre was well managed and there was effective communication to ensure the needs of the young people were met. Through interview with staff members, they confirmed they had received a written job description and contract upon commencement of employment or change of roles. Inspectors noted from a review of a sample of staff files that there was a lapse between contract start dates and the signing of contracts, in some instances with periods of up to six months. The service manager must ensure contracts are finalised on all staffing files within a reasonable time frame. Inspectors found the centre had a written code of conduct and the staff members interviewed were aware of this policy and its contents in relation to lone working, professional boundaries in work.

Inspectors were informed that each staff member had an individual personnel file and this was confirmed following a review of a sample of staff personnel files. Inspectors found from the sample of files reviewed that files were up to date with the exception of the validation of qualifications for staff members. As part of the recruitment process the service manager must ensure that validation of qualification is sought from colleges / awarding bodies.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

The inspectors found that staff were aware of and understood their roles and responsibilities within the centre. In interviews staff demonstrated an awareness of policies and procedures. There was evidence that staff were supported by management to effectively exercise their professional judgement in order to provide safe and effective care and they provided clear evidence of this in interviews. The centre had a number of procedures in place to protect staff members and minimise the risk to their safety. This included a suite of policies and procedures including lone working, code of conduct, staff safety and training.

Inspectors reviewed management meetings and team meetings, both of which occurred on a regular basis. Records of attendance were documented however attendance was not mandatory. Overall there was a good level of attendance however there were some instances where staff missed two to three meetings in a row. Staff confirmed they were expected to read the minutes of all meetings when they were next on shift. The low rate of attendance may be due to the shift patterns associated with social pedagogy however inspectors recommend the centre manager and service manager should look at ways of increasing attendance at team meetings. There was evidence of a culture of learning and development through team meeting minutes. There was evidence of shared learnings through significant event reviews where approaches were reviewed and altered as required.

Inspectors found the centre had a supervision policy which stated that all staff members will be supervised every six to eight weeks or at least eight times annually. Inspectors found supervision to be occurring within the stated timeframe and being carried out by the centre manager. There was a set agenda and both the supervisor and supervisee brought items for the agenda. Records were signed by both supervisor and supervisee and were held on file securely by the centre manager. There was a review of previous actions agreed and goals were clearly set out. The centre manager confirmed they had received supervision training however staff members had not received any formal training in supervision practice nor did the supervision policy highlight what training would be required in relation to supervision. The service manager must ensure staff receive training in supervision practice and that this is outlined in the centres supervision policy. Staff members also had access to a clinical supervisor should they require extra support following stress or trauma in work.

There was a system in place to formally appraise staff members' performance on an annual basis. A written record was kept of this appraisal and signed by the staff member and the manager. This appraisal system was linked to the receipt of an annual bonus. It was noted from review of the appraisal documents that there was no action plan or area for growth for the year ahead identified and this is something that should be considered for inclusion on the appraisal forms.

The centre had a system in place for supporting staff members to manage the impact of working in the centre. Staff were able to access the organisation's psychologist for support or an external psychotherapist for support if required. These systems were outlined in the organisational policies.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The organisation had a training and development policy in place to support staff to receive appropriate training and development. Inspectors noted this policy did not outline the mandatory training required to be completed by staff members and the service manager must ensure this is reviewed to include same. The service manager confirmed that a training needs analysis was completed annually and this informed the development of the training calendar for the year ahead. Inspectors reviewed the training calendar and found this to be forward planning for the year 2021. Staff members noted they did not have access to the yearly training calendar and relied on the centre manager to inform them of upcoming training. Inspectors recommend this calendar is shared with all staff members.

Mandatory training was provided to staff for example first aid, fire safety, behaviour management, children's first and MAPA. The centre manager and service manager had identified additional training needs in areas such as model of care, attachment and internet safety. It was noted these were to be arranged following the easing of level five public health restrictions that were in place at the time of inspection. Staff members were also encouraged to identify and source additional training to benefit their own professional development. In order to support staff in their continuous professional development the organisation provided staff members with an annual monetary allowance to register for training courses of interest to them.

The centre had a written induction policy. The inspectors found that the induction policy was implemented in practice. All induction records, training records and

continuous professional development records were maintained on staff personnel files.

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

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	Standard 6.2 Standard 6.3 Standard 6.4
Practices did not meet the required standard	None Identified

Actions required

- The service manager must ensure to undertake a review of the centre recruitment policy.
- The service manager must ensure contracts are finalised on all staffing files within a reasonable time frame.
- The service manager must ensure that validation of qualification is sought from colleges / awarding bodies.
- The service manager must ensure staff receive training in supervision practice and that this is outlined in the centres supervision policy.
- The service manager must ensure the training policy is reviewed to outline the mandatory training required to be completed by staff members.
- The service manager must ensure staff receive training in supervision practice.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

There were robust systems in place in the centre for the planning and allocation of resources to meet the needs of the children. Inspectors found that necessary therapies and services to meet the needs of the young people in the centre were funded by the centre and provided in a timely manner. It was evident young people had access to CAMHS, equine therapy, occupational therapy, psychology and clinical supports. In interview staff stated that whenever a service or therapy was required to meet the young people's needs, these were provided without issue or delay. This was confirmed by social workers allocated to young people. Requests for funding were submitted to the board and where required to social workers. The young people's therapeutic needs and required specialist services were identified in the young person's placement plan.

There were appropriate numbers of staff with the skill and competency to meet the needs of young people. At the time of inspection, the centre had one centre manager and eight whole time equivalent staff members. The house pedagogues had recently been allocated paid paperwork days to ensure their office work did not impact on their time spent with young people.

There were clear lines of accountability in relation to the expenditure of finances. Inspectors found that the centre had regular finance meetings with their appointed finance officer to ensure that the centre was adequately resourced and that resources were allocated appropriately to ensure the needs of the young were met. Inspectors reviewed records that evidenced the governance and oversight of funding and resources within the centre. Maintenance issues were reviewed and addressed regularly and recorded in management meetings. The centre manager, service manager and staff members interviewed confirmed the house was presented in a clean, homely manner with no outstanding maintenance needs at the time of inspection.

There was evidence that resources were planned and managed to meet the needs of the children and their families and to support family contact in line with their care

plans. Social Workers interviewed confirmed that any resources required for young people to spend time or to contact their family were provided without issue.

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

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The service manager must ensure to undertake a review of the centre recruitment policy.	The recruitment policy will be reviewed and updated by May 1 st 2021 to outline and more accurately reflect the process of hiring new personnel. The updated policy will detail the recruitment process as follows – identifying a need in the service for personnel, advertising for the post, job description and essential criteria for application, shortlisting potential candidates based on suitability, qualifications and experience, the interview process itself, how it is structured, composition of the interview panel, the process for choosing a candidate, informing interviewees of outcome and proposed timeframe for the completion of the recruitment process.	Adherence to the policy should ensure issues do not arise again. Review and updating of the policy to be undertaken in a timely manner if deemed necessary.

	<p>The service manager must ensure contracts are finalised on all staffing files within a reasonable time frame.</p> <p>The service manager must ensure that validation of qualification is sought from colleges / awarding bodies.</p> <p>The service manager must ensure staff receive training in supervision practice and that this is outlined in the centres</p>	<p>Induction process to be reviewed and amended at next Quality Improvement meeting (scheduled for mid-March) – induction process to be carried out going forward in a more timely and structured manner, ensuring that contracts are read, understood and signed as part of the induction process, therefore eliminating the risk that contracts remain unsigned for a period of time.</p> <p>Effective immediately for any new personnel hired going forward. Validation will come in the form of the certificate being officially stamped by the college or the individual providing a transcript of the final year.</p> <p>Supervision policy will be reviewed and updated by May 1st 2021 to come into line with the standards that stipulate all staff receive supervision training. Clinical</p>	<p>Post review at the QI meeting, induction policy will be updated clearly detailing the structure of the induction process. Induction policy will be updated by May 1st 2021.</p> <p>Induction checklist to be amended to state that the contract has been received, read, understood and co-signed by the employee and employer. Contract filed in personnel file during the induction process.</p> <p>Recruitment policy to be reviewed and updated to stipulate this requirement. Adherence to the policy should ensure issues do not arise again. Review and updating of the policy to be undertaken in a timely manner if deemed necessary. Personnel register to be amended to facilitate recording of qualification validation.</p> <p>Supervision policy to be reviewed and updated to stipulate this requirement. Adherence to the policy should ensure issues do not arise again. Review and</p>
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	<p>supervision policy.</p> <p>The service manager must ensure the training policy is reviewed to outline the mandatory training required to be completed by staff members.</p>	<p>Director to make a 30 minute video on the role of the supervisee, the development of that role over time, functions, responsibilities and expectations of supervision, role of the supervisor, understanding of the red and green zones of the supervision dynamic, Kolb's learning cycle, 4 Fs as a reflective tool used in supervision (pedagogical concept), supervision contract, agenda and recording of same, participation, parameters around confidentiality, explanation around what supervision is not.</p> <p>Training policy will be updated by May 1st 2021 to include that the following training is mandatory; child protection, first aid, MAPA, fire safety training and manual handling.</p>	<p>updating of the policy to be undertaken in a timely manner if deemed necessary.</p> <p>Induction checklist to be amended to state that individual has watched and understood the supervision video.</p> <p>Follow up discussion with the supervisee to take place in a supervision session.</p> <p>Supervision video to be emailed to all existing team members and receipt of email and confirmation that they have watched the video required.</p> <p>Policy will be amended ensuring compliance with this recommendation going forward.</p>
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