



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 170

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Galtee Clinic
Registered Capacity:	One young person
Type of Inspection:	Announced inspection
Date of inspection:	20th, 21st & 22nd April 2022
Registration Status:	Registered from the 15th March 2021 to the 15th March 2024
Inspection Team:	Joanne Cogley Linda McGuinness
Date Report Issued:	13th June 2022

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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 on-going 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 on the 10th April 2020. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without conditions from the 15th March 2021 to the 15th March 2024.

The centre was registered as a single occupancy service. The services offered by the centre were based on a social pedagogy model and trauma and attachment theory. The centre was operating a hybrid model of social pedagogy and more traditional residential care specifically constructed and tailored to meet the needs of the child placed in the centre. The centre used social pedagogical practice, the promotion of activity therapies and relied heavily on the young person having attachment figures in their life. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews 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 person, 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 12th May 2022 and to the relevant social work departments on the 12th May 2022. 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 24th May 2022. 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: 170 without attached conditions from the 15th March 2021 to the 15th March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

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

The centre was a detached two storey house located in a rural area. The young person in the centre had their own bedroom and ensuite. There were two bedrooms for the house pedagogues. The centre had a number of other rooms that at the time of inspection were not in use but could be utilised for bedrooms should they increase their occupancy capacity in the future. There was a spacious open plan kitchen and dining area and a separate sitting room area all of which were utilised by the young person. There were two bathrooms, one upstairs and one downstairs, for use by those living in the house and visitors.

The young person living in the house at the time of inspection showed inspectors their bedroom which had been recently decorated. They explained they had picked out the colours and a painter painted the room. They were happy with their room and the items in it. They showed inspectors around the house and proudly showed their artwork and trophies which were all on display throughout the house. There were family photos and photos of the staff displayed on the walls. There was ample outdoor space that was well maintained. The young person liked to play a number of sports and while sports camps were organised during school holidays, there was no evidence of sports items being utilised in the outdoor areas such as goals, balls etc and this is something that might be considered by the management team.

The centre was adequately lit, heated and ventilated. In addition to the centre, the young person had access to the premises in which the organisation's head office was located. This consisted of a games room, trampoline area, farm animals and ample outdoor recreational areas in which the young person could play and also interact with young people from other services within the organisation. While the overall

presentation of the house was well maintained, the sitting room and hall required paint touch ups. Inspectors spoke with the guardian ad litem (GAL) appointed to the young person who was satisfied with the premises and its suitability for the placement. Inspectors spoke with the recently appointed social worker, and although they had not yet had the opportunity to visit the centre, they confirmed the young person had not brought any issues relating to the house to their attention.

Inspectors reviewed health and safety audits and found that while audits were comprehensive, they were not aligned to policy in terms of the frequency in which they were conducted. There was a decision made at a health and safety meeting in October 2021 to move audits to every two months however this was in contradiction to policy at the time. This was an area that had been identified as a need for action in another centre inspection within this organisation in February 2022 and it was evident the action from that inspection had been implemented across the organisation since. The policy had been updated to reflect audits would be occurring every two months. Inspectors found there were weekly health and safety checks being completed by the house pedagogues and sent to the centre manager for oversight. These checks identified issues, people responsible and the date of completion. In at least five weeks of checks reviewed there were some issues highlighted however there was no evidence of action or follow up despite being signed off by the centre manager. There was evidence that maintenance issues were being emailed to the organisation's health and safety officer however there was no system in place to show if these issues had been closed off or not. An effective system should be implemented to ensure actions arising from health and safety / maintenance checks demonstrate evidence of action and closure.

Training records for all contracted staff and three relief staff were reviewed. Inspectors reviewed certificates for the following areas of training: manual handling, first aid, fire safety, a recognised model of behaviour management, organisational child protection and Tusla's E-learning "Children's First" training. Whilst the majority of training was up to date there were some outstanding areas:

- Two out of eight staff did not have manual handling training
- Two out of eight staff did not have up to date training in a recognised model of behaviour management
- Two out of eight staff members did not have up to date child protection E-learning training.

The centre manager and service manager must ensure all training is kept up to date for all staff members.

Inspectors reviewed the centre fire safety records and professionally certified servicing records and found all to be up to date. There was a clearly identifiable fire assembly point at the centre and at the head office. Fire drills were being held in excess of requirements with staff and the young person engaging in the process. It is recommended that the centre manager reviews the frequency of fire drills occurring given there is no issue with the young person engaging or high staff turnover as currently they may be occurring too frequently. There was evidence of a fire drill under darkness occurring annually.

There were procedures in place for managing risks to the health and safety of children, staff and visitors. There were a number of environmental risk assessments in place relating to on-going building works and all staff interviewed were familiar with same. There was an accident reporting procedure in place that all staff and management were aware of. One accident had occurred during the period of review, and this had been recorded and reported appropriately. The centre had a safety statement that was last reviewed in March 2022 and staff members interviewed were aware of the risk assessments outlined in the safety statement.

Inspectors found vehicles were roadworthy, serviced, taxed and driven by staff members who were legally licenced to drive, with copies of driving licences held on staff personnel files.

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

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

Actions required

- The centre manager must ensure the communal areas of the house are re-painted.
- The service manager and centre manager must implement an effective system to ensure actions arising from health and safety / maintenance checks demonstrate evidence of action and closure.
- The centre manager and service manager must ensure all training is kept up to date for all staff members.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found that the centre had a positive approach to behaviour management that was supported by the statement of purpose and policies relating to positive support, physical intervention, emotional and specialist support, bullying and the use of an Garda Síochána. Staff demonstrated knowledge and skills appropriate to their roles through interview and this was supported through policy which set out individual roles and responsibilities. Inspectors saw evidence of positive support plans on the young person's care file that set out broad expectations in relation to their placements. There was evidence of individual work occurring in relation to cyber-bullying, reflective work on behaviours and work completed in relation to identifying feelings that lead to certain behaviours. The social worker and GAL interviewed noted that they were informed of significant event notifications (SENs) in a prompt manner and were satisfied that the young person was being supported well by the staff team. The GAL noted some issues prior to the 2021 inspection but noted that there had been improvement in the young person's presentation since a number of recommendations had been followed through on.

The centre implemented consequences where required however these were noted to be a natural response to behaviours displayed. A number of discussions had occurred both within auditing and team meetings in relation to consequences to ensure these were used as restorative and not punitive means. Inspectors reviewed the centre's sanctions register and care files for all young people and saw evidence of four

consequences utilised since June 2021, all were a natural consequence to the behaviour displayed at the time.

Staff members, with the exception of two staff had been trained in a recognised model of behaviour management up to but not including the level of physical intervention. As mentioned under standard 2.3, the centre manager must ensure all staff training is kept up to date. From a review of training records, refresher training had been certified for a period of two years. Inspectors reviewed the safe plan for the young person in placement. Staff and management interviewed were clear that the centre adopted a policy of non-physical interventions and it was detailed in the young persons safe plan what to do should a situation escalate beyond the capabilities of staff to keep everyone safe.

The young person had the support of three house pedagogues, one primary activity therapist (keyworker) and an activity therapist. There was availability of three relief staff to cover sick leave and annual leave. All eight staff were qualified in either social care or social pedagogy. Given the live in model of care (social pedagogy), roster structure and single occupancy unit these numbers were adequate to support the young person at this time and in line with the agreed registration of the centre. The centre had access to their own clinical psychologist who met with both the staff team and the young person as required. Inspectors reviewed a sample of notes and found these to be a synopsis of where the young person was at as opposed to providing guidance or direction to the team in terms of approaches to utilise. The clinical psychologist should ensure records kept evidence the guidance and direction being provided to the staff team when working with the young people.

Inspectors reviewed “summary reports” completed by the service manager on a monthly basis. These focused on all areas of the young persons placement including approaches to behaviour management. The service manager reviewed approaches being used and offered guidance and advice based on their assessment. Significant event review group (SERG) meetings also occurred as required. These were attended by the service manager and centre manager and looked at the events of an incident, trends emerging, learnings and actions. These were not attended by staff members, despite invitations from management to attend and those interviewed were unsure of outcomes of meetings. There was no written evidence to suggest SERG’s had been discussed in team meetings. The service manager and centre manager must ensure there is a mechanism in place for sharing all learnings from SERG meetings with all team members.

Inspectors reviewed restrictive practices. While there were no specific restrictive practises in place there were a number of safeguarding and child protection measures in place which reduced the young person's usage of phone and internet. A monitoring app was placed on the young person's phone however this app did not impinge on the young person's privacy but alerted the staff team to any concerning website activity. The social worker interviewed confirmed the decisions leading to these restrictions were continuously discussed and reviewed by the management team in conjunction with the social worker. There was evidence of ongoing communication with the young person in an effort to reduce the measures in place.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The service manager and centre manager must ensure there is a mechanism in place for sharing all learnings from SERG meetings with all team members.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

At the time of inspection, the young person was in an allocated school placement and was attending regularly. The young person spoke very fondly of their school placement and stated they enjoyed attending. They did not like when school holidays occurred however stated that the staff ensured they were booked on sports camps etc so they were kept busy and in a routine during holidays. The young person had access to a school counsellor that was significant in ensuring they were adequately

supported. The social worker and staff team acknowledged the importance of this role and where school were on holidays, they ensured the counsellor remained available to link with the young person if required.

The young person showed inspectors a number of artworks on display in the dining room which they had completed in school and with their art therapist. They also showed inspectors a range of trophies that were proudly displayed in the kitchen. They had trophies for a range of achievements; student of the year, sports engagement, arts and crafts etc. It was evident all achievements were celebrated within the centre. The young persons placement and progress reflected the goals outlined in their care plan and records were kept on their care file. The young person had recently identified an area they would like to explore when they leave school and in preparation for this the staff had sourced and completed a first aid course with the young person as part of working towards this goal.

The young person in placement had twenty months before they were due to transition to aftercare, whilst an aftercare worker was yet to be assigned the centre was already cognisant of the significance of education in this young person's life and the need for concrete plans to be in place prior to transitioning to aftercare. The centre manager continued to have discussions with the social worker in relation to this and all must remain cognisant of the young persons wishes in relation to aftercare.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed

Actions required

- None required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure the communal areas of the house are re-painted.</p> <p>The service manager and centre manager must implement an effective system to ensure actions arising from health and safety / maintenance checks demonstrate evidence of action and closure.</p>	<p>Sitting Room painted the 13th May 2022 and Hall due to be painted Week of the 23rd May 2022.</p> <p>A section will be added to Weekly Health and Safety audits to include Action Plan, Timeframe and Date for Completion. Centre Manager will complete this section in the weekly audits and will email it to the Service Manager for Review and Oversight.</p>	<p>Maintenance and Repair issues are discussed monthly at Management Meetings, Senior Management meetings and Quarterly at Health and Safety meetings. Team complete weekly health and safety audits that are emailed to Centre Manager and Service Manager and include a section for Maintenance and Repairs.</p> <p>Centre Manager and Service Manager will provide oversight on weekly Health and Safety Audits and ensure that all Health and Safety/Maintenance Checks are completed and evidence of action and closure is demonstrated.</p>

	The centre manager and service manager must ensure all training is kept up to date for all staff members.	MAPA Training has been scheduled for June 9 th 2022, Manual Handling Training has been scheduled for June 8 th 2022 and Team members will complete Child protection e Learning Training by May 31 st 2022.	Training Schedule for 2022 has been drawn up and all required training for 2022 has been booked. Training is an agenda item on Monthly Audits, Team Meetings, Management meetings and Clinical Management meetings.
3	The service manager and centre manager must ensure there is a mechanism in place for sharing all learnings from SERG meetings with all team members.	Team Members will be invited to attend SERG's by Centre Manager and Service Manager. The Purpose and Function of SERG's will be discussed with the team at next Team Meeting in May 2022 to ensure they understand the purpose of a SERG is to identify areas of learning from Significant Events and ensure Team view this as an inviting forum.	Team Meeting Agenda will be updated to include a section on SEN/SERG review and Centre Manager will ensure that learning identified in SERG's is discussed at all Team Meetings. Minutes from SERG will be emailed to Team Members, highlighting areas of learning identified.
4	None required		