



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Galtee Clinic
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	7th & 8th Feb 2024
Registration Status:	Registered from the 18th May 2024 to the 18th May 2027
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	13th May 2024

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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 and Regulation 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 fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 18th May 2021 to the 18th May 2024.

The centre was registered to provide a multiple occupancy service. It aimed to provide care to four young people 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 on an alternating basis. 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 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 was based on the development of therapeutic relationships with young people and was supported by the director of service who was a senior clinical psychologist. The primary attachment figure for the young people was known as the primary activity therapist. There were four young people living in the centre at the time of the inspection. One young person was placed outside of the centre's purpose and function and a derogation was approved by the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child Centred Care and Support	1.5
2: Effective Care and Support	2.2
3: Leadership, Governance and Management	5.4

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 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 and to the relevant social work departments on the 29th February 2024. 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 8th March 2024. 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 2024 to the 18th May 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

It was evident from review of a range of documentation and interviews that staff in the centre recognised and promoted the important role that parents, families and significant others played in the young people's lives. Parents, where appropriate, attended statutory reviews and other important meetings such as school meetings and doctors' appointments. Inspectors spoke with one parent who confirmed they attended relevant meetings with their child. Important milestones were celebrated in the young people's lives. One young person's birthday was during the inspection process, and they informed inspectors about their celebration plans and the cake the care team made for them.

Staff members and social workers interviewed confirmed that each young person had access plans in place with significant people in their lives including parents and siblings. Three young people completed questionnaires as part of the inspection process and highlighted that they were happy with their current access arrangements and were seeing people they considered an important part of their lives. There were contact records on file that outlined events of such meetings and statutory care plans referenced visits however failed to outline the parameters of such visits. There were no clear access plans outlining arrangements that were in place including frequency, permitted contacts, permitted locations and whether or not supervision was required. Whilst these are best placed within the statutory care plan devised by social work, in the absence of this, in line with best practice, it is recommended the centre manager ensure there are clearly outlined access plans on file for staff to adhere to.

One young person was in the process of transitioning home and a shared care arrangement was in place. It was evident the centre was working closely with the young person's parent to ensure all parties were supported in making the transition as successful as possible. Inspectors spoke with this parent who confirmed they were involved in safety planning meetings, transition plans and were of the opinion that

the centre communicated and supported them as well as the young person in making the transition a success.

Young people were actively involved in the local community and attended clubs such as horse riding, sports and gymnastics. The young people had access to two rooms in the house with TV and age-appropriate online access. Internet parental controls were in place where required.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- No action required

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

There were four young people living in the centre at the time of inspection. Two young people had up to date care plans on file. One young person had moved into the centre in the weeks preceding inspection and a statutory review meeting date had been set to occur the week after inspection. The fourth young person was placed under derogation. They had no allocated social worker and the most recent care plan on file was dated October 2023. Inspectors spoke with the allocated team leader who highlighted that the young person was on a priority list for allocation. Statutory

reviews had occurred however there was a delay in the centre receiving updated care plans following this.

The centre had made significant changes to their systems since the last inspection in February 2023. A new placement plan template had been introduced. Placement plans were in place for all young people, and for those with up-to-date care plans on file, they were aligned with same. Goals were clear and achievable for each area identified. Placement plans were reviewed every two months through a placement plan review meeting. These meetings looked at the goals in place, whether or not they had been achieved, what changes were required and set areas of focus for the next placement plan. Meetings were attended by the centre manager, director of services, allocated keyworkers and house leaders. The young people were involved in the placement planning process and were asked for goals they wished to work towards. In one instance, a parent was involved in the process and gave clear feedback via email around areas they would like to see a focus on.

Referrals had been made, where appropriate, to external services such as child and adolescent mental health, occupational therapy, counselling, and physiotherapy. The organisation also employed a full-time clinical psychologist. They worked with both the team and the young people to best support the placements. They had scheduled sessions with the young people weekly on an individual basis. They also attended team meetings and offered guidance and advice to the staff team.

For the most part communication between the centre and the allocated social workers was effective and allowed for continuity of care and adherence to planning however, as mentioned, in the absence of one child having an allocated social worker the centre did cite at times it could be difficult to get responses in a timely manner.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- No action required.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The organisation had a number of systems in place to review the quality, safety and continuity of care being provided to the children. This included significant event review groups, management meetings, team meetings, manager self-reports and audits.

The organisation had developed a new audit framework since the previous inspection and appointed a Quality Improvement Coordinator to carry out audits within the service. Inspectors reviewed a sample of audits and found them to be aligned to the National Standards for Children's Residential Centres, 2018 (HIQA) however inspectors recommend the registered provider review the frequency of auditing to ensure it is meeting the needs of the centre. The audits reviewed a certain number of standards at any one time however did not demonstrate robust findings in certain areas. For example; one child protection audit had been carried out in May 2023, there were deficits in child protection training but this was not highlighted in the findings. At the time of this inspection, it was noted three staff members continued to be out of date in their training and two staff members had no training completed in child protection. A significant safeguarding concern arose in the summer of 2023. Whilst there was a thorough investigation from the management team with a significant event review convened to identify learnings, there was no evidence to show follow through of the findings presented. For example there had been no refresher of child protection training with the team nor had there been a review of the whistleblowing policy with the staff members. The parent who raised the initial concern also informed inspectors they received no update or outcome in relation to the concern raised. No further audit on child protection had been carried out in the period since May 2023.

Inspectors noted that their findings in this inspection relating to complaints were similar to findings made in the centre's last inspection in February 2023. Inspectors did not find a record of each complaint, the outcome of the complaint, any changes required to practice and whether or not the young person was satisfied, on individual care files as required by the organisations own policy and national standards. The current system did not facilitate tracking of issues to inform learning and service improvements. Those interviewed did not demonstrate clear understanding of the thresholds for complaints to be dealt with informally or through the significant event notification system. The findings from the previous inspection and the current inspection also did not form the basis of findings in the complaints audit carried out by the services Quality Improvement Coordinator in April 2023.

There had been no annual review of compliance carried out since the introduction of this requirement under the National Standards for Children's Residential Centres (HIQA) 2018. Inspectors were informed that a provisional date had been set to carry this out which was the week post inspection however no final template was available at the time of inspection.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The registered provider must ensure that the frequency and effectiveness of audits is reviewed to ensure they are robust and meet the needs of the service.
- The registered provider must ensure information relating to complaints is recorded appropriately, monitored and analysed.
- The registered provider must ensure an annual review of compliance with the centre's objectives is conducted and timely action taken to promote improvements in work practices.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	No action required		
2	No action required		
5	<p>The registered provider must ensure that the frequency and effectiveness of audits is reviewed to ensure they are robust and meet the needs of the service.</p> <p>The registered provider must ensure information relating to complaints is recorded appropriately, monitored and analysed.</p>	<p>A meeting was held on the 27th February to review auditing schedule for 2024, attended by Service Manager, Operations Manager, Clinical Director and Quality Improvement Co-ordinator. A revised auditing schedule will be agreed on the 1st April in line with identified areas for improvement outlined in the service improvement plan.</p> <p>Complaint Register has been updated; narrative has been removed to allow for the recording of more concise information and to allow for trends/patterns to be more easily identified.</p> <p>Complaint template has been developed to</p>	<p>Quarterly audit review meetings will be attended by the Service Manager, Operations Manager and Quality improvement co-ordinator. Auditing schedule will be reviewed to ensure that it continues to be in line with the needs of the service and that all expected information is being captured.</p> <p>Service Manager to provide oversight on complaints register.</p> <p>Complaints are a standing agenda item on Management Meetings.</p> <p>Quality Improvement day scheduled for April to review the implementation of</p>

		<p>record; Nature of complaint, Reported by and to who, Process to investigate the complaint, Resolution of the complaint, barriers to resolving the complaint, YP/Family satisfied with resolution, Learning from the complaint.</p>	<p>updated register and template.</p>
	<p>The registered provider must ensure an annual review of compliance with the centre's objectives is conducted and timely action taken to promote improvements in work practices.</p>	<p>Draft template for the annual review of compliance was revised following feedback during the inspection process; meeting was attended by Service Manager, Operations Manager, Clinical Director and Quality Improvement Co-ordinator to review and agree on an updated template for the ARC. Template agreed on the 27th February and agreed that Operations Manager in conjunction with the Clinical Director would complete the annual review of compliance. Findings from the annual review of compliance will be shared with the Service Manager and Quality Improvement Co-ordinator on 19th March 2024 and finalised annual review of compliance and service improvement plan will be completed by April 1st 2024.</p>	<p>ARC and service improvement plan will be a standing agenda item on quarterly auditing review meetings attended by Quality improvement coordinator, Service Manager and Operations Manager. The implementation of the recommendations outlined in the service improvement plan will be a standing agenda item at these meetings.</p>