



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

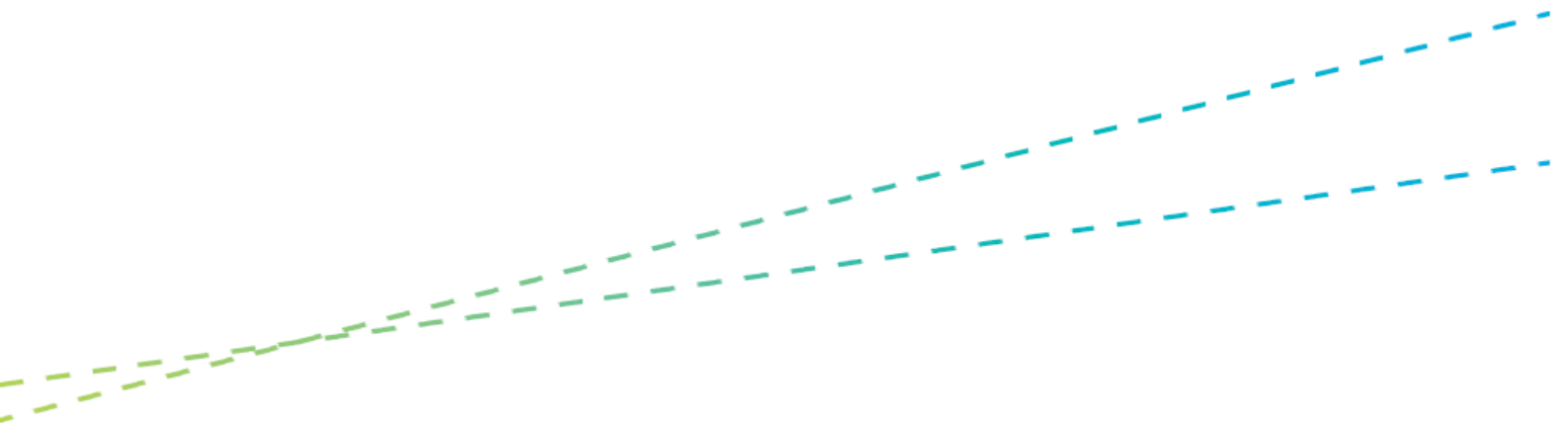
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 047

Year: 2018

Lead inspector: John Laste

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Galtee Clinic
Registered Capacity:	Four young people
Dates of Inspection:	24th and 25th of April 2018
Registration Decision:	Registered without conditions attached from the 18th of May 2018 to the 18th of May 2021
Inspection Team:	John Laste
Date Report Issued:	11th of June 2018

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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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 18th of May 2012. At the time of this inspection the centre was in their second registration and was in year three of the cycle. The centre was registered without attached conditions from the 18th of May 2015 to the 18th of May 2018.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. There were four young people in the centre at the time of the inspection. This was is a short to medium term centre, located in a rural area. 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, activity therapists who work alongside the house pedagogues on a daily basis in caring for the young people, overseen by the deputy manager assigned to the centre and the service manager who has responsibility for the service as a whole.

The centre's therapeutic programme relies on a three pronged approach of social pedagogy, attachment theory and therapeutic activities. All staff attended specific training on attachment theory as it is applied in the centre in the early period of their employment. This training provides an overview of attachment theory, attachment types and treatment approaches for this. Each team member was required to keep in mind that the children need as much consistency, reliability, availability and emotional attunement that can be offered in order to try to repair what has happened to them in early attachment relationships and their life trauma experiences.

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, however, children can form attachment type relationships with a range of individuals including the house pedagogues, other activity therapists, members of the management team and the clinical director.

The inspector examined standards 2 'Management and Staffing', 4 'Children's Rights', 8 'Education' and 9 'Health' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 24th and 25th of April 2018.

1.2 Methodology

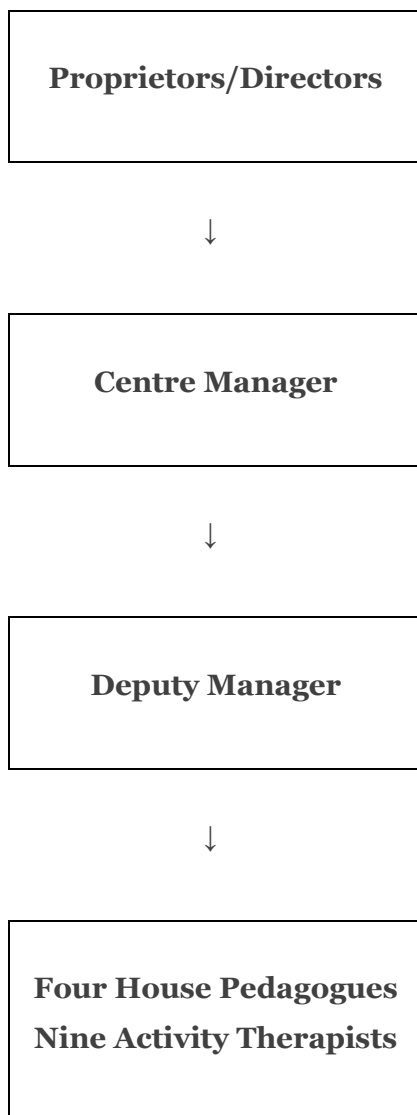
An application was duly made by the proprietors of this centre for continued registration on 18th April 2018. This announced inspection took place on 24th and 25th April 2018 over a two day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centre's application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff known as activity therapists.
 - b) Two social pedagogues
 - c) Four young person/people residing in the centre
 - d) Three of social worker(s) with responsibility for young person/people residing in the centre.
- ◆ An examination of aspects of the centre's files and recording processes.
- ◆ 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 service manager
 - b) The deputy Manager
 - c) The clinical director/proprietor
 - d) Three social workers
 - e) Two social pedagogues
 - f) Four activity therapists
 - g) Two young people
- ◆ Observations of care practices, routines and the staff/ young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspector 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the service manager, and the relevant social work departments on the 22nd May 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 30th May 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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 conditions attached from the **18th of May 2018 to 18th of May 2021** pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full.

Management

The centre was managed by an interim service manager who was the person in charge and who at the time of the inspection was covering maternity leave. The inspector found that the interim service manager was a suitably qualified person, experienced and was acting up from their previous role as deputy manager. There were clearly defined lines of authority with regard to the operation of the centre. The service manager was responsible for the day to day management of this centre and another centre owned by the organization which was located nearby. The service manager reported to the clinical director and the board of directors. The centre had a deputy manager who was suitably qualified and experienced. The deputy manager reported to the service manager. The clinical director in interview stated that there had to be allowances and adjustments made by the team as a result of the interim change of service manager. This was mostly down to different personalities and styles of management. The inspector interviewed members of the staff team and was satisfied that the team had adjusting well to the changes.

There was good evidence that the service manager and the deputy manager were satisfying themselves that appropriate and suitable care practices were in place at the centre. The clinical director was in regular phone and email contact with the manager as well as visiting the centre at least weekly to meet with the young people, management and team. The centre manager provided a weekly management report which was copied to all the external line managers. A sample of the managers reports were reviewed by the inspector. These reports gave clear details regarding the status of each young person and the events happening in the centre within the given periods. There was also good evidence that the external line managers were overseeing the work of the centre where the visiting line manager would read and sign young people's files and daily logs.

The inspector interviewed the assistant director of services who was clear about the role and responsibilities of the post. The inspector found that the organisation and management of care at the centre was of a good standard. Quarterly practice audits were carried out by the organisation's quality assurance manager working in unison with the training and practice manager. A sample of audit reports was reviewed by the inspector and they were found to be comprehensive, focused and analytical. The reports provided good feedback and critical analysis for the manager and staff.

Register

A register of all those who live in the centre was maintained by the service manager. The inspector found that the admission and discharge details of residents were properly recorded. Duplicated records are kept centrally by Tusla Child and Family Agency in accordance with the Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21.

Notification of Significant Events

The inspector interviewed the supervising social workers and examined the centre records and found that significant events were promptly notified to both the Registration and Inspection office and social work department in a timely fashion. Significant event reports were sent to all relevant people.

Staffing

The inspector reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the four young people residing in the centre. Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspector found that staff were suitably qualified and experienced. There was a good balance of newer staff with more experienced staff in the centre. The centre had access to relief staff. The audit of staff personnel records showed that the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. All new staff members received formal induction training.

Training and development

The centre has an on-going professional development and therapeutic training programme for all who work at the centre. The clinical director oversees this training which is tailored to enhance the staff skill set and ensure the integrity of the centre's

model of care such as dealing with the provision of primary care needs of young people with attachment and early childhood trauma issues. The clinical director also provides the team with training to support the centre's care model and the staff team's delivery of it. Staff members in interview informed the inspector that they are given a bursary to use to further develop their training and professional development.

The inspector found evidence of attendance at certified training in, child protection, fire prevention and all staff were trained and regularly up-dated in an approved method of crisis prevention and intervention known as MAPA . New team members were required to attend induction training. Some staff members were due to complete first aid training and the inspector recommends that this training is completed as soon as possible.

Administrative files

The administrative files were examined by the inspector and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and line management were monitoring the quality of records. Relevant records relating to the young people are kept in perpetuity and the management understood the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The inspector examined the records of staff supervision. Supervision sessions were recorded and signed by the supervisor and the team received regular supervision. The supervision sessions took place every six to eight weeks in accordance with the centre policy. There was good evidence in the records reviewed of an effective link to the implementation of the individualised plans for the young people. The deputy manager supervised the house pedagogues, while the service manager supervised the deputy manager and the service manager was supervised by an appointed independent person outside the centre. Supervision contracts were reviewed periodically in line with the organisation's policy. The service manager informed the inspector that group supervision sessions were happening in the centre though these were not being recorded as such. The management must ensure that all staff support mechanisms are routinely recorded on the staff files.

The inspector was informed by the service manager, deputy manager and staff member interviewed that team meetings had not been happening as frequently as they should. This was mainly put down to how busy the centre has been in recent months. The centre management must ensure that a regular team meeting is factored into the centre's schedule and that the meetings are recorded and agreed by those in attendance. The service manager informed the inspector that significant events were reviewed at team meetings by the deputy manager and the house pedagogues however there was no documentary evidence of these reviews and the scheduling of the team meetings had been erratic in recent months. The inspector recommends that the centre has systems in place to review all significant events and keeps a record of the minutes, outcomes and recommendations for future practice that come out of the reviews.

There was evidence that an extensive handover takes place weekly between the house pedagogues when they change over. The notes of these handovers are communicated to the rest of the team via email. The service manager provided the inspector with a sample of a new management handover pro-forma for a new process being put in place. Management must ensure that the new management handover process be commenced as soon as possible and that all handovers be recorded effectively.

The staff interviewed informed the inspector that their manager provided clear leadership and support to the team. The organisation provided external employee support where there was a staff requirement.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 IV, Article 21, Register.

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

-Part III, Article 5, Care Practices and Operational Policies

-Part III, Article 6, Paragraph 2, Change of Person in Charge

-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

-Part III, Article 16, Notification of Significant Events.

Required Action

- The centre management must ensure that a regular team meeting is factored into the centre's schedule and that the meetings are recorded and agreed by those in attendance.
- The management must ensure that all staff support mechanisms are routinely recorded on the staff files.
- Management must ensure that the new management handover process be commenced as soon as possible and that all handovers be recorded effectively.

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

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 inspector met with two young people at the centre who confirmed that they were consulted about decisions that affected them and stated that they had attended meetings in relation to their care. There were 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 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.

Some of young people had been linked in with EPIC (Empowering Young People in Care) the children's advocacy group at an earlier stage of their placement the newer admissions had not and it has been some time since there has been contact from EPIC. The inspector recommends that the service manager makes contact with the regional representative of EPIC to arrange a visit to the centre to link in the young people.

Complaints

Young people and their social workers confirmed that they were aware of the centres complaints process and were satisfied that complaints were taken seriously and responded to. Most issues were resolved to the young people's satisfaction through dialogue with staff. The centre maintained a complaints register and there were no recent complaints recorded at the time of inspection. The inspector noted that the complaints in the register had been signed off in consultation with the young people's social workers and to the young people satisfaction. The inspector recommends that the centre complaints policy be up-dated to incorporate "Tell Us" Tusla complaints policy and procedures 2016.

Access to information

The centre had a written policy on young people's access to information. The house pedagogues and activity therapists interviewed were aware of the young people's right to access information held on file. The young people who spoke to the inspector said that they were aware of their right to access information about themselves and were facilitated to do so by staff. There was evidence on the files of the young people accessing their file and commenting on them.

3.4.2 Practices that met the required standard in some respect only

None identified

3.4.2 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.*

Requiring action

None identified.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full.

The inspector found that education was valued at the centre and the educational needs of each young person were being addressed. At the time of inspection all four of the young people were involved in educational programmes. One of the young people had completed the junior certificate was on the leaving certificate cycle, one young person was in a specialised education school with extra support, another was in a mainstream primary school in sixth class and the fourth young person had been allocated twelve hours home tuition.

The young people were supported and encouraged by staff in their educational programmes. The centre provided each young person with transport to and from school as required. The young people's educational attainments and progress reports were filed in specific education sections in the care file. The inspector reviewed the education files and found they were kept up to date by the primary activity therapists and overseen by the deputy manager and service manager.

3.8.2 Practices that met the required standard in some respect only

None identified

3.8.3 Practices that did not meet the required standard

None identified.

Requiring action

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full.

The young people were registered with a local G.P. practice. Medical examinations of the young people were carried out as part of the admission process at the centre. The inspector found that the care records of the young people provide good evidence that their health needs were being addressed. All the young people had been issued with a medical card and were linked in with specialist medical services as needed including dental and ophthalmic care.

The inspector, on speaking to social workers and reviewing the medical sections of the files, found that young people on long term medication for diagnosed conditions were being reviewed regularly by G.Ps and psychiatrists to determine the effectiveness of the medication on the young people. The team were proactive in ensuring young people had the best possible medical and mental health needs.

The inspector reviewed the storage and administration of medicinal products. These were stored securely at the centre. Young people's medication came from the pharmacy in blister packs and when surplus medication needed to be disposed of was returned to the pharmacist to do so. The administration and recording of medication was of a good standard. Medication was verified by the social pedagogues on a daily basis and as part of the handover. The administration of medication was monitored by the deputy manager.

There was evidence of appropriate guidance for the young people in health education. Health programmes were in place for all the young people and these are monitored by the young people's primary activity therapists as part of the young people's placement plans. The young people get advice and support on personal hygiene and dietary needs as required.

3.9.2 Practices that met the required standard in some respect only

None identified

3.9.3 Practices that did not meet the required standard

None identified

3.9.4 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 IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Requiring action

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The centre management must ensure that a regular team meeting is factored into the centre's schedule and that the meetings are recorded and agreed by those in attendance.</p> <p>The management must ensure that all staff support mechanisms are routinely recorded on the staff files.</p>	<p>The Service manager will ensure that house meetings are scheduled monthly and no later than every six weeks. The team will be rostered on to ensure attendance. An agenda will be drafted and the team will be asked to contribute to this. The meetings will be minuted and stored in the Hill House folder.</p> <p>A lot of the support provided to the team was not being recognised appropriately. The new management template will allow recognition of this work and ensure that all staff support is accounted for and duly recorded.</p>	<p>House meetings to be scheduled in advance as part of the roster.</p> <p>The management handover template will be reviewed daily by the management team to ensure any staff support is acknowledged and recorded effectively. This handover will be signed off weekly by the service manager and stored in the Hill house folder.</p>

	Management must ensure that the new management handover process be commenced as soon as possible and that all handovers be recorded effectively.	The weekly management template will be commenced 7/05/18. These will be reviewed weekly by the Service Manager and will be updated as and when needed.	Daily reviews of issues arising from the handover and weekly signing off by the service manager.
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