



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Galtee Clinic
Registered Capacity:	One young person
Type of Inspection:	Announced inspection
Date of inspection:	16th & 17th May 2023
Registration Status:	Registered from the 15th March 2021 to the 15th March 2024
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	27th June 2023

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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 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 three 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	2.6
3: Safe Care and Support	3.3
4: Health, Wellbeing and Development	4.1

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, 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 on the 9th June and to the relevant social work departments on the 9th June. 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 13th June. This was deemed to be satisfactory.

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 17: Records

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

The young person in placement was approaching adulthood and as such there was a noted focus on aftercare planning by the staff team. It was evident from meeting with the young person and reviewing documentation that they were listened to and involved in the decision-making process about their follow-on placement. While the centre was advocating strongly on behalf of the young person, it was the opinion of inspectors that there was a lack of appropriate supports in place at the time of inspection to ensure a planned transition based around the needs of the young person. A statutory review meeting had occurred in January 2023, with the care plan only being received by the centre on the day of the inspectors visit, five months after the review. The care plan outlined the need for a specific assessment to occur to identify the most appropriate follow-on placement options for the young person. At the time of inspection this assessment had not commenced. Inspectors spoke with the allocated social worker who stated the assessment was due to begin in June 2023 but they could not put a definitive timeframe on a report being provided to inform aftercare planning. The young person was engaged in a number of health, educational, social and volunteer services which they could not adequately transition from or build links with new services in the absence of an identified placement. Inspectors recommend the young person is linked in with a representative from Empowering Young People in Care (EPIC) to support them in advocating for a transition plan.

The young person had an allocated aftercare worker who visited them on a regular basis. A leaving care needs assessment had been completed and there was an aftercare plan in place which linked in with the placement plan that had been developed by the keyworker and the young person had been provided with a copy of same. Despite the lack of forward planning for placement within the plan, there were clear goals and identified areas for improving independence and these goals had translated into individual work sessions with the young person. Inspectors spoke with the allocated aftercare worker who was cognisant of the need of a transition plan

and informed inspectors a multi-disciplinary meeting had been arranged for mid-June to discuss forward planning. They were reliant on the aforementioned assessment to occur in order to identify appropriate placement options and confirmed in the absence of a final report and findings there was an impact on the ability to plan for future placement.

The young person was very complimentary of the staff team working with them and felt they were greatly supported throughout the last number of years in placement. They were of the opinion they had learnt numerous independent skills through the support of the staff team. There was evidence of key working sessions on file that focused on aftercare, education options post leaving cert, medical care, cooking, budgeting and self-advocacy. The social worker confirmed they were satisfied with the independent living skills work being completed with the young person.

The young person confirmed they had access to their daily records within their home and had sporadically reviewed these. The manager informed inspectors it would be the intention the young person would be offered to review files again before leaving the centre and would be provided with copies of important documents such as birth certificate, medical records and education records.

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

Compliance with standards	
Practices met the required standard	Standard 2.6
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;

- No action required

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors noted that an open culture was promoted within the organisation whereby young people and staff could raise concerns and report incidents. Staff members interviewed confirmed that they felt comfortable and confident in challenging both staff and management practices, healthy debates occurred during team meetings and the senior managers were accessible to them. Inspectors met with the young person individually and also observed their interactions with staff members and found them to be comfortable and secure in their surroundings. They confirmed they had no reason to make complaints but were aware of the process should they feel the need to raise concerns.

The organisation had policies and procedures in place for the notification, management and review of incidents and all staff interviewed were familiar with timeframes and processes. From a review of sample significant event notifications and interview with the allocated social worker, these were all reported within appropriate timeframes to professionals involved in the young person's care. Professionals were also asked for feedback on the management of incidents and for input into planning documents for the young person.

From review of documentation, it was found the centre was operating in compliance with the organisational policies and in line with regulatory requirements. Inspectors reviewed a number of significant event review group meetings and clinical management meetings and found there to be detailed records which identified learnings, trends and a review of approaches. There was evidence to show the findings from these meetings were discussed in subsequent team meetings for learning purposes and improvements in practice and where appropriate with individual staff members in supervision.

Compliance with Regulation

Regulation met

Regulation 5
Regulation 16

Regulation not met	None identified
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Compliance with standards	
Practices met the required standard	Standard 3.3
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:

- No action required

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

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The organisation had a number of policies in place to promote and protect the life, health, safety, development and welfare of the young person. This included policies related to; safeguarding, bullying, smoking, substance misuse, medication, general health, education and health & safety. There were also a number of resources available to the staff team including smoking cessation, sexual education and independent living skills. There was evidence to show the centre promoted healthy initiatives with the young person. They were encouraged to eat healthily, engage in individual and team sports and complete first aid courses.

In relation to the young persons safety; child protection and welfare concerns had been raised, recorded and reported appropriately in January 2023 a significant disclosure made by the young person. Action was taken by the staff team with clear protective measures implemented whilst trying to balance the risk together with their preparation for leaving care. A number of supports were implemented following the disclosure including individual work around keeping safe and counselling services.

Mealtimes were a communal event within the house, with the young person engaging in weekly cooking activities with their keyworker. The fridge and presses within the

centre had adequate quantities of nutritious food and drink available to the young person. The young person was involved in completing the weekly meal planner blackboard in the kitchen and carrying out the weekly shopping tasks. There were issues with them spending significant amounts of their own money on unhealthy food options and there was evidence to show individual work had been carried out in relation to making healthy choices, long term health effects, consequences of unhealthy food choices etc. A significant event review group (SERG) had been held to explore trends and developments in relation to the young person's unhealthy eating habits and approaches had been altered accordingly.

From a review of individual work records, it was evident the young person was being supported to exercise autonomy in decision-making, managing money, making appointments, managing their own medication and resolving conflict. They were also being supported to source further education options, with the young person informing inspectors they had a college interview the day following their visit. The young person also proudly showed their trophies for academic and sport achievements which were kept on display in their home. They had also recently attended interviews for summer employment within the local area. They were a member of a local voluntary organisation in which they had access to additional training courses through this service. The young person was being mentored by staff to develop skills to prepare them for leaving care however as mentioned under standard 2.6 of this report, the young person did not have the opportunity at this time to establish appropriate support networks for when they leave care due to the lack of identified onward placement.

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

Compliance with standards	
Practices met the required standard	Standard 4.1
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:

- No action required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	No action required		
3	No action required		
4	No action required		