



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	009
Year:	2018
Lead inspector:	Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Galtee Clinic Ltd
Registered Capacity:	Four young people
Dates of Inspection:	18th and the 19th of July 2018
Registration Status:	Registered from the 19th of October 2018 to the 19th of October 2021
Inspection Team:	Noreen Bourke John Laste
Date Report Issued:	05/10/2018

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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. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

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 provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

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 in 2015. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without conditions from the 19th of October 2015 to the 19th of October 2018.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The model of care was informed by the principles of social pedagogy. Relationships between the adults and young people were central to the work of the home.

Care is provided by a pedagogical couple who live in the home in a family analogue setting. Activity therapists were assigned to each of the young people. Their role was to support the young people and build on their interests and strengths in order to help them to build sustainable and practical skills necessary to fulfil their goals and potential.

The inspectors 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 18th and the 19th of July 2018.

1.2 Methodology

This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The clinical director / board of management.
 - b) The service manager
 - c) The centre manager
 - d) Five of the care staff
 - e) One of the social workers with responsibility for young person people residing in the centre.
- ◆ An examination of the centre's files and recording process.
 - Centre register
 - Team meetings
 - Management meetings
 - Reports to the board of management
 - Team handover
 - Staff personnel files
 - Staff supervision records
 - Administration files
 - Young people's care files
 - Young people's house meetings
 - Significant events log
 - Complaints log
- ◆ 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 clinical director / board member
 - b) Three social workers
 - c) Service director
 - d) Centre manager
 - e) Two activity therapists
 - f) One house pedagogue

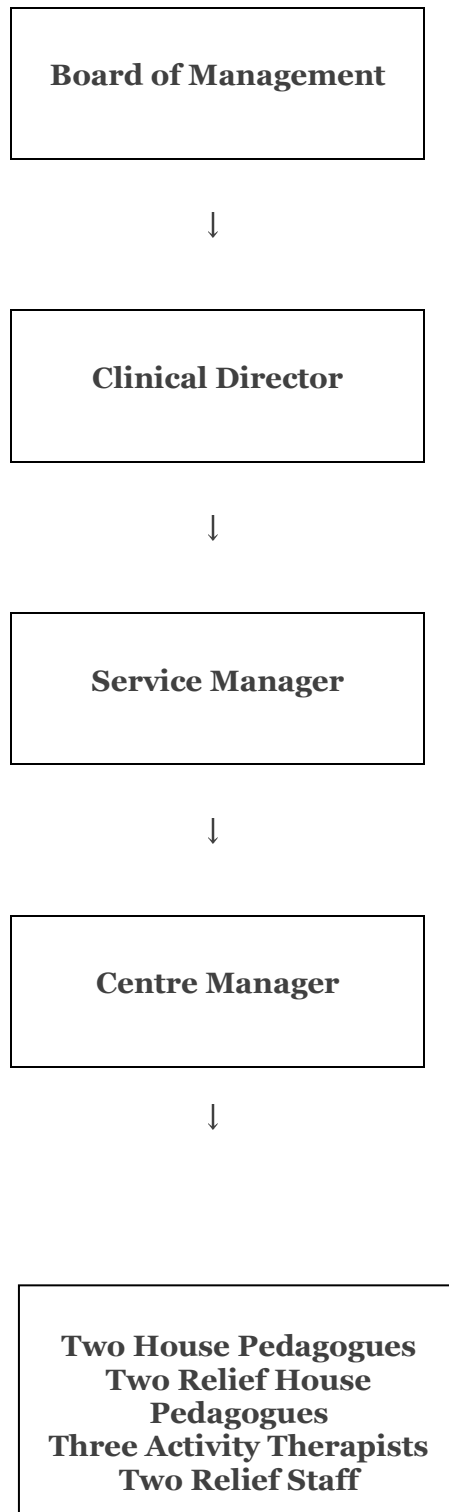
- g) Two young people

- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager and the relevant social work departments on the 9th of August 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 21st of August 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 continue to register this centre, ID Number: 009 without attached conditions from the **19th of October 2018 to the 19th of October 2021.**

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 findings of the inspectors were that there were clear management structure in place to ensure that the centre was adhering to its statement of purpose and function. The board of directors maintained oversight and gave direction for service delivery. The role of the board of directors was to ensure that the service met the needs of the children and to fulfil its duties to the Child and Family Agency (TUSLA). It was guided by the services adherence to maintaining the National Standards for Children's Residential Services (2001)

The centre had clear documentation in place outlining how the clinical governance of the service was ensured, and in the maintaining of a therapeutic environment that had a clear purpose and function and model of care.

The service manager reported to the board of directors / board of management and also to the clinical director. The inspectors reviewed the reports submitted by the service manager to the board of management which evidenced that the board was apprised of all issues arising within the home.

The service manager was line manager to the centre manager. The service and centre manager met weekly to review and monitor overall practices within the home. The inspectors reviewed the weekly handovers to the service manager. These reports evidenced communication between the centre manager and pedagogues, and direction and support provided to the pedagogues on a daily basis. These meetings also included a review of significant event reports, placement plans and issues arising for the young people.

Significant event reports were reviewed by internal management that comprised of the centre managers for two of the homes and the service manager. The review group identified patterns of behaviour including staff practice. Feedback and direction was given to staff within the process of team meetings and in staff supervision.

Behaviour management and placement plans were also reviewed to take account of issues arising for the young people and changes were made to their placement and individual crisis management plans when required.

Register

The inspectors found that the admission and discharge details of residents were accurately recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The inspectors found that a written policy and appropriate guidelines were in place regarding the recording and notification of significant events and these records were kept on the young people's individual files. The centre maintained a register and database of all significant event reports. The placing social workers for the young people confirmed to the inspectors that they were notified of all significant events.

Staffing

The centre was managed by an appropriately qualified person. The inspector examined the staff personnel records of staff and found that the staff were appropriately vetted before taking up duties. All staff had the required qualifications and references.

The home had two house pedagogue teams who lived and worked in the home. Their role was to creating a 'shared living space' where adults and young people live together. One pedagogue team has a lead role in the home while the second pedagogue team acts in a support and relief capacity. The findings of the inspectors were that within the living space a strong emphasis was placed on the right of the young people to participate in the home and to be heard. The house pedagogues reported to and were supervised by the centre manager.

Each of the young people had an assigned primary activity therapist they had responsibility for the daily life requirements of the young people and are responsible for constructing and delivering the young person's placement plan. They played an important role in the formation of relationships with the young people. Primary activity therapists reported to and were supervised by the centre manager.

Psychological guidance to the work of the home was provided by a senior clinical psychologist who was also a director of the company. The clinical director was responsible for providing guidance and direction to the pedagogues regarding the placement plans for the young people. A record of clinical notes was held on the individual files of the young people.

As house and activity pedagogues, the role of the pedagogues is of being role models for the young people. Two of the young people who spoke with the inspectors said that they were well cared for by the staff and in particular their primary activity therapist. They felt listened to and that that they knew them as individuals and this was important to them. They said that the primary activity therapists advocated for them and that they had high expectation of them especially in education and in achieving the goals of their placement plans.

Supervision and support

External supervision was provided to the service manager, a review of the supervision records evidenced that supervision was regular and formal. The centre manager received formal supervision from the service manager. Supervision was provided to the social pedagogues by the centre manager. The findings of the inspector were that all staff received regular and formal supervision. A supervision contract was held on the supervision files of the staff members. The supervision records showed that there were clear links between the supervision process and the review and development of placement plans for the young people. Emphasis was also placed on the therapeutic process and how this was realised within individual key work systems and in particular the development of relationships between the adults and young people.

A review of the minutes of the team meetings evidenced that the focus of the meetings were on the young people. It also included a review of the therapeutic framework and the interventions and strategies that worked in supporting the children to achieve their placement objectives. This was done under the guidance of the clinical director who offered guidance and support in relation to the specialised therapeutic programme. The focus was on the work with the young people and the

resulting development of the staff team. Staff interviewed stated that these meetings allowed keyworkers to plan and review the placement plan for their key child. It also ensured accountability of their work within the therapeutic process. The house pedagogues also had psychotherapists available to them. The focus of this work was on the integration of the house pedagogues into the ethos and culture of the home and in how the team work with one another in achieving the primary task of the home.

Administrative files

The inspectors examined a range of administrative files and records. The care files and centre records were well maintained and well organised. The young people had a secure individual care file which maintained appropriate levels of privacy and confidentiality about the young person's history and circumstances. The recording systems were well maintained and structured and held a record of the daily life of the young person; individual work undertaken by staff along with key work sessions. There was good evidence on file of individual work done by care staff with the young people in supporting them in achieving the objectives of their care plan. There was evidence that the centre manager had systems in place to monitor the care files and the centre administrative records to facilitate effective management and accountability.

3.2.2 Practices that met the required standard in some respect only

Training and development

The service had an effective on-going training and development programme to ensure that staff had the core necessary training in Children First 2011, Behaviour Management, Fire Safety and First Aid. However, the inspectors found that four staff who recently joined the team required training in behaviour management and fire safety. Two required training in first aid. The centre manager maintained a record of all staff training including the dates when refresher training was required. There was evidence that staff were given the opportunity to participate in further training to include supervision, management and leadership, responding therapeutically to aggressive behaviour, addiction training, reflective practice, theory of attachment and activity training.

The inspector found that the staff interviewed were familiar with the core principles of social pedagogy and of the theory of attachment. There was evidence of a clear link to practice in the context of the model of care and the therapeutic process.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had 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 service manager must ensure that all staff receives training in behaviour management, fire safety and first aid.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

Two of the young people who met with the inspectors told them that their views were sought about all aspect of life within the home. They described having a good relationship with their primary activity therapists. The inspectors observed that embedding in the relationship between the young person and the pedagogue was a

way of working that developed a culture of participation and of listening. The young people said that they were allowed to make decisions and life style choices whereby they could learn from their own life experience while at the same time receiving support from their activity pedagogues. They said that they were listening to in a non-judgemental way. They told the inspectors that they were consulted about their care plans and in the review of their care plans. The young people were given information about EPIC (Empowering People in Care), the national agency that advocated for young people in care. The centre manager confirmed that EPIC attended the centre to meet with the young people.

Complaints

The centre had a policy and procedure in place to manage complaints. Staff interviewed understood the policy and the process to follow in the event of a young person wanting to make a complaint and what constituted a complaint. The young people were provided with a welcome and information pack on arrival at the home. Each welcome pack was designed specific to the needs age and understanding of the young person.

The young people told the inspectors that they were clear about how to make a complaint and were clear regarding the process for complaints and to whom they would make a complaint to if they wished. Two of the placing social workers interviewed by the inspectors said that the young people were allowed to and able to deal with issues of complaints within the house. The service policy and procedures included the most recent national complaints policy utilised by TUSLA – Tell Us. The inspectors advise that this information should be evidenced in the welcome pack for any new admission to the centre. The inspector recommends that the young people currently in placement should be provided with information regarding the TUSLA – Tell Us policy.

Access to information

Young people were informed of their right to access their records through their activity pedagogue and within the key work sessions. The young people told the inspectors that they knew that they could access and read their records. Monthly key work reports evidenced that the young people were encouraged to and in some cases did read their records.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency had 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*.

Required Action

None required.

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

All of the young people had identified educational placements. Staff within the centre placed a high value on the educational needs of the young people. One young person was moving to the leaving certificate programme in the next academic year. A second young person was transitioning to second level education. One young person over the age of sixteen years was struggling with maintaining their education placements. The findings of the inspectors were that efforts were made by staff and the placing social worker to engage the young person in alternative programmes of education and their efforts to source a suitable education placement were on-going.

A review of the care files of the young people evidenced that the social pedagogues worked closely with the schools in addressing the educational needs of the young people. This was confirmed to the inspectors by the placing social workers. One of the young people was identified of being in need of an immediate educational assessment. Provision was looked at within the school system to provide the assessment; however, due to the demands on the service the assessment was not forthcoming in a timely manner. The placing social worker was presently sourcing an independent assessment for the young person.

The young people told the inspectors that they were supported by their activity pedagogues to attend school. Social pedagogues maintained close links with the school principals and tutors. There was evidence that staff attended all relevant school meetings and functions.

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.

Required Action

None required.

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

None identified.

3.9.2 Practices that met the required standard in some respect only

Staff and social workers reported to the inspectors that the young people were in general good health. Evidence of medical assessments on admission to care was on the files of the young people. They were registered with a general medical practitioner and had individual medical cards. Consent for medical treatment was held on the individual care files. The pedagogues were clear in relation to consent for medical treatment in situations where a medical emergency arose. The records showed that the immunisation records were on file for two of the young people. The centre manager had requested a copy and was awaiting these records for a third young person. There was evidence that the young people received regular medical, dental ophthalmic and other specialised services as required.

The inspectors found that medicinal products were stored securely in the centre. An individual record was maintained for each young person of how medication was administered.

A review of key work reports evidenced that where it was age appropriate the young people were given guidance and information on diet. They were supported in their identity and sexual development and where necessary referred to support groups in the community. There were clear boundaries in place to discourage any young person who smoked from smoking in front of the other young people. The young people were discouraged from smoking by the pedagogues and the young people were advised by staff of the negative effects of smoking on their health.

Required action

- The placing social worker must provide a record of the immunisation records for one of the young people in placement.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency had 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 had 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).*

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The service manager must ensure that all staff receives training in behaviour management, fire safety and first aid.	In relation to the four team members without behaviour management an updated training schedule has been forwarded with amended dates showing they had completed training prior to the inspection, the dates were not entered on their front file sheet. It is recognised that there is a need for other training and these will be organised by the Service manager as soon as the children returns to school in September as this will allow more of the team to attend.	Prior to the inspection training issues were addressed by the entire management team, following on from this it has been decided that the Service Manager will take over responsibility for staffing and training informed by the centre managers recognition of the needs of their house.
3.9	The placing social worker must provide a record of the immunisation records for one of the young people in placement.	Social worker has been contacted and we are awaiting an up to date immunisation record.	Immunisation record should be provided as soon as possible upon admission. Medical admission information to be checked to ensure record is present.