An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 009

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Galtee Clinic**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced inspection**
Date of inspection:	**08th, 09th, and 12th August 2022**
Registration Status:	**Registered from the 19th October 2021 to the 19th October 2024**
Inspection Team:	**Linda McGuiness** **Sinead Tierney**
Date Report Issued:	**18th October 2022**

Contents

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 in 2015. At the time of this inspection the centre was in its third registration and were in year one of the cycle. The centre was registered without attached conditions from the 19th October 2021 to the 19th October 2024.

The centre was registered as a multi-occupancy service providing medium term care for up to four young people of all 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 centre. There were three young people placed in the centre at the time of this inspection. Two of the young people were under the stated age range of the purpose and function and derogations had been granted for their placement in the centre. Their placements remained under regular review.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2
5: Leadership, Governance and Management	5.1.1, 5.2.1, 5.2.2

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 30th of August 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 13th of September 2022.

The findings of this inspection report and assessment of the submitted CAPA determined that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5: *Care Practices and Operational Policies*, Article 16: *Notification of Significant Events* and Article 17: *Records*. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 009 with an attached condition from the 19th October 2021 to the 19th October 2024 pursuant to Part VIII of the Child Care Act, 1991.

That condition being:

- There must be no further admissions of a young person to this centre until such time the centre has suitable care practices and operational policies in place with appropriate record keeping and prompt notification of all significant events.

3. Inspection Findings

Regulation 5: Care practices and operations policies
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors observed during the visit that adult interactions with young people were warm and child centred. Young people told inspectors they had key trusting relationships and liked living in the centre. However, a review of systems and recording was required to evidence that young people were listened to and that they had a say in relation to daily routines.

The policy as set out did not outline effective recording of complaints, how they were investigated, the outcome, appeals process, and young people's responses. All levels of complaints up to external escalation were only required to be recorded in young people's daily logbooks. Therefore, there was an inadequate record of the process and the system did not facilitate effective monitoring, review, and oversight. Inspectors found that the thresholds for categories of complaints were not set out in centre policy and it read as if all complaints should go through each level prior to escalation whereas some complaints could require immediate escalation to senior management.

Young people's house meetings were scheduled to take place weekly; however, these were not taking place as intended and the records produced of individual consultation with young people were inadequate. Inspectors reviewed the centre's recently revised policy document and noted deficits in relation to policies governing consultation with young people and communication with them about their rights.
Consequently, from review of centre records, it was not fully evident how young people were made aware of their rights while in care and living in the centre. Two young people under 13 years were placed under derogation to the purpose and function, but it was not evident through centre records how they were informed about their rights in age-appropriate way. Inspectors were informed that young people were provided with an individualised scrap book upon admission. These were not available for review during inspection and inspectors could not determine if they were provided with explicit information about the right to complain and how it works in practice.

Inspectors spoke with all young people and found them very capable of expressing themselves about their likes, dislikes and living in the centre. Review of young people's meetings/consultation records showed that some discussions took place between the adults and young people about house holiday, the tv, painting the house, the car, and new referrals. Consultation with young people should be expanded to include meal planning and shopping for example and that house meetings could be used creatively to discuss wider topics relevant to young people (phones, internet bullying, diversity etc). Staff and managers described community type meetings taking place in line with the model of care however, these were not recorded and improvements were required to ensure that implementation of the model of care in practice was evident in the centre. One social worker told inspectors they felt that greater efforts could be made to include their young person in how they prepare for and contribute to the care planning process.

There was a complaints policy in place as required. Inspectors found that the policy provided had errors and omissions and must be reviewed. There was a lack of clarity about the process for managing complaints and staff procedure did not follow policy in all instances. During inspection interviews with staff, inspectors found that there was confusion between the complaints process and child protection procedures.

Inspectors found that roles and responsibilities as set out in the organisational policies were generic and should be reviewed to clearly set out the responsibilities of all staff and management in respect of the recording, management and review of complaints.

In 2021 two young people had made complaints about being exposed to violence and, aggression from a peer living in the centre. While this was appropriately notified, subsequent complaints about the same issue were recorded as individual works with the young people and there was no evidence of that these were processed, notified, investigated, and managed as formal complaints. Also, the complaint policy dictated that any issues of a child protection nature were to be dealt with under the child protection policy however, there was no evidence that a second and third complaint of a similar nature five weeks later was considered under Children First relating to the potential for harm of emotional abuse. Two young people who spoke with inspectors described difficult experiences living in the centre at that time. It is acknowledged that it took time and consultation with Tusla to source alternative accommodation for one young person. The young people who spoke to inspectors said that the adults had tried to keep them safe and they were satisfied that the issue was eventually resolved for them.

Two young people recently made a complaint about staff speaking to each other in a different language. Young people did not know if this complaint was taken seriously. The issue was notified appropriately to supervising social workers and they informed inspectors that remedial steps were taken to ensure this issue did not arise again for young people. Notwithstanding this, inspectors found there were deficits in the recording of this issue and while specific actions taken were alluded to, they were not evident across the relevant centre records reviewed during inspection. It was not possible to determine from records if young people were satisfied with the outcome or if there was any organisational learning following conclusion of the complaint.

There was no evidence that review of complaints was a standing item on the team meeting agenda and inspectors could not see any occasions where the complaints policy was reviewed at team meetings.

As referenced above inspectors could not determine if information was provided to young people about complaints. Further, young people were not provided with information on people outside the centre that they could talk to if they had complaints or concerns about their care. The service manager informed inspectors that Empowering People in Care (EPIC) were recently invited to meet with young people. All young people informed inspectors that they had people that they could talk to and who would listen to them. Two young people that inspectors asked said they knew how to make complaints.

Inspectors did not find that there was appropriate auditing of the compliance with the requirements of standard 1 of the National Standards for Children's Residential Centres, 2018 (HIQA) in respect of consultation and complaints. There was no evidence that complaints were systematically reviewed and learning used to improve practice in the centre.

Inspectors found that there were deficits and delays in the notification of complaints to social workers for the young people. Immediate action is required to ensure that the centre meets requirements of regulations in respect of prompt notification of significant events including complaints.

Social workers for the young people had responsibility to inform the parents about complaints and/or concerns in relation to their child's care. Inspectors found evidence that parents were involved in planning, their voices were considered and while concerns they raised were taken seriously the process was not managed and recorded in line with the complaints process. There was no specific information booklet for parents and while the service manager confirmed that there was communication with them at the outset of

placements this could not be verified during inspection. One correspondence to the centre from a parent should have been processed as a complaint as they had raised a concern and it was still an issue after five weeks.

Compliance with regulations	
Regulation met	
Regulation not met	**Regulation 17** **Regulation 5** **Regulation 16**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard 1.6**

Actions required

- The registered provider must ensure that young people are made fully aware, in an age-appropriate way, of all their rights including the right to complain and that this is revisited with them from time to time.
- The registered provider must improve recording of consultation with young people in respect of planning for their care and daily living.
- The registered provider must ensure that the parents are provided with written information at the outset of placements that includes the complaints process.
- The registered provider must ensure that all concerns raised by parents are managed in line with policy and that they are provided with feedback, an outcome and information about the appeals process.
- The registered provider must ensure that there is effective recording of and notification of all complaints.
- The registered provider must ensure that all complaints are systematically reviewed and that learning is used to improve practice in the centre.
- The complaints policy must be reviewed to ensure it is fit for purpose and includes information relating to responsibilities, notification, recording, investigation, appeals, review, and feedback.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors found that improvements were required in respect of systems and processes in place to safeguard the young people and protect them from abuse. While social workers informed inspectors that they were satisfied that young people were safe and well care for, there was a lack of evidence across centre and care records that staff in the centre worked in partnership with the young people, their families, social workers, and other professionals to promote their safety and welfare.

The organisations' policy document including the child safeguarding policy was reviewed and updated in March 2021. The policy included safe recruitment and training, vetting, good practice guidelines and the complaints procedures. Inspectors found some deficits in the child protection and safeguarding policies that required review and additions to ensure it was fully in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. During inspection interviews staff were confused about the difference between the complaints process and child protection reporting. The policy should be reviewed using Tusla's guidance document: *Child Safeguarding, A Guide for Policy Procedure and Practice* to ensure it is clear and provides all relevant information. Once complete, the registered provider must ensure that the policy is communicated to all staff and they must satisfy themselves that staff are fully aware of their statutory obligations in respect of child safeguarding.

The centre had a child safeguarding statement (CSS) that was updated on 31st of August 2021. The statement was held in a cupboard in the centre and staff knew where it was located. Inspectors found that while it was in line with the requirements of the Children First Act, 2015, not all staff interviewed were familiar with the risk assessment contained in the CSS in respect of risk of abuse to young people.

Inspectors were informed that the centre manager was the designated liaison person (DLP) for the centre and the service manager was the deputy DLP. This was different to what was set out in centre policy which made no reference to a deputy DLP. At the time of inspection, a new social care manager was appointed and was to assume the

responsibility of the DLP. However, this person had not received training in relation to this responsibility and this must take place as a matter of priority.

Staff stated in interview that allegations against staff would be investigated by management. This was in line with what was stated in centre policy but is contrary to the process set out in Children First, 2017 and is not safe practice.

Staff interviewed during inspection were aware of the procedures in place for reporting child protection concerns through the Tusla Portal. A sample review of files evidenced staff had received training in Tusla's e-learning module: Introduction to Children First, and child protection training through an external company. Staff that were interviewed described their responsibilities as mandated persons. A sample of files demonstrated that staff were appropriately vetted, however there was no record of interview of staff for their posts and this is recommended as part of safe recruitment practice.

Inspectors noted that the manager and staff team were not aware of the Tusla guidance and reporting mechanism in respect of possible child sexual exploitation. This was circulated by Tusla's National Private Placement Team (NPPT) in March 2021. This must be incorporated into policy, procedures, and practice in the centre. The team should access any e-learning training that is available or provide their own in-house training to ensure everyone is aware of their responsibilities.

Inspectors found that a review of incidents and notifications of child protection concerns was required to ensure that practice was fully in line with Children First legislation. For example, there was no evidence that one pattern of exposure to violence and aggression was considered to assess if it met the threshold for reporting.

In another instance, inspectors found that, on the direction of the service manager, a child protection welfare referral form (CPWRF) was submitted to Tusla. Inspectors found that the actions of staff following this were not in line with Children First, 2017. A report was made but on the direction of the social work department was followed with a phone call by a staff member to a person named as causing possible harm possibly interfering with the investigation process. Also, inspectors reviewed the document submitted through the portal and found that only one aspect of potential harm was reported and that another serious potential for harm was excluded. This referral was still open at the time of inspection.

There was a system in place to record, track and monitor all reported child protection and welfare referrals made to Tusla and there was evidence that these were on occasion

discussed at management meetings but the follow up was not evident across centre records. The reference number of CPWRF submitted was not included on the register to facilitate effective tracking. Child protection and safeguarding were not standing items at team or management meetings.

Three reported child protection and welfare concerns were open at the time of inspection. One of these was reported through the portal in Summer 2021 however this was not reported by social work to An Garda Siochana until November 2021. While the service manager confirmed that they had been following this up with the social work department there was a lack of evidence of this communication and the status of referrals on the care file or the centre register.

There was a lack of evidence that staff and management were fully alert to issues of safeguarding and child protection and that robust risk assessments and safeguards were put in place as a matter of priority following incidents of concern. On at least two occasions young people were awake and interacting together during the night when staff were asleep. Inspectors could not find evidence that there was a risk assessment and safety plan put in place to manage risks associated with this. There was no evidence of exploration of the incident with the staff involved. On a second occasion at the time of inspection two young children were in one bedroom during the night. Young people told inspectors that this happened a few times. This latest incident was not notified as a significant event and one social worker told inspectors they were still not aware of this three days after the incident. Another social worker was notified by email during inspection that it took place but not with the record of the detail of the incident written by those involved. There was no risk assessment or safety plan and there was no evidence that this information was recorded or communicated in the centre through a handover processes to ensure adequate follow up and robust safeguarding. On the request of inspectors, a risk assessment was received post inspection and this was to be shared and agreed with the supervising social work departments.

Social workers interviewed communicated to inspectors that they felt young people were safe, protected and well cared for in the centre and that they could communicate with managers if issues arose. Notwithstanding this, inspectors found a lack of evidence across records of interdisciplinary communication to support effective safeguarding as all incidents of concern were not notified to those with statutory responsibility for young people. If social workers for young people are not fully informed, they cannot appropriately assess safe care or approve safe plans.

There was an anti-bullying policy that was reviewed in August 2021. This policy included risks of verbal, physical, social, and cyber bullying. The risk of online bullying was also included on the centre's child safeguarding statement risk assessment. Inspectors noted that the bullying policy did not reference escalation under Children First reporting procedures and this should be included. The team described measures in place to manage sibling type negative behaviour between two young people and stated they were alert to it becoming more serious. One young person told inspectors confidently that the adults managed this behaviour to keep them all safe.

Inspectors found that there was inadequate recording of the dynamics between these young people in daily records. The record contained one-line comments but no reference to antecedents, triggers, interventions, or outcomes so it was difficult to see how the records could facilitate effective monitoring and safe planning. Neither was it evident from the records if the physical intervention was required. This information must be recorded to keep young people and staff safe. Inspectors found also that daily log records did not give detail as to who was working on each shift and this musty be included as a safeguarding measure.

Inspectors found that not all individual areas of vulnerability were identified on centre records and followed up with risk assessments and risk management plans. No staff identified the risk of young people mixing without staff supervision as a concern during inspection interviews. One young person had some incidents relating to alcohol and unprescribed medication in the house and this was not identified as a risk to them or others. An initial risk assessment indicated that additional safeguards would be implemented if the issue arose again and proposed room checks. This did not happen following a second incident. At the time of inspection this was being loosely monitored through room cleaning once per week. There was no risk assessment and safety plan following the second incident.

From review of young people's files inspectors found that there was limited evidence that staff were conducting planned work or taking opportunities to talk with young people about keeping safe. For example, an incident where a young person was missing overnight during an access visit and engaged in risk taking behaviour did not have appropriate follow up with them. The service manager informed inspectors that they felt that this was a recording issue and acknowledged deficits in this regard over the past year.

It was not evident to see from the care record what risk assessments and safety planning informed decisions relating to phone safety for one young person. The interventions

implemented were reactive rather than proactive. The issue was not recorded on care plans or placement plans and consultation with the supervising social work department relating to concerns was not evident on the care record.

Inspectors found that no audits had been conducted to ensure that the centre operated in line with and complied with the relevant policies as outlined in Children First and relevant legislation since the last inspection. Inspectors were informed that a new role had been created in respect of quality assurance and that auditing was to be part of that that job description. Recruitment had taken place at the time of inspection and a person was identified and due to commence imminently.

Staff interviewed were clear that where any incident or allegation of abuse occurred that the social worker had responsibility to inform the young people's parents. There was a policy and procedure on whistleblowing/protected disclosures. Staff and managers who spoke with the inspectors were familiar with the policy and there was evidence that staff were aware of their responsibilities under the policy to report poor practice. No such incidents were reported since the last inspection.

Compliance with regulations	
Regulation met	**None Identified**
Regulation not met	**Regulation 5** **Regulation 16**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard 3.1**

Actions required

- The registered provider must ensure that the child protection and safeguarding policies are reviewed to ensure they are fully compliant with Children First, National Guidance for the Protection and Welfare of Children, 2017.
- The registered provider must ensure that all staff are familiar with the risk assessment contained in the child safeguarding statement.
- The registered provider must ensure that incidents are properly assessed to determine if they meet the threshold for reporting under Children First.

- The registered provider must ensure that all staff are fully alert to issues of safeguarding and child protection and that robust risk assessments and safeguards are put in place as a matter of priority when issues arise.
- The registered provider must ensure that there is prompt recording and notification of all significant events and child protection concerns.
- The registered provider must ensure that the bullying policy is revised to include consideration if it meets the threshold of harm for reporting under Children First.
- The registered provider must ensure that training is provided to those holding the position of designated and deputy designated liaison person.
- The registered provider must ensure that all staff are aware of the Tusla guidance and reporting mechanism in respect of possible child sexual exploitation.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors found that whilst the ethos of the centre was one of relationships, developmental opportunities and providing an environment to thrive, there were deficits in recording to evidence this in practice.

Inspectors found that there were deficits in respect of the provision of care planning documents for two of the young people whose placements in the centre were subject to a derogation to the purpose and function as they were under 13 years of age. There was some evidence of escalation within the social work department however, care plan review meetings did not always take place as required under the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. ON occasions the review meetings took place but no updated care plan or minutes of meetings were provided. Due to the sporadic care plan reviews and lack of co-ordinated planning, inspectors were not confident that the health needs of young people were identified and actioned in a timely manner.

Each young person had an up-to-date placement plan however inspectors found that these were often not fully in line with the needs and goals set out in care plans and this was not highlighted by centre or senior managers. Inspectors found that on occasion health and development needs were identified but not followed up on.

Staff interviewed did not describe some of the key health needs of the young people during interview. It was difficult due to inadequate daily records and no daily handover to determine that there was a focus on general health and wellbeing.

While staff interviewed spoke of developmental work taking place, there was a lack of evidence of individual work with young people about puberty, sexual health, diversity, drug and alcohol misuse and other broad health related topics. This deficit in individual work was highlighted by the service manager and escalated to senior management. They informed inspectors that this and other issues relating to governance and oversight would be addressed when the new manager and quality assurance person took up their posts.

Staff encouraged activities and hobbies as ways to keep the young people active and healthy. Both younger children in the centre were involved in and facilitated to attend gymnastics, horse riding and swimming and summer camps. However, a third young person was often sleeping most of the day and awake at night and a comprehensive plan to address this was not evident on the care file. There was no evidence of specific interventions or work with the young person to address this issue.

One young person was refusing to take several different prescribed medications and while this was their right there was no evidence of work with them to explore the benefits and risks associated with this decision. Also, there was no specific guidance for staff in respect of what to do if one medical condition arose in the absence of taking medication.

Health needs were identified in information provided prior to admission. There was a delay for one young person due to difficulties sourcing a GP service but each young person had received a medical following their admission.

Inspectors found that improvements were required in respect of promoting positive mental health and completing targeted work to address identified needs. Low self-esteem and social anxiety were highlighted as issues for one young person; however inspectors could not find evidence of concrete plans or specific interventions to address these issues and track progress or lack of progress. Inspectors founds that specific actions in a care plan relating to dental health were not followed up resulting in significant delays in attending check-ups.

Inspectors did not find that an appropriate record was maintained in respect of health for young people to include medical and specialist appointments and there was no specific health care section in the care file. More evidence was required to evidence that the team

worked closely with health care professionals to promote young people's health and wellbeing.

The young people and staff team had access to organisational clinical supports. While staff were provided with supplementary training to assist them with responding to the diagnosis of one young person, there was insufficient evidence that recommendations from assessments were fully incorporated into planning processes.

Three clinical meetings took place Between January and July 2022 and one of these noted that the system in place was not entirely fit for purpose and required changes. It was not evident to inspectors how feedback from clinical meetings was communicated to the staff team and how decisions informed placement planning.

Inspectors found that there was significant delay in the provision of a report based on an internal assessment to the supervising social work department and parents of one young person inspectors note that there was a working hypotheses in relation to a possible diagnosis for one young person. However, this was not a formal diagnosis and the condition was not recognised in Ireland. Inspectors found that interventions with the young person were stemming from this hypothesis and it was not clear that this was formulated with the input and agreement of the social work department.

Each young person had access to appropriate specialist supports if required and the social worker for the young person most recently admitted said they were still exploring what supports were required.

Appropriate medication management policies and procedures were in place relating to storage, administration, and disposal of medication. Staff were trained in the safe administration of medicines and medications were stored securely in line with centre policy. Each young person had their own locked medication cabinet that was stored within a locked cupboard in the centre and there was a fourth medication cabinet for general medication.

Records reviewed by inspectors relating to administration of medication were complete however did not show oversight of management and inspectors did not find any audits relating to the administration of medication.

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

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 4.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that all health needs identified through care planning are actioned in a timely manner.
- The registered provider must ensure that placement plans identify all health needs, actions required, persons responsible and timeframes.
- The registered provider must ensure that health related key working and individual work is evident on young peoples care records.
- The registered provider must ensure that there is appropriate guidance to staff where young people refuse medication.
- The registered provider must ensure that an appropriate medical and health record is maintained for each young person to include all medical and specialist appointments.
- The registered provider must ensure that assessment reports are provided in a timely manner.
- The registered provider must ensure that all interventions (particularly those based on a working hypothesis) with young people are determined in consultation and agreement with the supervising social work department and other relevant professionals.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

At the time of inspection, the auditing and oversight systems in place were not adequate to ensure compliance with the requirements of Child Care (Standards in Children's Residential Centres) Regulations, 1996. and the relevant national standards.

Inspectors found also that some actions requiring attention from previous inspections were not attended to and similar findings were identified in this inspection. There were gaps in the child protection and safeguarding policies and gaps in compliance with Children First were not identified in a timely manner. From a review of centre records and inspection interviews inspectors found that there were deficits in staff knowledge and understanding of legislation, regulations, policies and standards and this must be addressed as a matter of priority.

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-cantered, safe and effective care and support.

Based on the findings of standards 1.6, 3.1 and 4.2 outlined in this report inspectors did not find that there were adequate arrangements in place to oversee the management of the centre's care practices and operational policies and procedures to ensure child centred safe and effective care.

The findings of this inspection did not evidence that leadership was demonstrated at all levels and that there was a culture of learning quality and safety. There was a lack of evidence across centre records of sharing learning from review of significant events, audits, complaints, and clinical meetings to improve practice and ensure delivery of objectives in line with the model of care and statement of purpose.

Inspectors found that deficits in placement planning, key working, meetings and capturing the views of young people were highlighted internally, however the required actions to addresses these deficits were not prioritised. Senior management acknowledged deficits in service provision and a difficult period since the last inspection in 2021 however, there was no evidence of a service improvement plan to address these issues in a planned and co-ordinated way at the time of inspection.

Inspectors found that daily log records were entirely inadequate to facilitate good communication and effective planning. Many days were almost blank with minimal entries. Young people's experiences were not appropriately recorded in daily logs and handovers were not taking place to facilitate effective planning. Improvements were required in placement planning to ensure that there was accountability in the delivery of care plans goals.

Inspectors found that the auditing system in place at the time of inspection was not effective and that staff were not held accountable for tasks not completed. For example, a fire drill scheduled to take place in January 2022 was repeated across numerous management meetings and was still outstanding at the time of inspection in August 2022.

As referenced previously the review and monitoring of complaints was not adequate. Good governance should also include capturing complaints not recorded or those not managed in line with policy

Inspectors found that greater management presence was required in the centre for observation of practice, oversight and guidance and direction. Also review of the recording and filing system was required to ensure the system facilitates effective placement planning and identifies progress. At the time of inspection all contacts including texts, phone calls and emails to families and professionals was recorded as individual work which gave a misleading reading as to the level of direct work taking place with young people towards identified goals.

While some deficits highlighted during this inspection were identified at service manager level and were escalated for action inspectors found that there were delays in addressing these in a timely manner. Accountability must be demonstrated more robustly across the service.

Compliance with Regulations	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 5**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard 5.1** **Standard 5.2**

Actions required

- The registered provider must ensure there is a system in place to ensure that all staff have working knowledge and understanding of legislation, regulations, policies, and standards and implement these in practice.
- The registered provider must ensure that leadership is demonstrated at all levels and that when deficits are identified they are actioned in a timely manner.
- The registered provider must ensure that there is a proper record of each young person's time in the centre including comprehensive daily logs, timelines of complaints, placement planning, individual work, and key working.
- The registered provider must ensure that the centre is audited to fully assess compliance with the requirements of national standards and relevant regulations.
- The registered provider must ensure that actions emanating from inspection processes are fully implemented.
- The registered provider must ensure that all staff and management are held accountable to deliver on their specified roles and responsibilities.

3. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider must ensure that young people are made fully aware, in an age-appropriate way, of all their rights including the right to complain and that this is revisited with them from time to time.	EPIC visited the house recently and met the three young people in the house. Keyworkers will develop Individual Work (IW) plans to explain young people's rights for each of the young person. Any new young person. will have their rights explained to them in an age-appropriate manner.	Young people's meetings will take place once a month and the centre manager will be present for each meeting. All complaints will be a standing item on agendas for Team meetings. The centre manager and service manager will ensure Complaints Register will updated. The centre manager will inform relevant social work department and other professionals of all complaints made.
	The registered provider must improve evidence of consultation with young people in respect of planning for their care and daily living.	Young people's meetings will take place once a month and the centre manager will be present. Meeting will take place within in the next 2 weeks. Keyworkers will speak with each young person prior to placement planning meetings to bring their views and opinions to the placement planning meeting. This is to ensure their voice and opinions heard. These placement planning meetings will	The centre manager will attend a dinner in the house once a month where the young people's meeting can take place. This will be clearly recorded along with any decisions made at this meeting. Young people will be consulted by the keyworker about their placement plan about the goals that they would like to focus on. Effective recording of all group and individual discussions with young people will

		take place every six weeks and will be recorded.	be recorded by the team members.
	The registered provider must ensure that the parents are provided with written information at the outset of placements that includes the complaints process.	The centre manager will contact the parents of the young people to discuss inform them of the complaints process. They will then send each parent a summary of the complaints policy and procedure.	The complaints policy will be reviewed and updated by quality improvement co-ordinator to include the procedure to inform parents at referral and admission stage.
	The registered provider must ensure that all concerns raised by parents are managed in line with policy and that they are provided with feedback, an outcome and information about the appeals process.	The centre manager will provide effective and prompt communication about all complaints including feedback, outcome and appeals process to each parent and provide follow up emails. This is effective immediately and will be recorded.	The service manager will provide oversight to the complaints process over the complaints register. The centre manager will inform all relevant professionals that a complaint/concern has been raised by a parent and of the outcome. The centre manager will ensure all parents are informed of what stage a complaint is at.
	The registered provider must ensure that there is effective recording of and notification of all complaints.	The centre manager will record all complaints in the complaints register. Complaints will be a standing item on each weekly team meeting and house with meeting with Young Peoples. Timeframe: immediate effect	The service manager will provide oversight on the complaints register every quarter and to identify any patterns. All relevant professionals will be updated and made aware of all complaints.

	The registered provider must ensure that all complaints are systematically reviewed, and that learning is used to improve practice in the centre. The complaints policy must be reviewed to ensure it is fit for purpose and includes information relating to responsibilities, notification, recording, investigation, appeals, review, and feedback.	Complaints will be standing item in all agendas for team meetings both monthly and weekly. All complaints will be reviewed, and all learning updates will be brought back to the team at scheduled team meetings and handovers Current complaints policy will be reviewed and amended before the 30th of October. Policy will be shared with the team when reviewed and updated and shared with the team at scheduled team meetings/handovers.	Team meeting template will be amended to include complaints as a standing item. Audits of complaints system and processes will be introduced. The complaints policy and amendments will be discussed at the team meeting as soon as amendments are completed. A quality improvement coordinator has been appointed to conduct audits of the organisation. The quality improvement coordinator will update complaints policy to ensure it includes responsibilities, notification, recording, investigation, appeals, review, and feedback. The centre manager will inform team members of updates to complaints policy.
3	The registered provider must ensure that the child protection and safeguarding policies are reviewed to ensure they are fully compliant with Children First, National Guidance for	Current child protection and safeguarding policies will be reviewed and amended to be in line with the National Standards and Children First, National Guidance for Protection and Welfare of Children, 2017	A quality improvement coordinator has been appointed to conduct audits of the organisation. All amendments of this policy will be discussed at team meeting as soon as policy

	the Protection and Welfare of Children, 2017.	by the Quality Improvement Coordinator. To be completed 6- 8 weeks	has been updated. Policies will be reviewed at quality improvement days. Any updates or changes to polices to be shared with the team in a timely manner.
	The registered provider must ensure that all staff are familiar with the risk assessment contained in the child safeguarding statement.	The child safeguarding statement will continue to be placed in the house where staff can always read it. It will be discussed at the next team meeting with particular focus on risk assessments within 2/3 weeks.	The service manager will provide oversight to ensure that safeguarding statement has been discussed at the team meetings. The centre manager will ensure that all risk assessments link to child safeguarding are discussed at team meetings. Any risk assessments linked to child safeguarding will be reviewed and updated as required.
	The registered provider must ensure that incidents are properly assessed to determine if they meet the threshold for reporting under Children First.	Management are researching new child protection training for management team which will be rolled out to the remaining staff. Timeframe 4 weeks.	All incidents will be discussed at team meetings to determine what incidents meet the threshold for reporting. Any child protection welfare referral will be a standing item on the team meeting.
	The registered provider must ensure that all staff are fully alert to issues of	Safeguarding and child protection issues will be a standing item on every team	All risk assessments will be entered into the risk register.

	safeguarding and child protection and that robust risk assessments and safeguards are put in place as a matter of priority when issues arise.	meeting. All risk assessments in place, will be discussed at team meetings to ensure all team members are aware. Significant event review group meetings will take place when patterns of incidents occur. The centre manager will ensure that robust risk assessments are implemented when issues of safeguarding and child protections arises. Timeframe 4 weeks	The service manager will provide oversight of the risk register. All risk assessments linked to safeguarding and child protection will be completed as required and shared with relevant parties. All team members must complete mandatory child protection and safeguarding.
	The registered provider must ensure that there is prompt recording and notification of all significant events and child protection concerns.	The centre manager will provide oversight into the recording times required for significant events and child protection concerns. The centre manager will ensure team will complete significant events records in a timely manner following an incident. The centre manager will ensure team member involved completes the significant event with immediate effect.	The centre manager will update significant events and child protection welfare referral registers following any significant events. The centre manager will inform relevant parties that a significant event has occurred. The service manager will provide oversight every quarter of SEN register.
	The registered provider must ensure	The bullying policy will be reviewed and	The service manager will provide oversight.

	that the bullying policy is revised to include consideration if it meets the threshold of harm for reporting under Children First. The registered provider must ensure that training is provided to those holding the position of designated and deputy designated liaison person. The registered provider must ensure that all staff are aware of the Tusla guidance and reporting mechanism in respect of possible child sexual exploitation.	updated to include if bullying meets the threshold of harm under Children's First. All amendments to these policies will be discussed at scheduled team meetings/handovers The centre manager will receive designated liaison person training on the 7/11/22. All staff will receive Children First training when commencing employment and on an annual basis. The centre manager will ensure that all team have clear understanding of the Tusla guidance and reporting mechanism in respect of possible sexual exploitation. This will be discussed at the next team meeting.	The centre manager will ensure any amendments to this policy is promptly shared with the team. The service manager will ensure that designated liaison person training is maintained and up to date. The service manager to ensure child sexual exploitation training is sourced, scheduled, and maintained.
4	The registered provider must ensure that all health needs identified through care planning are actioned in a timely manner.	The centre manager will ensure health needs are addressed in an appropriate timely manner. A placement plan meeting will take place every 6 weeks to ensure plans and goals are being met in relation to health. Team	The centre manager will review daily logs on a regular basis and provide oversight. Centre manager to follow up on any outstanding health appointments.

		members are to inform centre manager of all health needs of young people. Team members to fill health sections of daily logs correctly. The centre manager will ensure all appointments are attended. Centre manager will review daily logs and medication records to ensure correct administration process is being adhered to. The health of each young person will be a standing item at each weekly handover. Timeframe: Immediate effect	
	The registered provider must ensure that placement plans identify all health needs, actions required, persons responsible and timeframes.	Placement planning meetings between centre managers and key worker will take place to ensure all health needs are addressed and allocated a person responsible. All health goals will be discussed, and an action plan will be put in place.	All relevant professionals such as social workers and guardian's ad litem will be informed of placement planning goals. The centre manager will follow up with persons responsible to ensure that health goals are met.
	The registered provider must ensure that health related key working, and individual work is evident on young people's care records.	The keyworker and centre manager will name persons responsible and timeframes for completion at placement planning meetings.	Centre manager to ensure persons responsible complete actions required.

		Timeframe: effective from next scheduled placement planning meeting.	
	The registered provider must ensure that there is appropriate guidance to staff where young people refuse medication.	The centre manager will discuss recording of key working and individual work at placement planning meetings and over the next number of scheduled team meetings and handovers. Medication management training is provided to all staff. The medication policy will be reviewed at next quality improvement day and updated as required. The centre manager will discuss medication policy at the next team meeting.	The centre manager will review all care records regularly to ensure that records are up to date and key working and individual work is recorded and on file. The centre manager will ensure individual work and key working is linked to the health goals in the placement plan.
	The registered provider must ensure that an appropriate medical and health record is maintained for each young person to include all medical and specialist appointments.	Team members to ensure that they fill out medication logs and that they are double signed. Team will ensure that all incidents of young people taking medication or refusing to take medication are recorded on the medication log. Timeframe: 3 to 4 weeks. The centre manager will ensure that	The service manager will ensure all medication management training is maintained and up to date. The centre manager will review medication logs in conjuncture with daily logs on a regular basis. The health and safety officer will review all medication logs as part of the health and safety audit every two months.

		appointments are attended, and follow-up appointments are scheduled if required. Timeframe: Immediate effect	All social workers and relevant parties will be informed and updated of all appointments. The centre manager will ensure that records are completed for all appointments and kept on file. Centre to ensure any necessary actions arising from appointments are followed through by the team and are clearly recorded.
	The registered provider must ensure that assessment reports are provided in a timely manner.	All internal reports to be completed within an agreed specified timeframe. Timeframe: Immediate effect The centre manager will conduct placement planning meetings every quarter with keyworkers to ensure reports are received on time. All specialist reports are retained and kept in each Young Person's file.	The centre manager will effectively communicate with clinical psychologist to ensure that all internal assessments are completed within an agreed specified timeframe. The centre manager to follow up on any assessment reports not received.
	The registered provider must ensure that all interventions (particularly those based on a working hypothesis) with young people are determined in consultation and agreement with the supervising social work department and	All interventions (including those based on a hypothesis) will be based in consultation with the social work department and other professionals Communication with the social work department, and all other professionals	The centre manager will ensure all interventions are discussed at statutory child in care reviews meetings and professional meetings. Any changes to interventions (including those based on a hypothesis) will be discussed with the social worker and all

	other relevant professionals.	will be filed and recorded. Timeframe: Immediate effect	relevant persons.
5	The registered provider must ensure there is a system in place to ensure that all staff have working knowledge and understanding of legislation, regulations, policies, and standards and implement these in practice.	Staff will receive Children First training when the first begin their employment. This will be refreshed annually Policies will be a standing item in all weekly team meetings. Each week, centre manager will discuss a certain policy with the team and ensure there is a level of understanding.	Management will review policies at quality improvement meetings every six to eight weeks. The centre manager will ensure all changes are discussed at the team meeting. The service manager will ensure all mandatory training linked to legislation, regulations, policies, and standard is maintained and updated.
	The registered provider must ensure that leadership is demonstrated at all levels and that when deficits are identified they are actioned in a timely manner.	The centre manager will be onsite every day and at different stages of the day to ensure and will be aware of any deficits. They will ensure that there is clear communication to the service manager. The centre manager will complete monthly audits which highlight all areas of the centre which the manager oversees.	The service manager will ensure there is clear communication to director of services. Senior management and management meetings will take place to discuss any identified deficits. The service manager will provide oversight. They will visit the house once a week to ensure all deficits in the house are addressed.
	The registered provider must ensure that there is a proper record of each young person's time in the centre	An effective record will be maintained for every young person. The centre manager will monitor daily logs on a weekly basis.	The service manager will provide oversight of young people's care records.

	including comprehensive daily logs, timelines of complaints, placement planning, individual work, and key working.	Placement planning meetings occur between the centre manager and keyworkers to ensure all plans are up to date. Commencing immediately.	
	The registered provider must ensure that the centre is audited to fully assess compliance with the requirements of national standards and relevant regulations.	A quality improvement coordinator has been appointed and will conduct audits every 3 months to ensure that national standards and regulations are being met.	The quality improvement coordinator will conduct audits on each YP care records every 3 months. The service manager will provide oversight on each audit and ensure any deficits are addressed in a timely manner.
	The registered provider must ensure that actions emanating from inspection processes are fully implemented.	The centre manager will ensure all actions are fully acted upon in an appropriate timeframe. Commencing immediately.	The centre manager will complete monthly audits. The service manager will provide oversight and support the centre manager in implementing action plans correctly.
	The registered provider must ensure that all staff and management are held accountable to deliver on their specified roles and responsibilities.	Staff members roles and responsibilities will be clearly outlined during their induction. The centre manager will discuss with each staff member their roles and responsibilities. With immediate effect they will ensure that team members are	The service manager/centre manager will complete an induction with every new staff member. The centre manager will discuss the roles and responsibilities of all team members in their professional supervision.

		clear on their tasks and carry them out as outlined in their job description. Professional development is a standing item on all supervision agendas which takes place every six weeks.	