



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Galtee Clinic
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	16th, 17th & 18th January 2023
Registration Status:	Registered from the 19th October 2021 to the 19th October 2024
Inspection Team:	Sinead Tierney Joanne Cogley
Date Report Issued:	24th April 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.2 only)	
3.3 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
4. Corrective and Preventative Actions	15

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 two of the cycle.

The centre was registered to provide multi-occupancy 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 service. There were three young people living in the centre at the time of this inspection. Two of the young people were placed outside of the centre's purpose and function and a derogation had been approved from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2

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 16th of February 2023. 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 centre manager returned the report with a CAPA on the 8th of March and a subsequent CAPA on 21st March 2023. The CAPA was reviewed and all non-compliance with regulatory matters identified in the report have now been addressed to the satisfaction of the Alternative Care Inspection and Monitoring Service and the relevant regulations now deemed to be met.

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: 009 without attached conditions from the 19th of October 2021 to the 19th of October 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspectors found that the layout and design of the centre was suitable for providing effective care. The house was warm, well-lit, ventilated and was maintained to a good standard with the sitting room recently fully re-decorated. Each of the young people had their own bedroom which they could decorate themselves and had adequate space for safe storage of their belongings. On inspection of the bedrooms of the youngest children, inspectors found that the rooms were cluttered and some areas dirty. The children required additional support from the adults to ensure the spaces were appropriately cleaned.

The children were provided with opportunities to decorate the house and there were photographs of them on display. There was ample space available to rest and play, with two sitting rooms and age-appropriate games and toys both inside and outside in the large garden. Inspectors joined the young people and adults for dinner and observed positive interactions and an environment that was homely. The young people in their questionnaires and conversations with inspectors said they liked the house and their bedrooms.

In adhering to fire safety legislation, contracts were in place with an external fire company for the maintenance of fire equipment and emergency lighting. Certificates were on file that they had been checked regularly and there was evidence of frequent fire drills during daylight; however, a fire drill had not taken place during the hours of darkness. Daily, weekly, and monthly checks of safety equipment were carried out by the team and overseen by the organisation's health and safety officer. A health and safety auditing and monitoring system was in place that consisted of weekly audits by a member of the team, bi-monthly audits by the health and safety officer and quarterly health and safety

meetings. On review of these, inspectors found that the weekly audit findings were not consistent with health and safety matters recorded on handovers records and had no action plans emanating from them. The maintenance register did not correspond to the above audits and was not up to date at the time of inspection.

A centre specific safety statement and risk assessment dated August 2022 was in place. Whilst the statement noted that the need for an occupational first aider now known as a first aid responder would be assessed within the risk assessment this had not been completed. The majority of the team had completed their mandatory training with dates scheduled for those who had not. Findings from interviews and centre records were that the centre manager and the team would also benefit from training that focused on health and safety responsibilities and procedures.

On review of one young person's care record, inspectors found that a minor accident had not been recorded and no procedure for reporting of accidents was outlined in the policies. Although smoking was referred to within the policies, the use of electronic cigarettes as not named. Given that one young person who spoke to inspectors referenced the use of electronic cigarettes by team members, the policy must be updated to reflect the centre's expectations on this. The centre's vehicles were serviced, insured, certified as roadworthy and driven by people who were legally licensed to drive.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
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 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that an appropriate bedroom cleaning schedule is in place that involves the adults.
- The centre manager must ensure that a fire drill under the cover of darkness is completed.
- The centre manager and the health and safety officer must ensure that the auditing and monitoring system is fit for purpose with accurate recording and action plans in place.
- The service manager must ensure that the centre health and safety policies outline procedures in relation to accident reporting and the use of electronic cigarettes.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

In supporting their identified needs, two young people had up to date care plans on file. However, for one young person where a derogation was in place, their plan had not been updated by the social work department since July 2022. There was evidence that plans had recently been requested by the centre manager however the inspectors found that an escalation procedure was required that involves the role of the service manager.

Young people in their discussions with inspectors stated how they felt well cared for and safe within the house. They identified key people within the team that they trusted and felt supported them. This was reflected in the conversations with the young people's parents, who felt the team were nurturing and supportive of the individual needs of their children. Two social workers interviewed felt that the team were responsive, and that where required, appropriate safeguards and plans were in place to promote positive behaviour. One social worker felt that the routine and day to day planning in place could be strengthened in supporting a young person who was socially isolated and not in education.

Placement plans outlined goals and the required supports with discussions on planning evident from team meeting records and clinical management meetings. The quality of individual work and key working recorded was mixed.

For one young person there was examples of one-to-one conversations regarding their needs and behaviours however for other young people the evidence of such conversations or focused key working was not on file. Inspectors found that the recording system was contributing to this as individual work records were used to capture all engagement and contact including visits with family and contact/ phone calls between the adults and other professionals. This was raised during the previous inspection however the recording and filing system required further improvements to facilitate effective planning and identify progress.

Since the previous inspection in August 2022, inspectors found that the quality of recording within young people's care records had somewhat improved. However, improvements were still required to ensure that records in particular daily logs provided an accurate picture of the young people's lives and the contribution of adults.

A review of significant events found that in general the team responded in line with the interventions outlined in planning documents. One social worker reflected how the young person was much more regulated and this was in part as a result of positive role modeling and supports from the team. Internet safety and dynamics between two young children formed the majority of recent significant events and inspectors found that the children may benefit from more creative age-appropriate supports to help them understand the dangers of the internet and the importance of treating each other with respect and kindness. Inspectors found that in one significant event, the lack of a response by the adults exposed a young person to potential harm and risk. Although the centre manager in conjunction with some team members reviewed SEN's for learning purposes, these reviews were not attended by the service manager and opportunities for learning and accountability were missed. On review of a recent individual work between an adult and young person, inspectors found this was a disclosure of abuse and should have been submitted as a child protection and welfare referral notification. In discussion with the social worker, they had been notified about the disclosure from the child's parent and not the centre. Inspectors directed the centre manager to submit a CPWRF.

One restrictive practice was in place because of safety concerns for a young person at night-time. The young person spoke with inspectors about this and understood the reasons for it. The practice was kept under regular review in conjunction with the social worker.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The service manager must develop an escalation procedure in relation to statutory care plans.
- The service manager must ensure that the recording and filing system is amended to facilitate effective recording of young people's progress and interactions.
- The centre manager must ensure that placement planning has a focus on internet safety.
- The registered provider must ensure that significant events are effectively reviewed for learning purposes.
- The registered provider must ensure that regular auditing and monitoring of the centre's approach to managing behaviour that challenges take place.

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

Theme 5: Leadership, Governance and Management

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-centred, safe and effective care and support.

The inspection in August 2022 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. Since August, it was evident that the management team had made progress in a number of areas. This included the introduction of a new house leader role, quality improvement co-ordinator,

quality improvement meetings and a shared learning day. These changes were led by the registered provider, service manager and new centre manager who was appointed in August 2022.

Inspectors found the new centre manager to be appropriately qualified and they demonstrated a positive approach to child-centred care and continuous improvements within the centre. All young people and those who took part in interviews spoke positively of the contributions the centre manager had made. Notwithstanding the above, inspectors found that given this was their first role in management, they required guidance, direction and support with understanding and completing some of their functions.

There was a service level agreement in place with the Child and Family Agency and meetings took place as required.

Although improvements had been made in many areas, inspectors found that the oversight of the service manager both in terms of care practices and the accountability of the centre manager were not robust enough to demonstrate effective governance. In interview they stated they reviewed a sample of individual works in relation to the young people but had not reviewed daily logs to measure if improvements were taking place. Rather they relied on feedback from the centre manager. The centre manager was required to report on relevant activity within the centre on a monthly basis. However, inspectors found that the manager submitted reports for September – December 2022 in January 2023. Clinical management meetings were held monthly with the centre manager, service manager and registered provider however these meetings did not identify the lack of reports or supports required to fulfil this function. The centre manager had begun supervision with a person external to the company and as there was no feedback loop in place between the supervisor and service manager it was found that the service manager had not established effective oversight systems.

Although a new quality improvement role was introduced in September 2022, this role had focused on rostering requirements in the company. As such there had been no progress made on developing and implementing an auditing framework. A number of key policies had been updated in line with the actions from the last inspection and shared with the team. There was a delegation of duties form in place to record managerial duties delegated in the absence of the manager. An on-call system was in place to support staff members in the centre in managing risks or incidents outside of office hours.

A review of the risk management framework found that the centre manager and team had a good understanding of risk identification and assessment; however, records did not evidence any monitoring activity and there was no way to distinguish what risks were active or closed.

Although inspectors recognise the improvements have been made including the introduction of the house leader and quality improvement roles, the oversight and governance must be demonstrated more robustly.

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	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The service manager must ensure the structures to aid support, development and accountability with the centre manager are robust.
- The registered provider must ensure that an effective auditing framework is developed and implemented without further delay, that allows for an assessment of the centre's compliance with The National Standards for Children's Residential Centres, 2018 (HIQA).
- The registered provider must ensure that all stages of the risk management framework are understood and completed.

3. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that an appropriate bedroom cleaning schedule is in place that involves the adults.	Each young person has an individual cleaning plan appropriate to their age and needs. Cleaning schedule was discussed individually, at the young person's meeting, and with the team. Effective from 26/2/23.	When the cleaning has been completed, the adult who has assisted the young person will record in the shared living space of daily logs. House leader and centre manager will review the logs on a daily basis. The Service Manager will then provide oversight to the logs:-
	The centre manager must ensure that a fire drill under the cover of darkness is completed.	A fire drill under the cover of darkness was completed on the 17/1/23 @ 8pm.	The next fire drill to be completed under the cover of darkness will be at the end of March and again in October. The H & S policy will be updated by the Quality Improvement Co-Ordinator to reflect this as will the H & S audit. New policy to be emailed to the team and discussed at team meeting.
	The centre manager and the health and safety officer must ensure that the auditing and monitoring system is fit for purpose with accurate recording and action plans in place.	The house leader completes the H&S Audit once a week and sends to centre manager for review and oversight. Centre manager completes action plan and returns to the house leader. H&S is a standing item on all	New system in place since the house leader role commenced on the 23/1/23. Audits are also sent to the H&S officer every week to provide review and oversight. The weekly audits are reviewed as a collective

	<p>The service manager must ensure that the centre health and safety policies outline procedures in relation to accident reporting and the use of electronic cigarettes.</p>	<p>handover and team meetings.</p> <p>These policies will be updated by the QIC to include the accident reporting process and the use of electronic cigarettes by the 27/03/23. Accident Reporting form will be shared and discussed with the team. 28/3/23.</p>	<p>in the overall H & S audit that the H & S Officer undertakes every two months. All H & S corrective actions are also captured in the maintenance and repairs log.</p> <p>Once updated, they will be shared and discussed with the team. Service manager to be cc'd on all emails from the centre manager relating to communications around policy review.</p>
3	<p>The service manager must develop an escalation procedure in relation to statutory care plans.</p> <p>The service manager must ensure that the recording and filing system is amended to facilitate effective recording of young people's progress and interactions.</p>	<p>The Service Manager and the QIC will discuss the escalation process and develop a policy around same. This will be completed by 27/03/23.</p> <p>There have now been four forms developed to capture the work with the children. These forms will be explained to the team by 10/03/23 and will be used thereafter.</p>	<p>Once this policy is updated, it will be shared and discussed with the team. The centre manager and service manager will ensure the escalation policy is implemented correctly and effectively when necessary.</p> <p>A report writing course has been sourced for two team members and attended on 3rd March with the aim of all team members attending. The placement planning meeting will consider the individual work required and in addition a schedule of planned work</p>

	<p>The centre manager must ensure that placement planning has a focus on internet safety.</p> <p>The registered provider must ensure that significant events are effectively reviewed for learning purposes.</p>	<p>Each PAT will focus on internet safety with each young person, as appropriate to their age and IW will be completed to ensure same and will be recorded. This will be completed with each child in the next 6 weeks (completed by 14/04/23).</p> <p>SERG's will be held every time that an SEN indicates a specific pattern or if there is a SEN of specific concern.</p> <p>It is planned where possible that the following people will attend the SERG - manager, PAT, Pedagogue, and the individual involved in the incident. The service manager and/or clinical director will attend the SERG. If a SERG needs to</p>	<p>that the Primary Activity Therapist (PAT) is expected to undertake with the child will be developed. This schedule will be developed by the Service Manager, QIC and Centre Managers by the 3rd of April. This process will also form part of the review at Placement Planning.</p> <p>Placement Plans for March/ April will feature internet safety as an area for attention and will be a rolling item on the placement plan going forward.</p> <p>Centre manager will email the completed SERG to the service Manager and clinical director to ensure the appropriate learning is documented. The centre manager disseminates summary of the SERG to the team. SEN policy is to be updated to include the process by 27/03/23. It will then be shared with the team. The positive support plan will be updated to include any learning</p>
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	<p>The registered provider must ensure that regular auditing and monitoring of the centre's approach to managing behaviour that challenges take place.</p>	<p>take place and the service manager and/or clinical director are on leave, a manager from one of the other houses and/or the QIC will be in attendance in lieu to provide input and objective oversight on the process.</p> <p>All SENs are sent to the service manager who will provide written feedback to the manager. The manager submits their monthly self-report to the service manager during the first week of every month. Initial written summary report is sent back to the Manager and a meeting is held where the summary report is discussed and a CAPA if required is agreed on. Any SENs for the month are reported so behaviour that challenges is monitored regularly, both when it occurs and every month as standard. Behaviour that challenges and positive support approaches are now part of the rolling agenda for the clinical management meetings.</p>	<p>that come from SERG's.</p> <p>An auditing framework and schedule for the rest of the year has been developed. Behaviour that challenges and Positive Support are being audited on 3rd July. Behaviour that challenges and positive support approaches are now part of the rolling agenda for the clinical management meetings.</p>
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5	<p>The service manager must ensure the structures to aid support, development and accountability with the centre manager are robust.</p> <p>The registered provider must ensure that an effective auditing framework is developed and implemented without further delay, that allows for an assessment of the centre's compliance with The National Standards for Children's Residential Centres, 2018 (HIQA).</p>	<p>Health and safety training has been sourced and booked for the centre manager (21st April). The service manager will provide oversight and feedback to centre manager each month after receiving monthly self-report. Starting from the 3rd of April, a more robust system of auditing the monthly self-reports will come into effect and will take place. The Service Manager will communicate this process to the clinical director and the QIC to ensure another layer of oversight is sought.</p> <p>As of the 13th of February, the QIC is no longer involved in the rostering process which will allow focus on auditing, policy review and development and quality improvement.</p>	<p>A new template and process has been developed and rolled out for the CMM to aid support, development and accountability. Rolling agenda items have been added to the template to ensure regular discussion and review of key areas. The centre manager attends a suitably qualified and experienced external supervisor. A feedback loop has been agreed between the supervisor and service manager on a bi-annual basis. In addition, the supervisor has agreed to hand over to the service manager if any particular area of concern should arise. The centre manager is aware of this process. The supervisor will also ensure there is an agenda, contract and minutes on file.</p> <p>An auditing framework and agreed schedule for audits from February '23 – January '24 has been sent to the inspectorate.</p>
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	<p>The registered provider must ensure that all stages of the risk management framework are understood and completed.</p>	<p>The risk registers are discussed at CMMs as a rolling item to support understanding and full completion. Feedback provided to the centre manager from the service manager on all risk assessments and monitoring of same as part of the monthly auditing system. Risk management policy will be reviewed and updated if required by the QIC and the Service Manager by April 10th. Any changes will be communicated to the team</p>	<p>Audit on Risk Assessment and Management across the service schedule October 23 will assess the corrective actions in place.</p>
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