



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 047

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Galtee Clinic Limited
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	22nd, 23rd & 24th February 2022
Registration Status:	Registered from the 18th May 2021 to the 18th May 2024
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	31st March 2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 18th May 2012. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 18th May 2021 to the 18th May 2024.

The centre was registered as a multi-occupancy service. It aimed to provide care to four young people of both genders from age thirteen to seventeen years on admission. Young people residing in the centre availed of a home style living environment with a small, dedicated, and flexible staff team made up of two-house pedagogues who reside in the centre for one week periods at a time. Their work was supported by activity therapists who work alongside the house pedagogues on a daily basis in caring for the young people, overseen by the centre manager assigned to the centre and the service manager who has responsibility for the service as a whole.

The centre's therapeutic programme relied on a three pronged approach of social pedagogy, attachment theory and therapeutic activities. The model utilised in the centre aimed to offer attachment relationships to the children in their care. The primary attachment figure for the young people was known as the primary activity therapist. There were four children living in the centre at the time of the inspection. One child was 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
4: Health, Wellbeing and Development	4.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult

with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 7th March 2022 and to the relevant social work departments on the 7th March 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 22nd March 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

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: 047 without attached conditions from the 18th May 2021 to the 18th May 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 centre was a detached two storey house located in a rural area. Each young person had their own bedroom and access to bathrooms, the number of which were sufficient and allowed for privacy of staff and young people. Inspectors reviewed all young people's bedrooms and these were nicely decorated and had adequate storage facilities. Inspectors noted one young person's bedroom had a broken light fitting and required a new carpet. Young people confirmed to inspectors they had actively participated in decorating their bedrooms. There were a number of photos and artwork completed by the young people on display throughout the house. There were large communal areas including a kitchen, sitting room and landing area. The outside area of the house consisted of swings, boxing bags and football goals and was well maintained. The centre was adequately lit, heated and ventilated during the course of inspection. In addition to the centre, the young people had access to the premises in which the organisations head office was located. This consisted of a games room, trampoline area, farm animals and ample outdoor recreational areas in which the young people could play. While the overall presentation of the house was well maintained, the exterior required painting and the carpet on the upstairs landing and young person's bedroom needed either cleaning or replacing.

Inspectors spoke with guardian ad litem for three of the young people. They noted that when they visited the house it was well presented, homely and there were always meals being cooked. Inspectors spoke with the social workers for two young people and both noted that the centre was homely with photos on display and that their allocated young people felt very much like the house was their home.

There was an electronic organisational maintenance register in place that was overseen by the organisations assigned health and safety officer. There was no evidence of this being overseen by the centre manager or service manager. Also, there was no evidence that the issues identified during the course of inspection (carpets and damaged light fittings) were recorded and actioned. The centre manager and acting service manager must ensure they maintain oversight of the maintenance register and that it is kept up to date.

Inspectors reviewed health and safety audits and found that while audits were comprehensive, they were not aligned to policy in terms of the frequency in which they were conducted. There was a decision made at a health and safety meeting in October 2021 to move audits to every two months however this was in contradiction to policy which stated audits must be completed monthly. The acting service manager must ensure that the health and safety policy is updated to reflect auditing practices. Inspectors saw evidence of accidents being recorded and reported and reasonable measures being taken to reduce risk of injury. There were a number of environmental risk assessments in place however when interviewed, staff members could not demonstrate knowledge or understanding of any risk assessments in place. The centre manager must ensure staff members are aware of the purpose of environmental risk assessments and have an understanding of current risk assessments and control measures in place.

Inspectors reviewed the centre fire safety records and professionally certified servicing records and found all but one area were up to date. There were gaps noted in the weekly fire check lists being completed by staff members where there were 8 weeks out of 19 weeks that had not been completed. The centre manager must ensure all fire safety records are completed and kept up to date as required. Training records for all contracted staff members were reviewed and it was noted that all staff were fully trained in first aid, fire safety, manual handling and a recognised behaviour management model. Two staff members were trained in fire warden training. There was a clear identifiable fire assembly point and fire drills were held regularly with young people engaging in the process.

All vehicles were roadworthy, serviced, insured, taxed and driven by staff members who were legally licensed to drive.

Compliance with regulations	
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	None identified
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure maintenance issues identified through the course of inspection are actioned.
- The centre manager and acting service manager must ensure they maintain oversight of the maintenance register and that it is kept up to date.
- The acting service manager must ensure that the health and safety policy is updated to reflect auditing practices.
- The centre manager must ensure staff members are aware of the purpose of environmental risk assessments and have an understanding of current risk assessments and control measures in place.
- The centre manager must ensure all fire safety records are completed and kept up to date as required.

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.

Inspectors found that the centre had a positive approach to behaviour management that was supported by a number of organisational policies such as the centre's purpose and function, positive support policy, physical intervention policy, significant events notification policy, the use of An Garda Síochána policy, emotional and specialist support policy and an anti-bullying policy. Staff demonstrated

knowledge and skills appropriate to their roles through interview and this was supported through policy which set out individual roles and responsibilities. Inspectors saw evidence of positive support plans on each young person's care file that set out broad expectations in relation to their placements. There was evidence these expectations had been discussed with young people through individual work sessions. There was also evidence of individual work occurring in relation to being aware of the signs of bullying, reflective work on behaviours and work completed in relation to identifying feelings that lead to certain behaviours. Social workers interviewed noted that they were informed of significant event notifications (SENs) in a prompt manner and were also notified of positive SENs in this child's life. The centre implemented consequences where required however these were noted to be a natural response to behaviours displayed. A number of discussions had occurred both within auditing and team meetings in relation to consequences to ensure these were used as restorative and not punitive means. Inspectors reviewed the centres sanctions register and care files for all young people and saw evidence of seven consequences utilised since June 2021, all were a natural consequence to the behaviour displayed at the time.

All staff members had been trained in a recognised model of behaviour management up to but not including the level of physical intervention. From a review of training records, these had been certified for a period of two years which was incongruent to the organisations policy on physical intervention which stated refreshers were to occur every twelve months. Inspectors reviewed safe plans for three of the four young people in placement. Staff and management interviewed were clear that the centre adopted a policy of non-physical interventions however it was not clear on safe plans what action was to be taken should a situation escalate to the level of significant behaviour that puts staff or young people at risk. Inspectors reviewed the centres policies and procedures in relation to physical intervention and found that while a non-physical intervention approach was preferred it stipulated that physical intervention could be utilised as a last resort where it was necessary to maintain the safety of people. Staff members did not identify this area of policy in interview nor were staff members trained to carry out physical interventions in a safe manner. The centre manager and acting service manager must ensure that safe plans are updated to include actions to take where a situation escalates to unsafe measures. The acting service manager must ensure practise and policy are congruent in relation to physical intervention refreshers and the use of physical intervention. In the case of the fourth young persons safe plan, they had recently moved into the centre and were undergoing a settling in period. Inspectors were informed their safe plan would be drafted at their statutory review the week following inspection. There were no

individual absence management plans (IAMP) on file for young people. At the time of inspection there were no behaviours related to missing in care episodes however two young people did have free time and access unsupervised away from the centre. In line with the *children missing from care: a joint protocol between An Garda Síochána and the HSE* the centre manager must ensure there are IAMPs on file for each young person and reviewed in line with the protocol.

Inspectors reviewed training records and found that outside of the mandatory training requirements, there were very little additional training provided to the staff team. It was noted in team meeting minutes in July 2021 that the team felt they would benefit from bereavement training and nutrition training. There was no evidence in subsequent meetings of follow up and staff interviewed confirmed that training had not been sourced to date. The centre had access to their own clinical psychologist who met with both the staff team and the young people as required. Inspectors reviewed a sample of notes and found these to be a synopsis of where the young people were at as opposed to providing guidance or direction to the team in terms of approaches to utilise. The clinical psychologist must ensure records kept evidence the guidance and direction being provided to the staff team when working with the young people. These notes also should be kept in the young person's care file to minimise the risk of data breaches and not included in a generic folder with notes for young people placed in other houses within the organisation.

There was evidence of an audit completed in March 2021 in relation to the centre's approach to managing behaviour that challenges that had been completed by the previous service manager. This was a comprehensive review of significant events, individual work, meeting minutes and provided clear feedback to the centre manager and acting service manager on areas of good practice and identified areas for improvement. There was evidence these areas for improvement had been actioned by the centre manager. While this was a comprehensive piece of work, this had not been completed since March 2021 and the current acting service manager must ensure that there is a system implemented for regular auditing. There was evidence that where required significant event review groups (SERG) meetings were occurring. These were attended by the acting service manager and centre manager. Staff members were invited to attend and where they chose not to, feedback was provided through team meeting forums.

Children in the centre were not subjected to any restrictive practise at the time of inspection. Staff members interviewed were aware of the purpose of restrictive

practise, could identify such practises and were aware of the need for regular review of same.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager and acting service manager must ensure that safe plans are updated to include actions to take where a situation escalates to unsafe measures.
- The acting service manager must ensure practise and policy are congruent in relation to physical intervention refreshers and the use of physical intervention
- The centre manager must ensure there are IAMPs on file for each young person and reviewed in line with the protocol.
- The acting service manager must ensure that there is a system implemented for regular auditing.
- The clinical psychologist must ensure records kept evidence the guidance and direction being provided to the staff team when working with the young people.

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

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

At the time of inspection three out of four young people had an allocated school placement. Two of the three young people were attending school on a regular basis with a third beginning a new school placement on the day of inspection. In the instance of the young person who moved schools when moving placement, the transfer occurred carefully and methodically and there was evidence that the centre also engaged with the local educational welfare officer. Inspectors met with this young person who spoke very highly of their school and the supports in place by the staff team in supporting their education. Young people were engaged to actively work with the centre and their social workers to secure new educational placements where necessary with their views and wishes being taken into account. Social workers for young people commended the centre on the work being done to maintain the engagement of residents in education. The guardian ad litem for one young person noted that despite struggles the young person was experiencing with their academic work, the centre was doing all it could to support them.

The fourth young person, while they did not have a formal education placement, they were engaged in a number of settings in which they attended daily to develop their talents and interests in music. They were actively supported in this at the centre also with staff engaging in music videos, song writing etc. This was also factored into the young persons care plan and the social worker noted in the care plan and in interview that this was meeting this young person's educational needs given their current age. Inspectors spoke with this young person's guardian ad litem who highlighted that the centre were focusing on the young persons strengths and listening to their wishes in relation to education and they were very satisfied that the centre were thinking outside of the box where mainstream education was not a fit for this young person.

Inspectors reviewed young people's care files and found a range of exam results, school reports, certificates of achievement and awards on file. There was evidence of these being celebrated with the young people. Young people had access to an area to complete homework and this was built into their daily routine and weekly planner.

The centre's primary activity therapists acted as the significant person for the purpose of liaising with teachers, attending parent-teacher meetings and advocating on behalf of the young people. There was evidence of regular communication between schools and the centre via email and through phone records that were kept on each young person's care file.

Whilst young people were not approaching school leaving age, they were being encouraged to think about their preferences and discuss their interests with staff

members and were being encouraged and supported to explore these interests further.

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

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- No action required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure maintenance issues identified through the course of inspection are actioned.	To be discussed at Management Meeting on the 28 th March 2022 and timescales for each to be completed to be discussed.	Maintenance and Repairs are discussed at Management meetings monthly and at Monthly Team Meetings. Team complete weekly Health and Safety Audit which includes all maintenance and repair issues. Centre Manager provides oversight on same.
	The centre manager and service manager must ensure they maintain oversight of the maintenance register and that it is kept up to date.	Maintenance Register is logged on electronic system and will be emailed to Centre Manager and Service Manager monthly who will provide oversight on the register.	The Maintenance Register will be updated as required and reviewed following each Management Meeting, Health and Safety Audit and Health and Safety Meeting.
	The service manager must ensure that the health and safety policy is updated to reflect auditing practices.	Health and Safety Policy was updated on the 14 th March to reflect auditing practices.	Health and Safety Policy will be updated in line with any changes to Health and Safety practices by Service Manager. Updated Health and Safety Policy will be shared with the team.

	<p>The centre manager must ensure staff members are aware of the purpose of environmental risk assessments and have an understanding of current risk assessments and control measures in place.</p> <p>The centre manager must ensure all fire safety records are completed and kept up to date as required.</p>	<p>What constitutes an Environmental Risk assessment and the current environmental risk assessments in place will be discussed at the Team Meeting in April and will be emailed to the team for them to review.</p> <p>Fire Records will be Reviewed weekly by Centre Manager when they are in the house and any gaps will be addressed immediately with the team.</p>	<p>Environmental Risk Assessments will be emailed to the team if and when they arise. Environmental Risk assessments will be discussed at Team Meetings monthly.</p> <p>Fire Safety Records are Reviewed as part of the Health and Safety Audit every 2 months by the Health and Safety Officer and a report will be shared with the Service Manager for Review and Oversight.</p>
3	<p>The centre manager and acting service manager must ensure that safe plans are updated to include actions to take where a situation escalates to unsafe measures.</p> <p>The acting service manager must</p>	<p>Centre Manager will review and update each Young Person's Safe Plan by the 31st of March to include actions to be taken where a situation escalates to unsafe measures. These Safe Plans will then be shared with the Social Worker for each Young Person and the team.</p> <p>Physical Intervention Policy has been</p>	<p>Actions to be taken will be included on all safe plans moving forward.</p> <p>Policies and Procedures will be reviewed</p>

	<p>ensure practise and policy are congruent in relation to physical intervention refreshers and the use of physical intervention</p> <p>The centre manager must ensure there are IAMPs on file for each young person and reviewed in line with the protocol.</p> <p>The acting service manager must ensure that there is a system implemented for regular auditing.</p> <p>The clinical psychologist must ensure records kept evidence the guidance and</p>	<p>updated to reflect practice and has been shared with the team. Policy was updated on the 3rd March 2022.</p> <p>Centre Manager will update IAMP's for each Young Person by the 31st of March 2022 and IAMP's will then be emailed to Social Worker's for each Young Person for Review. IAMP will be circulated to the team thereafter.</p> <p>An Initial Audit Schedule for 2022 has been drawn up and Themed Audits will be completed every quarter in addition to internal monthly audits. The First themed Audit will be completed in March 2022.</p> <p>Clinical Psychologist will be more thorough in documenting the guidance</p>	<p>annually, in line with any practice changes and as required. Updated Policies will be emailed to the Team. Updates to Policies and Procedures will be discussed at Management Meetings and Senior Management Meetings.</p> <p>A new IAMP template has been drawn up and will be reviewed monthly for each Young Person in line with the protocol. IAMP's will be added to the monthly audit completed by Centre Managers to ensure they are updated as required.</p> <p>A review of the current Auditing Process will take place the week of the 18th April 2022 by the Senior Management Team and a more robust Auditing Process will be drawn up to ensure all necessary audits are being completed.</p> <p>Clinical Psychologist provides Clinical Supervision to the team every 6 weeks</p>
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	direction being provided to the staff team when working with the young people.	being provided to the team, both at management level and Team level. Clinical Psychologist will attend Team Meetings more regularly where this guidance and direction will be recorded also.	which focuses on the behaviours and needs of each Young Person and how to support them appropriately. This has been initiated since January 2022 and Clinical Psychologist will document these meeting and direction provided.
4	No action required.		