



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 009

Year: 2016/2017

Lead inspector: Lorraine O' Brien

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2016/2017
Name of Organisation:	Galtee Clinic
Registered Capacity:	Four Young People
Dates of Inspection:	Inspection visit 16th of August 2016 Six month follow up with the Centre Manager and the Director of Services on the 15th and 16th of February 2017
Registration Status:	Registered from 19th of February 2015 to the 19th of February 2018
Inspection Team:	Lorraine O' Brien
Date Report Issued:	May 2017

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration.

The centre was granted their first registration in 2015 to accommodate four young people between 13 and 17 years on admission on a medium to long term basis. One young person was under 13 years old and the centre was granted derogation to their registration to care for this child. The inspection visit took place on the 16th of August 2016. The visit was announced in nature and as a result of a change in the governance structure of the organisation. The inspector also considered the issues requiring action outlined in the last inspection report to verify the issues identified had been addressed. The inspector followed up with the centre manager and director of services in February 2017 in relation to the organisation's governance structure and verified progress made to strengthen the current system.

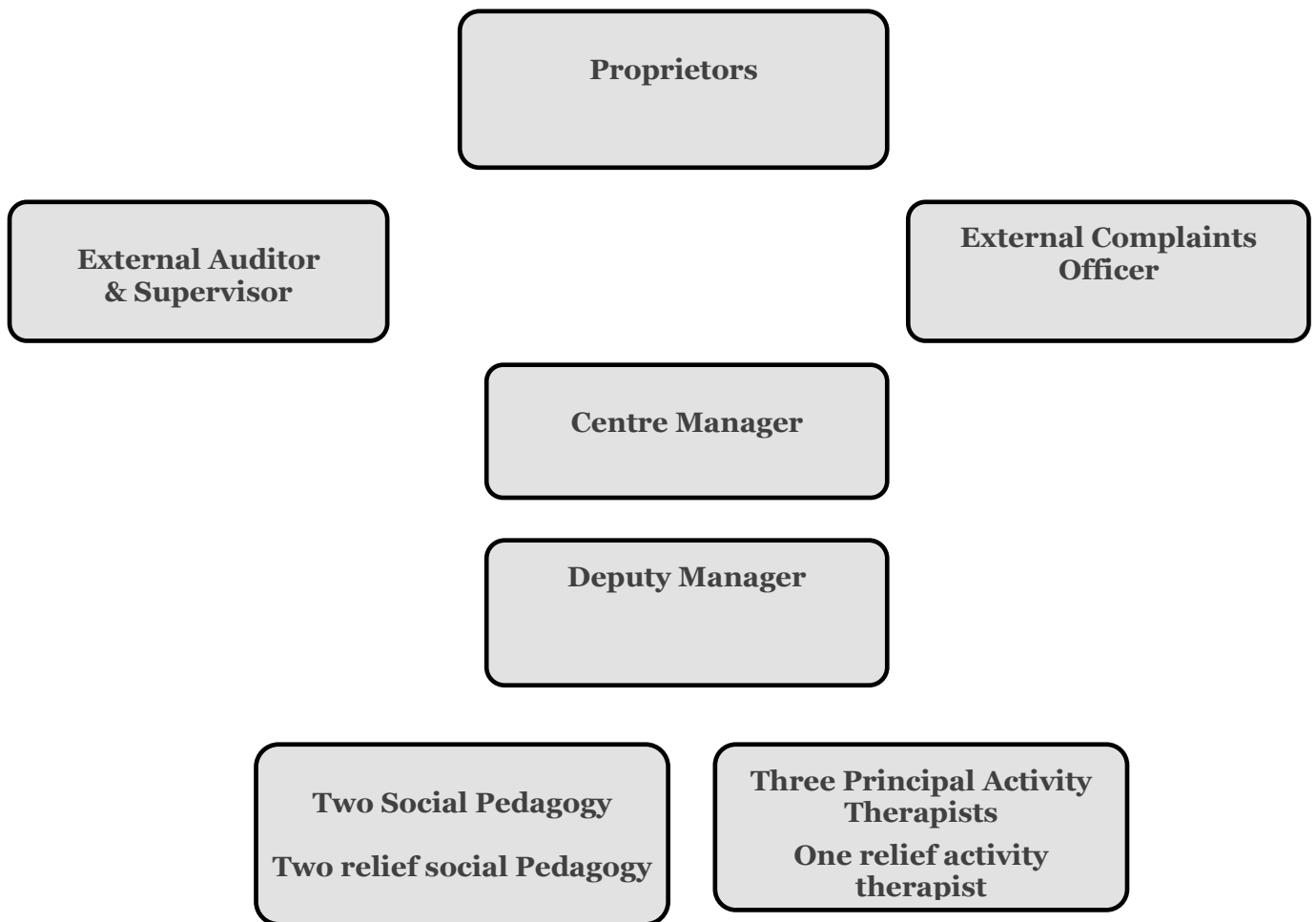
The report is based on a range of inspection techniques including:

- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Two deputy managers
 - c) Director of services.
 - d) Two social workers.
 - e) A house pedagogue.
 - f) Activity therapists.
 - g) Met with young people who were resident in the two centers.
 - h) Reviewed a sample of care files, supervision notes, daily logs and handover records.
 - i) The TUSLA lead inspector
- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to continue to operate in adherence to regulatory frameworks, the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains registered without conditions from the 19th of February 2015 to the 19th of February 2018.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

The centre's register of admissions and discharges was accurate, up to date and was held in line with the requirements of the child care regulations.

Notification of Significant Events

The inspector was satisfied that the centre had a prompt notification procedure in place that provided comprehensive details in writing of any significant event relating to the young people. There was evidence that the centre manager and deputy managers reviewed all significant event reports and provided guidance and direction to staff in terms of the care approach and the management of the event. Written reports on significant events were forwarded to the social worker, the inspection service, the director of services and other relevant parties as agreed. Significant event reports were maintained on the individual care files. The social workers were satisfied that they received prompt notification of all significant events relating to the young people in placement.

Staffing

The centre had adequate and sufficient levels of staff to fulfil its purpose and function. The staff teams displayed the ability to communicate effectively and had established positive and caring relationships with the young people in placement. The inspector examined the staff personnel files and was satisfied that all staff members had been appropriately vetted prior to taking up employment in the centre. Garda vetting and police checks from other jurisdictions were evidenced on the files. Three references were on file for each staff member. There was evidence the centre manager audited all personnel files. The inspector found the team to be cohesive and

consistent in their approach and demonstrated a child-centered ethos. Through interview staff confirmed they were satisfied they had been provided with sufficient training and support to enable them to undertake their role within the centre.

Supervision and support

Communication between the centre manager, the deputy managers and the staff team was clear, regular and of good quality. The director of services provided regular support to the centre manager, deputy managers and the staff team. Daily handovers occurred and from a review of the handover records and through discussions with staff the inspector found that handovers were well structured and facilitated good communication and planning. Team meetings were undertaken on a regular basis and placement plans and individual crisis management plans were reviewed and updated at each team meeting. There was evidence of good attendance at all team meetings.

The supervision of the centre manager was an issue identified in the previous monitoring report and the inspector found evidence of a marked improvement in this regard. Since the inspection visit and during the time span under review the centre manager commenced supervision with a new supervisor. The supervision sessions were held on a monthly basis, recorded, structured and focused on the management task. The inspector spoke with the external supervisor who was clear of their role and was positive about the centre manager's style of management.

The centre manager provided regular staff supervision to the two deputy managers in compliance with centre policy. The centre manager was, in practice, a senior manager that had an oversight and supporting role and the two deputy manager managed the centres on a daily basis. The centre manager and the two deputy managers provided regular staff supervision to the staff team. The inspector examined a sample of staff supervision files. There was evidence that staff were provided with more frequent supervision if and when required. Supervision contracts were established with all staff members. There was an expectation that all staff members prepared for supervision and actively contributed to the process. The supervision recording template enabled the staff, the centre manager and the deputy managers to effectively engage in the supervision process.

The centre manager and deputy managers were confident in their approach to supporting and guiding practices in the centres. Staff interviewed stated that the centre manager and deputy managers were accessible to them on a daily basis and

provided guidance and direction. There was a culture within the team of reflecting and de-briefing after every shift and staff stated this was an effective support mechanism within the team.

The inspector and the centre manager discussed the delegation of the supervision task. The inspector considered that although the process of both the centre manager and deputy managers supervising the staff teams was working in practice, a more effective system could be explored. The deputy managers were responsible for running the centre on a daily basis and the centre manager (senior manager) had an oversight, guiding and supporting brief. The inspector questioned if the supervision process would function more clearly if the deputy managers supervised the staff team in their entirety and the centre manager had responsibility for overseeing the supervision and in turn supervised the deputy managers. The centre manager was considering this option as it would ensure the roles and responsibilities of the centre manager and deputy managers were not blurred and the reporting system was evident to all parties.

Training and development

There was an effective ongoing staff development and training programme for the care and education of staff. The centre manager maintained a training log that outlined all training undertaken by staff and dates when refresher training was required. Supervision records identified additional staff training requirements. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided to the team. The centre manager stated that the director of services supported staff training and development.

Administrative files

The centers recording systems were organised and maintained in a manner that facilitated effective management and accountability. Information on the individual care files was accessible and stored in an organised manner. Records were well written and decisions taken by the staff team and/or social workers were recorded at the centre. The individual care files and personal information was stored in a secure manner. Electronic records were password protected. There was evidence that the centre manager, deputy managers and the director of services monitored the quality of all centre records. Staff stated that they had sufficient financial resources to care for the young people and to provide recreational and educational programmes for them.

3.2.2 Practices that met the required standard in some respect only

Management

At the time of the inspection visit a robust structure had been put in place to provide external oversight of the service. A board of management was established as a mechanism for assessing the quality and effectiveness of the management systems in place and the appropriateness and suitability of the care practices being provided in the centres. The centre manager, the centre manager's external supervisor and the clinical director's external supervisor reported to the board of management on a regular basis which optimised transparency of practices. The external element of the governance framework was established to create a transparent and accountable system. The inspector was notified through follow up since the inspection visit that the established board of management that was to hold the service accountable had temporarily disbanded, which was a concern for the inspection and monitoring service.

The director of services had engaged the service of an external auditor to assess the quality of the service and their compliance with regulations and standards. This strengthened the organisations external oversight processes and their ability to identify corrective and preventative actions to issues identified by the external auditor. The centre manager was receiving external managerial supervision and the organisation had an external complaints officer for staff to contact in the event they had an unresolved concern. Although the inspector found evidence to support the finding that the management team had external and centre management oversight systems in place, the governance structure was compromised with the disbandment of the board of management. The inspector requires a strategic plan be put in place with clear time times to re-establish a board of management and ensure external oversight systems are consistently in place to ensure transparency and accountability of the service.

There was a clear management structure in place at centre management level and both centers were well managed. There was evidence that the centre manager provided leadership in relation to care practice within the centre and was confident and professional in their role. There was evidence that the centre manager monitored and guided practices in both the centres through conducting regular team meetings, reading and signing daily records, reviewing significant event reports and observation of staff practices. The centre manager was supported in their role by two

deputy managers who were newly in their posts at the time of the inspection visit. The deputy managers had the required social care qualification and the required three years post graduate experience on appointment.

There were sufficient internal management structures in place to oversee the work of the centre. The director of service visited the centre on a regular basis and reviewed registers and administrative records and provided clinical advice to the staff team. The director of services also received regular reports from the centre manager that captured a range of information in relation to the operation of the centre and the care of the young people in placement. The centre manager participated in regular management meetings with the deputy managers where the operational policies and care practices were discussed and plans put in place accordingly. These meetings were recorded and maintained by the centre manager. The centre manager participated in regular senior management meetings with the director of services where issues relating to staffing, policies and procedures and training were discussed, however there were no clear records of these meetings on file, an issue that needs prompt attention.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.***

Required Action

- A strategic plan including clear time times must be put in place without delay to re-establish a board of management to ensure external oversight systems are consistently in place that promote the transparency and accountability of the service.

- The centre manager and director of service senior management meetings must be recorded and maintained on file.

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

The young people had good access to advocacy both internally from staff and also by their social worker and court appointed Guardian ad litem. There was evidence of good consultation with the young people. Young people were consulted with regard to their care planning and matters affecting their lives with due regard to their age and level of understanding. There was evidence that formal house meetings were undertaken on a regular basis and the young people and staff contributed to the agenda. There was evidence that the young people engaged well in house meetings and it was a productive forum. The team responded well to suggestions made by the young people, their families and others and where necessary changes were made to improve the quality of life for young people.

The young people were involved in their care planning meetings. The young people were encouraged and facilitated to attend their review if they wished to do so. Decisions in relation to the young people's care were discussed with them in an open and honest manner. There was evidence that the young people and their parents were fully consulted within the care planning process, in the development of the care plans.

There was evidence that the staff team listened to the young people's views and accommodated their point of view. When decisions were made by staff that the young people did not agree with, the rationale behind making these decisions were explained to the young people and this was evidenced in individual and key-work reports.

The supervision of the centre manager was an issue identified in the previous monitoring report and the inspector found evidence of a marked improvement in this regard. The lack of recording of the significant amount of interventions by the activity therapists and social pedagogues with young people was an issue identified in the previous monitoring report and the inspector found evidence of a marked improvement in this regard.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>A strategic plan including clear time times must be put in place without delay to re-establish a board of management to ensure external oversight systems are consistently in place that promote the transparency and accountability of the service.</p> <p>The centre manager and director of service senior management meetings must be recorded and maintained on file.</p>	<p>Two appropriately qualified board members have been identified and approached about being on the board. One is a Clinical Psychologist with a specialty in Forensics and the other the Finance Director in a National Government organisation. An initial meeting is planned for 28/3 to organize the first formal board meeting in the next few weeks.</p> <p>The first senior management meeting was held on 13th March. We plan to include the finance manager on these in the future and to continue these every four weeks but more regularly if needed.</p>	<p>The inspector liaised with the director of services and confirmed that the board had been reformed and would have oversight of the service from a governance perspective. The board of management meeting records will be reviewed by the inspection service at their next visit.</p> <p>The inspector liaised with the director of services and confirmed that the senior management meeting were being clearly recorded. The senior management meeting records will be reviewed by the inspection service at their next visit.</p>