



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 040**

**Year: 2019**

## Inspection Report

<b>Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Gateway Children's Services</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Registration Status:</b>	<b>Without attached conditions from 13<sup>th</sup> of January 2019 to the 13<sup>th</sup> January 2022</b>
<b>Dates of Inspection</b>	<b>27<sup>th</sup> and 28<sup>th</sup> November 2019</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> February 2020</b>

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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 Assurance 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 14<sup>th</sup> January 2013. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 13<sup>th</sup> of January 2019 to the 13<sup>th</sup> January 2022.

The centre was registered to accommodate two young people of both genders from age nine to fifteen on admission. The centre aimed to help children recover from adverse life experiences and its work with children was based on a team approach to assessment and provision of care. The approach to working with children was informed by attachment theory and resilience theory.

There were two young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 and centre manager on the 20<sup>th</sup> January 2020 and to the relevant social work departments on the same date. 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 13<sup>th</sup> February 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

### 3. Inspection Findings

#### Regulation 16

#### Theme 3: Safe Care and Support

#### Standard 3.1

Inspectors reviewed the child protection policies in place and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre also had an appropriate child safeguarding statement and a letter of compliance to say that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The centre also had policies on protected disclosure and whistleblowing, which named an external investigator with their contact details if the staff member was not comfortable approaching a member of management. Inspectors were advised by staff and management of training to be undertaken on this policy in the month after inspection. All staff interviewed stated they were confident of being protected should they make a disclosure of poor practice under this policy. All staff interviewed expressed confidence in the centre manager to both support and challenge staff when necessary. The centre also had an anti-bullying policy in place and arrangements were in place to inform parents of allegations of abuse.

Staff had received appropriate education and training regarding recognising and responding to allegations of abuse both at induction and on an on-going basis. Staff training records evidenced that each staff member had completed training in the centres policies on child protection and also the Tusla E-Learning module: Introduction to Children First, 2017. Staff were aware that they were mandated reporters and were aware of how to make a referral to TUSLA. Both the young people's placement plans took account of the need to keep them safe.

Inspectors found that staff team meetings and management meetings occurred regularly and were purposeful in nature, however the centre manager and director of services need to ensure that child protection is a standing item on the agenda for both meetings.

Inspectors found that there were age appropriate programmes in place to support young people in the development self-care and protection skills.



The centre had created risk assessments to identify and address areas of vulnerability for young people and also had risk management plans where necessary. Inspectors found that the individual absence management plans needed to be reviewed for current potential risks and required updating. Inspectors reviewed the centre child protection register and noted that while there were two child protection and welfare report forms (CPWRF) located within the young person's file, neither had been inputted on to this register. The centre manager and senior services manager must ensure that a system is implemented where they can record the details of the person to whom the CPWRF was sent, record the status of the investigation and any communication regarding the report and its outcome.

### **Standard 3.2**

The centre had behaviour management policies in place. In interview staff were aware of these policies and it was evident in document reviews that the principles of the model of care were utilised daily. Staff had been trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. There was a policy in place that provided details to the staff team on the nature of and approaches to behaviour management in the centre. During interviews with staff, inspectors found that they understood the approaches to behaviour management and were able to implement this on a day-to-day basis. Young people were also aware of the expectations for behaviour and there was evidence that key working had been undertaken with them on the issue. It was evident in interview with both the centre manager and with staff that all members of the staff team were experienced and very aware of the issues facing the young people. They demonstrated an in depth knowledge of each young person and noted how this knowledge and experience enabled them to de-escalate situations quickly.

Each young person had an individual crisis management plan (ICMP) and these were individualised and reflected the behavioural challenges of the young person. There was evidence that these were regularly reviewed by the staff team and centre manager, however, neither social worker for either young person were aware of the contents of the ICMP. The centre manager must ensure that these documents are reviewed in conjunction with the allocated social worker and agreed with them. At the time of inspection, the company had undertaken training in the three pillars framework which the director of services believed would complement the behaviour management approach used in the centre. Inspectors recommend that the senior services manager and director of services audit this approach following implementation to ensure the provision of positive behavioural support.

Social workers for young people had provided sufficient pre-admission referral to the centre and there was evidence of a planned induction.

There was a governance system in place. The director of services advised that a new audit tool was being implemented. One audit had already been conducted using this tool. There was evidence in this audit that the issues identified at audit had been actioned and completed. This audit reviewed issues relating to placement plans, significant events, and complaints. The senior services manager must ensure that additional audits are carried out at regular intervals to ensure that the governance system in place can be adequately measured and reflected upon.

The centre had a significant event notification policy which provided detailed guidance on the information to be recorded and the process to be followed. Inspectors noted that there were only three significant events notified since the time of the last inspection. These events were appropriately discussed in supervision. A significant event review committee had recently been established to review and analyse significant event notifications. In interview social workers were satisfied that they were notified promptly and appropriately of all events. From a review of these documents, inspectors found that they were notified to the appropriate persons and contained the required information. Social workers were satisfied that the staff members were very experienced and this contributed to a low number of significant events in the centre.

There were no on-going restrictive practices in place in the centre. The centre had door alarms on the bedroom doors of the young people. These alarms did not restrict egress, but notified staff of a young person who had exited their room. This practice was risk assessed and considered necessary for the safeguarding of both young people. It was reviewed at team meetings, however inspectors noted that there was no formal review process for restrictive practice. The centre manager and senior services manager must ensure that restrictive practices are reviewed on an ongoing basis.

### **Standard 3.3**

Young people's meetings were held regularly in the centre and each resident had two allocated key workers. Both young people told inspectors that they had been given information on advocacy groups and were aware of how to make a complaint. These aspects of care provided young people with the opportunity to provide feedback on the day-to-day operations of the centre and the care that the young people were

receiving. The centre had a clear complaints process and this was explained to young people on admission to the centre. Work on complaints was also completed periodically at young people’s meetings and also through key working. The inspectors reviewed the complaints log for the centre and observed that there had been one complaint since the last inspection. In interview, the social workers for each young person placed stated that in conversation with their respective young person, no complaints were ever forthcoming and they were satisfied that there were no complaints from either young person. There was evidence that the one complaint recorded was managed according to the complaints policy and had been reviewed by the senior services manager. Inspectors noted that discussion regarding complaints was not a standing item at staff team meetings and regional manager’s meetings. Inspectors recommend that this be included as a standing item on the agenda for these meetings.

Inspectors found that the centre had a policy for the prompt notification of significant events. In interviews social workers were satisfied that they were made aware of all significant events timely and appropriately. The centre had no formal mechanisms for feedback from social workers and parents on the care being provided to resident young people. The centre must ensure that an appropriate system for seeking and recording feedback is devised and implemented. The centre had recently implemented a significant event review committee to review incidents for a number of the centres in the region. At the time of this inspection, this group had yet to meet. It is recommended that the senior services manager devise a method for providing learning outcomes and feedback to staff on issues discussed in this review committee.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2 Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

## **Actions required**

- The centre manager and director of services must ensure that child protection is a standing item on the agenda for both staff team meetings and management meetings.
- The centre manager and senior services manager must ensure that a system is implemented where they can record the details of the person to whom the CPWRF was sent, record the status of the investigation and any communication regarding the report and its outcome.
- The centre manager must ensure that individual absence management plans and individual crisis management plans are reviewed in conjunction with the allocated social worker and agreed with them.
- The senior services manager must ensure that additional audits relating to behaviour management, complaints and significant events are carried out at regular intervals to ensure that the governance system in place can be adequately measured and reflected upon.
- The centre manager and senior services manager must ensure that restrictive practices are reviewed at regular intervals.
- The centre must ensure that an appropriate system for seeking and recording feedback is devised and implemented.

## **Regulations 5 and 6 (1 and 2)**

## **Theme 5: Leadership, Governance and Management**

## **Standard 5.1**

The registered provider had ensured that there were policies and procedures to operate the centre in line with relevant legislation and regulations. These policies and procedures were reviewed and updated in line with the National Standards for Children's Residential Centres 2018 (HIQA). A review of training records and in interviews with staff, there was evidence that a programme of training was implemented to familiarise staff with new policies. In staff interviews, there was an awareness of relevant legislation, regulations, policies and procedures and how these documents impact on daily practice within the centre.

## Standard 5.2

There was evidence of good leadership within the centre. In interview staff stated that they were confident in the centre manager, they felt supported and equally challenged to deliver child centred, safe and effective care to the young people resident. In interviews and in questionnaires, staff noted that they felt supported to learn in an open environment. The centre manager was well experienced and knowledgeable about the young people, the aims and objectives of their placements and the progress made.

All staff were aware of the management structure and the roles and responsibilities of each. The senior services manager and director of services expressed confidence in the centre manager and this was supported by conversations with staff and young people. Inspectors found evidence that the internal management structure of the centre was appropriate to the size of the centre and its purpose and function.

Inspectors reviewed the on call policy and in interview, each staff member had a clear and concise understanding of alternative management arrangements for times when the centre manager was absent.

At the time of inspection, there was no corporate risk register in place. The director of services and management team advised that this process is being undertaken and inspectors recommend that the centre engage fully in ensuring that this document is fully implemented and active by the end of 2020. Individual registers were held in relation to the risks carried by the centre such as health and safety and fire registers, risk impact assessments in relation to the young people were also carried out, however, the corporate risk register needs to take account of all high level risks within the company, existing controls and actions required.

There was no systematic record kept of tasks delegated from the centre manager to the deputy manager. The centre manager must ensure that in line with the National Standards for Children's Residential Centres, 2018 (HIQA) a written record is kept when the centre manager delegates any or all of their duties to an appropriately qualified staff member. This record needs to note when the duty was delegated, to whom it was delegated and the key decisions made. The centre had a service level agreement in place and a report was provided to the funding body on an annual basis.

### **Standard 5.3**

Inspectors reviewed the statement of purpose and function which was publicly available in the centre. This document had been reviewed in the month prior to inspection. It clearly defined the model of service provision delivered, how the care and support needs of children and young people within the centre were to be met, the care approaches used, admissions and discharges procedures, the management and staff employed in the centre, however it did not make note of the age range of children and young people catered for within the centre. The centre manager must ensure that the statement of purpose and function is amended to include this. In interview, supervising social workers stated they were aware of the purpose and function of the centre and believed that the needs of their respective young people were being met in the placement through the model of care being implemented. Inspectors found that all staff were aware of the purpose and function and demonstrated how the model of care used in the centre was utilised on a daily basis. This was evident through the review of key working sessions and minutes of house meetings.

### **Standard 5.4**

Inspectors examined a sample of supervision records held in the centre and found good evidence of time spent in supervision reflecting on the quality of care experienced by children. There was evidence that the young person's placement plans, key working sessions, risk assessments and relationships with staff were discussed to inform practice and achieve better outcomes. A significant event review committee had recently been established to review and analyse significant event notifications.

Inspectors examined a sample of weekly reports provided to management which demonstrated oversight on the day-to-day operations of the centre including the safety and quality of care provided. There was a comprehensive complaints policy in place and inspectors saw evidence of this procedure being utilised ensuring that complaints were well managed and appropriately recorded. There was evidence that the director of services and senior services manager were monitoring complaints and incidents and had responded accordingly. Inspectors reviewed the annual report that was compiled regarding each young person recording outcomes and achievements of each young person placed in line with the objectives of their placement.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.2 Regulation 6.1</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.1 Standard 5.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2 Standard 5.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager must ensure that a written record is kept when the centre manager delegates any or all of their duties to an appropriately qualified staff member.
- The centre manager must ensure that the statement of purpose and function is amended to include the age range of the children and young people it caters for.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager and director of services need to ensure that child protection is a standing item on the agenda for both staff team meetings and management meetings.</p> <p>The centre manager and senior services manager must ensure that a system is implemented where they can record the details of the person to whom the CPWRF was sent, record the status of the investigation and any communication regarding the report and its outcome.</p> <p>The centre manager must ensure that individual absence management plans and individual crisis management plans are reviewed in conjunction with the</p>	<p>The team meeting and management meeting agendas have been amended to ensure that child protection is a standing item on the agenda at each meeting.</p> <p>A child protection and welfare notification logbook has been introduced in the centre to ensure all of this information is recorded.</p> <p>The centre manager will ensure that that AMP's and ICMP's are completed in collaboration with social work and any changes are reviewed and signed off by</p>	<p>The senior service manager will attend team meetings and review minutes to ensure that child protection is reviewed consistently as part of these meetings going forward. Minutes will be reviewed as part of bimonthly audits.</p> <p>The senior service manager will review this logbook as part of the bimonthly audit.</p> <p>ICMP's and AMP's are reviewed as part of the bimonthly audit by the senior service manager.</p>



	<p>allocated social worker and agreed with them.</p> <p>The senior services manager must ensure that additional audits are carried out at regular intervals to ensure that the governance system in place can be adequately measured and reflected upon.</p> <p>The centre manager and senior services manager must ensure that restrictive practices are reviewed at regular intervals.</p> <p>The centre must ensure that an appropriate system for seeking and recording feedback is devised and implemented.</p>	<p>social work.</p> <p>The senior service manager will ensure that audits of the centre are completed bimonthly and that recommendations are completed and signed off by the centre manager and senior service manager.</p> <p>The centre manager and senior service manager will ensure any restrictive practices are reviewed as part of fortnightly team meetings.</p> <p>The senior management team are currently working on implementing a system for seeking and recording feedback from relevant parties.</p>	<p>The director of services will have oversight of bimonthly audits.</p> <p>This will be reviewed as part of the bimonthly audit.</p> <p>This will be overseen by the director of services.</p>
5	<p>The centre manager must ensure that a written record is kept when the centre manager delegates any or all of their duties to an appropriately qualified staff member.</p>	<p>The centre manager will introduce a delegation log in the centre in March 2020.</p>	<p>This will be reviewed as part of the bimonthly audit.</p>

	<p>The centre manager must ensure that the statement of purpose and function is amended to include the age range of the children and young people it caters for.</p>	<p>The statement of purpose and function has been amended to include the age range of the children and young people the centre caters for.</p>	<p>The statement of purpose and function will be reviewed bi-annually, or sooner if required, by the centre manager and director of services.</p>
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