



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 013

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Gateway Organisation
Registered Capacity:	Four young people
Type of Inspection:	Announced themed inspection
Date of inspection:	27th and 28th July and 24th August (on site) 2021
Registration Status:	Registered from the 25th September 2020 to the 25th September 2023
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	5th October 2021

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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 in 2007. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from 25th of September 2020 to 25th of September 2023.

The centre was registered as a multi-occupancy unit to provide medium to long term residential care for four young people, male and female, from age thirteen to seventeen years on admission. The centre aimed to help young people recover from adverse life experiences. The approach to working with young people was informed by attachment and resilience theories. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The approach was also trauma informed and staff received training to understand the impact of trauma on child development. There were four young people living in the centre at the time of the inspection.

The centre was previously inspected in July 2020 and the inspectors were satisfied that the two required actions identified in the last inspection were met.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 via teleconference 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 14th September 2021 and to the relevant social work departments on the 14th September 2021. 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 23rd September 2021. 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: 013 without attached conditions from the 25th of September 2020 to the 25th of September 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The centre had written policies and procedures in place to support care planning and placement planning processes. All four young people had a care plan in place that was relevant and up to date. The care plans were detailed and comprehensive and reflected the discussions undertaken at the care plan meetings and identified clear tasks and goals assigned to individual professionals. The care plans recorded the views of the parents and the young people in relation to their care. There was evidence in key working and individual work records that the young people were prepared for their care plan review meetings and supported by staff to reflect on the matters they wished to be discussed at their review. The young people participated in their care plan reviews and interviews with the four residents evidenced they were aware of the goals of their care plan for example specialist supports they required and goals in relation to their education, family contact and personal development.

Following interviews with the allocated social workers and a review of the centre's communication logs and monthly progress reports inspectors were satisfied there was good collaboration with social workers to implement the care plans. The centre managers evidenced and demonstrated how they advocated for the young people in relation to issues such as family contact and court hearings. The care plans were reviewed in line with the timeframes set out in the regulations. Several young people were subject to other care planning meetings such a core group and strategy meetings in addition to their statutory care plan reviews. Staff were fully involved in these planning meetings and maintained a record of the decisions taken at these meetings.

There were placement plans on file for each of the young people. They were comprehensive and described the aims and objectives of the plan itself to support the young person. The placement plans covered all aspects of the young person's health, well-being, and development. There was a strong focus on emotional development, behaviour and personal narrative and attachment. Goals and tasks were clearly documented in the placement plans. Inspectors found that the aims of the placement plan were linked to the care plan. The placement plans were developed by key

workers in consultation with managers and team members and were updated by key workers every three months. Placement plans and key work was reviewed within staff supervision and the specific goals of each young person's placement plan were discussed in the team meetings. Team meeting records evidenced the young people were individually reviewed in terms of their progress, current issues and needs. The placement plans evidenced they were discussed with the young people and their families, where appropriate, and the young people interviewed were aware of the goals of their placement.

Key work evidenced that young people were provided with information to assist them to participate in a meaningful way in care and placement planning. The individual key work was linked to the placement plan and to the individual monthly key working plan. Key work evidenced that staff sought the young people's views, thoughts and feelings in relation to issues discussed in key working. Young people were offered the opportunity to identify topics for their key working sessions. One key work record evidenced a young person informed their key worker that they felt '100% involved in care planning'. Written feedback from young people on their placement was reviewed by the inspectors and evidenced that young people were settled in their placement and satisfied with the care they were afforded.

The young people had access to a range of external supports such as mental health services, equine therapy, art therapy, support groups, addiction counsellors and psychological and psychotherapy counselling. Inspectors found that staff supported and facilitated the young people to engage in these identified supports. The young people also had access and opportunities to engage in community activities (in line with Covid-19 government guidelines) such as gym, boxing, youth clubs and access to peers in community to support their mental health, growth, and development as young adults.

The allocated social workers confirmed they received a copy of placement plans and weekly progress reports to ensure they were fully apprised of the work undertaken, progress made and on-going concerns. Centre feedback forms completed by placing social workers confirmed they were satisfied the placements met the young people's needs and the young people were making good progress. There was evidence of good communication and collaborative work with other external professionals such as Guardians ad litem, psychologists, community workers and aftercare workers.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None

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.

There were clearly defined governance arrangements and structures in place. The centre management structure comprised of team leaders, a deputy manager, the centre manager, external operations manager, director of services and a newly appointed registered proprietor. Staff interviewed were aware of the governance and management structures and of the appointment of the registered proprietor who had visited the centre and attended a senior management meeting since the acquisition of the company in May 2021.

Roles and responsibilities of staff were set out in job descriptions, employment contracts and in the staff code of conduct. The inspectors found there was appropriate and effective supervision of staff and managers at all levels to ensure accountability and robust governance of the centre in line with centre policy. The centre manager chaired team meetings and attended daily handover meetings to ensure good governance and oversight of practices. Senior management meetings occurred regularly and minutes of these meetings were reviewed by the inspectors.

These meetings were attended by centre managers, the quality assurance coordinator, the senior services managers, director of services, the in-service psychologist, training officer and the senior administrator.

There was a quality assurance coordinator who undertook audits of the service's practices to ensure compliance with the national standards. Three separate audits incorporating two themes in each auditing visit were completed with a narrative on findings and an improvement plan. These audits were forwarded to the centre manager and the director of services who supervised the quality assurance coordinator. The registered provider informed the inspectors they planned to further develop the organisation's quality assurance systems with input from external consultants.

There were individual contracts in place with Tusla's national private placement team for the provision of placements in the centre. The centre also provided the funding body with progress reports on each of the young people's placement. At the time of the inspection the registered provider was awaiting the outcome of a procurement application submitted to the funding body. The current registered provider and the director of services recently met with the funding body and discussed the provision of care within the overall service.

At the time of the inspection the centre manager was on extended leave and the deputy manager was appointed as centre manager in an acting capacity and one of the team leaders was supporting the acting manager in their role. Both the centre manager who was on leave and the acting manager were appropriately qualified and experienced to undertake the role of person in charge. The inspectors found the acting centre managers to be competent, appropriately qualified and experienced in the provision of residential care to undertake this role.

The inspectors found that there was an appropriate internal management structure in place. The deputy manager supported the centre manager and worked office hours Monday to Friday. There were three team leaders appointed who worked on the rota and provided mentoring support and guidance to the social care staff. The team leaders also provided formal supervision to some staff members and they had received appropriate supervision training to undertake this role.

The inspectors found that policies and procedures were updated and aligned to the national standards. The policy and procedure document was reviewed in February 2021. There was evidence on senior management meeting records that new policies

were developed and other policies were reviewed and updated as required. Staff received information about the centre policies in their induction training and staff confirmed they had reviewed specific policies at their team meetings. The review of policies however was not recorded on the sample of team meeting records reviewed by the inspectors. The acting centre manager confirmed that policies had not been discussed at the team meetings over the past four months and this would be addressed in the team meeting agenda going forward. There was evidence however that the centre's statement of purpose, complaints policy, model of care and child safeguarding statement were reviewed with staff within specified timeframes on the team meeting template.

There was a risk management framework in place for the identification assessment and management of risk. Staff interviewed outlined the centre's risk management policy, the systems in place for measuring risk, and the strategies in place for mitigating specific risks associated with the young people's presentation. The centre maintained a risk register and additionally individual risks associated with each of the young people were assessed. There were risk assessments around group activities such as the centre summer holiday and Covid-19. The inspectors found that one risk associated with one of the young people in placement had not been appropriately identified and assessed on the centre's impact risk assessment at the pre-admission stage and was not assessed as a specific risk on the individual risk assessment on file. However, the inspectors found that the staff had appropriate strategies in place to manage this risk and these were outlined in other centre records. The centre manager must ensure that all presenting risks identified in referral documentation are considered on the impact risk assessment and be subject to an individual risk assessment on file. There was evidence across centre records that individual risk assessments were updated where required. Individual crisis management plans and absence management plans were on file and the inspectors found they were detailed and comprehensive documents to assist staff to manage behaviours that challenge and episodes of unauthorised absences.

The senior management meeting records indicated that a risk management committee was soon to be formed to have specific oversight of risk within the organisation. There was an escalation process in place and staff were confident that external managers were fully apprised of all identified risks associated with the young people in placement and the overall operation of the centre. Significant events and risks associated with practice in the management of these events were discussed and reviewed at the senior management meetings. Thresholds for the identification of high-risk significant events were discussed and agreed at a senior management

level. There was evidence that significant events were discussed at team meetings however the inspectors found that outcomes of these discussions were not detailed on the meeting minutes. The centre manager must ensure that any learning outcomes or guidance provided following team discussions on significant events are recorded on the minutes. The registered proprietor confirmed that the director of services appraised them of all significant and high-level risks within the organisation. There were no high-level risks notified to the registered provider in relation to the centre at the time of the inspection.

The centre manager maintained a delegation log that outlined all the management duties and to whom they were assigned and when. The inspectors found that management tasks were delegated to appropriately qualified staff members. The manager's delegation log was comprehensive and updated as management roles were re-assigned when the managers were on leave. Additionally, a delegation log of tasks assigned to staff members; for example responsibility for centre vehicles, fire safety, health and safety was maintained in the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that the team meeting records evidence policies reviewed and additionally detail decisions taken and/or outcomes of reviews of significant events.
- The centre manager must ensure that all presenting risks identified in referral documentation are considered on the impact risk assessment and be subject to an individual risk assessment on file.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The inspectors found that the centre manager and the senior management team regularly undertook workforce planning. This was evidenced in management and team meeting records. Staff recruitment needs and staff retention initiatives were planned for at senior management level.

Inspectors found that the workforce was well organised, well managed, appropriately supported and trained to deliver child-centred safe and effective care. All staff members were appropriately qualified in social care practice and a sample of personnel files reviewed by the inspectors evidenced staff qualifications and verification of these qualifications. There were ten social care staff including the three social care leaders on the team. There was a stable consistent team in place and a review of staff rotas confirmed this. There was a cohort of experienced staff members on the team. Staff and young people interviewed by inspectors confirmed there were appropriate numbers of staff in the centre to meet the needs of the young people. There were three staff on duty each day.

The young people confirmed they received individual time from key workers and from other staff members. They confirmed that the staff were supportive and helpful and it was evident they had positive and trusting relationships with staff. One young person told the inspectors that *'they always choose really good staff for the house'*. The inspectors found that staff were competent in their care approach and in their communications with the young people. There was good analysis of care interventions and staff had a clear understanding of the impact of loss, abuse, trauma, and separation on young people which was evidenced in the records.

There were arrangements in place to promote staff retention and continuity of care to ensure the young people in the centre experience stability. A range of staff recruitment initiatives were identified at senior management meetings for example an employee referral scheme, flyers to third level colleges and advertising on various social media platforms. A dedicated Human Resources manager was recently

appointed to lead out on staff recruitment in the organisation. Staff retention measures such as supervision, on-going training opportunities, career development opportunities, appraisals, review of pay scales, additional supports for staff who may be struggling were in place. There was a performance management policy in place that outlined the process in place to support staff from induction right through to exit interviews. There was evidence of a wide range of training opportunities for staff in addition to mandatory training. A review and analysis of exit interviews at management meetings was undertaken and both the director of services and the registered proprietor were aware of the key issues identified by staff in exit interviews. The centre manager provided regular feedback to the team on their collective work. There were low levels of sick leave and overall, the staff found the centre to be a supportive and pleasant working environment.

A training log was maintained by centre manager that evidenced the training undertaken by staff and dates for refresher training. Staff training needs were discussed at both senior management meeting and at team meetings.

The inspectors found there were adequate on call arrangements in place to guide, support and direct staff out of office hours when a manager was not present on site. On-call was provided on a rotational basis by the centre manager, deputy manager and other service managers within the organisation. Staff were notified in advance of the on-call arrangements for outside of office hours and at weekends. Staff confirmed the on-call arrangements were a reliable and beneficial resource.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
5	<p>The centre manager must ensure that the team meeting records evidence policies reviewed and additionally detail decisions taken and/or outcomes of reviews of significant events.</p> <p>The centre manager must ensure that all presenting risks identified in referral documentation are considered on the impact risk assessment and be subject to an individual risk assessment on file.</p>	<p>The centre manager will review minutes from all team meetings to ensure they reflect the discussions that took place regarding the review of policies and procedures and the decisions and outcomes of reviews of significant events on the system prior to approving the minutes for all to review.</p> <p>The centre manager will ensure going forward that all presenting risks identified on referral documentation will be documented on the impact risk assessment and be subject to an individual risk assessment on the young person's personal file.</p>	<p>Both areas are a standing item on the team meeting agenda to prompt discussion. The senior service manager and QA coordinator will review team meetings minutes as part of their bi-monthly audits as well as regularly attending team meetings.</p> <p>The centre manager will be responsible for all identified risks on referral documentation and will ensure appropriate transfer onto the impact risk assessment and onto the young person's personal file. The director of services and the senior service manager, as part of the referral process, will review the impact risk assessment to ensure all presenting risks</p>

			are identified and where applicable be subject to an individual risk assessment on file.
6	N/A		