



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 179**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Gateway Organisation Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>11<sup>th</sup>, 12<sup>th</sup> &amp; 13<sup>th</sup> January 2021</b>
<b>Registration Status:</b>	<b>Registered from the 07<sup>th</sup> October 2020 to the 07<sup>th</sup> October 2023</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>10<sup>th</sup> March 2021</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 07<sup>th</sup> October 2020. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 07<sup>th</sup> October 2020 to the 07<sup>th</sup> October 2023.

The centre was registered to provide residential care for two children of both genders from age seven to thirteen 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 approach was also trauma informed and staff received training to understand the impact of trauma on child development. There was one young person living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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 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. Due to the emergence of Covid-19 this inspection was carried out remotely through a review of documentation and a number of telephone interviews.

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 4<sup>th</sup> February 2021 and to the relevant social work departments on the 4<sup>th</sup> February 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 22<sup>nd</sup> of February 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: 179 without attached conditions from the 7<sup>th</sup> October 2020 to the 7<sup>th</sup> October 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

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

**Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.**

The centre had a full suite of policies in place in line with standards, legislation and regulations. The centre manager had been integral to the development of these over the past twelve months. There were systems in place to identify gaps in compliance through various auditing systems and policies had been developed in line with The National Standards for Children's Residential Centre's, 2018 (HIQA) and Children's First 2017: National Guidance for the Protection and Welfare of Children.

From interview with the senior services manager, there were no noted incidents whereby the centre had operated outside of policy or legislation. The process for reviewing policies was completed by the organisation's senior management team and these were generally completed on an annual cycle. Should there be an identified need the centre manager highlighted they would bring this to the attention of senior management for review and policy development. Staff members interviewed confirmed that all new policies were then discussed at team meetings and feedback sought on same.

Inspectors found from a review of inspection questionnaires completed by the senior services manager, centre manager and staff members, that they demonstrated an awareness and understanding of legislation, regulations, policies and standards. Inspectors found that whilst all staff evidenced this through their questionnaires, in some instances, staff members interviewed by the inspectors struggled to describe some of the relevant legislation, standards and national policies. The inspectors recommend that the centre manager continues to provide regular in-house and refresher training for staff to ensure they are confident in their knowledge and understanding of the legislation, regulations and national policies that guide their work.



**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.**

Inspectors found clear leadership demonstrated since the opening of the centre in November 2020. There was a focus on learning as a staff team and the quality of care that was being delivered to young people. This was evident through interviews, inspection questionnaires and team meeting minutes. There were clearly defined governance systems in place at the time of inspection with a clear organisational chart that set out accountability. All staff interviewed demonstrated a clear awareness and understanding of their role and responsibilities and confirmed they had received both a job description and a contract of employment. The management structure within the centre consisted of a centre manager, deputy manager and two social care leaders. This was deemed appropriate for the size, purpose and function of the centre. The appointed deputy manager had responsibility to cover the centre manager during periods of leave. The management team also had a written delegation record in which management tasks were recorded and had clear persons of responsibility, actions and timeframes. One of the organisation's senior managers was due to go on a prolonged period of leave and a review of senior management meeting minutes evidenced there was clear delegation of their tasks to the other senior managers which would allow for a smooth transition with little disruption to the oversight and governance systems within centre.

The senior services manager confirmed to inspectors that there was an appropriate service level agreement in place for the provision of services with regular reviews of the placements occurring.

The centre had policies and procedures in place that were developed in line with relevant legislation and regulations and were aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre operated a clear risk management framework which management and staff demonstrated awareness of in interview. The centre had a number of written risk assessments in place at the time of inspection together with two risk registers – a house register and an organisation register. The senior service manager and the centre manager identified in interview that the staff team required training in the organisations risk management framework and they planned to provide this training for staff at an appropriate time in line with public health guidelines. Following a

review of team meeting minutes and management meeting minutes inspectors did not find risk to be a regular topic of discussion on the agenda of these meetings. The centre manager must ensure risk management is a standing item on all meeting agendas. Inspectors spoke with the social worker allocated to the young person in placement and they were confident they were informed of all risks and were satisfied with the management of same. The centre also had procedures in place for designated people to contact in case of an emergency and operated an effective on call system.

Inspectors spoke with the senior services manager and centre manager in relation to the recent COVID-19 pandemic and found evidence that a number of measures were put in place by the organisation in response to the pandemic. A review of risk assessments, Covid-19 service policies, contingency plans and staff guidance documents evidenced effective and robust implementation of government guidelines, public health guidance and appropriate guidance and support for staff in their work. Inspectors spoke with the social worker for the young person and they felt the centre had managed the recent restrictions to a satisfactory level. Inspectors also found that as restrictions were eased or tightened the centre realigned their risk assessments in line with updated guidance and advice. Staff members confirmed that they continued to have adequate and on-going access to supplies of infection control products and equipment.

**Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.**

The centre had a statement of purpose that clearly described the model of care together with the aims and objectives of the centre, the range of services available and the arrangements for the wellbeing and safety of children within the centre. The statement of purpose did not however outline the number of the management and staff employed in the centre and this should be incorporated into the document. The statement of purpose reflected the day-to-day operation of the centre. Inspectors found that it was clearly understood by staff members and its vision and ethos implemented on a day-to-day basis. Information about the centre was also detailed in young people's booklets and parent's booklets however it did not outline specifics around the centres statement of purpose such as how many other young people would be living in the centre and how many staff will work in the centre. The centre manager must update the booklets to provide this information to young people and their families. The statement of purpose was developed in October 2020 to coincide with the centre opening and it is planned to be reviewed annually.

The statement of purpose clearly outlined the centre’s model of care and staff members both in interview and through their questionnaires demonstrated a clear understanding of the model of care. Five staff members had received model of care training while there were four members awaiting this. The training requires face-to-face meetings and had been rescheduled due to the recent implementation of level five pandemic restrictions. Staff members attended attachment meetings on a monthly basis with the director of services. Inspectors reviewed minutes of these meetings and found there to be clear discussion in relation to the application of the model of care within the centre and the use of approaches with the young person and the progress of these approaches.

**Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

The quality and safety of care being provided in the centre was regularly reviewed through the organisation’s auditing process. There was an effective auditing system in place that was benchmarked against the National Standards for Children’s Residential Centres, (2018) HIQA. Inspectors found there was limited evidence through interviews and team meetings records to demonstrate that findings and learnings from audits were shared with the staff team. The members of in house management interviewed were not familiar with the auditing process or the findings from recent audits. The senior services manager and centre manager must ensure work is completed with the deputy manager and social care leaders in relation to feedback and learning from audits undertaken.

Audits were carried out by the quality assurance manager. There was also evidence of the senior services manager and the director of services oversight within the centre. There was a quality assurance policy in place but inspectors found there were a number of deficits to be addressed in the policy. The policy does not outline how audits are carried out within the organization, who undertakes the audits, the frequency of completion and the responses to audit findings. The senior service manager must ensure the quality assurance policy is reviewed to address the deficits identified.

The centre had a clear format for investigation, recording and monitoring of all complaints which was supported by a written complaints policy. The centre was only in operation seven weeks at the time of inspection and had recorded two complaints. These had been appropriately recorded, reported and there was evidence of them

being discussed and revisited at team meetings. Staff members interviewed highlighted to inspectors that where a complaint occurred it was discussed in a team meeting and the outcomes and learning to be taken from it identified.

There was a system in place to ensure an annual review of compliance was completed for the centre however as the centre had only recently opened this would not be completed until the latter half of 2021.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</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 5.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.3 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager must continue to provide regular in-house and refresher training for staff to ensure they are confident in their knowledge and understanding of the legislation, regulations and national policies that guide their work.
- The centre manager must ensure risk management is a standing item on the team meeting agenda.
- The senior services manager must ensure the statement of purpose is reviewed to account for the management and staffing within the centre. The young person's booklet must also be reviewed to reflect the statement of purpose.
- The senior service manager must ensure that there is a formal mechanism to provide feedback and learning from service audits to social care leaders and staff in the service.
- The senior service manager must ensure the quality assurance policy is reviewed to address the deficits identified in this inspection.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The centre manager must continue to provide regular in-house and refresher training for staff to ensure they are confident in their knowledge and understanding of the legislation, regulations and national policies that guide their work.</p> <p>The centre manager must ensure risk management is a standing item on the team meeting agenda.</p>	<p>The centre manager has developed an on going program to provide regular in-house and refresher training for staff to ensure they are confident in their knowledge and understanding of legislation, regulations and national policies that guide their work. This will be carried out at fortnightly team meetings which will commence in February 2021. Subsequent to this the centre manager will also follow up around same during supervision sessions individually with each member of the team.</p> <p>Risk management has been added to the team meeting agenda as a standing item for discussion- February 2021.</p>	<p>Senior Service manager will review staff's understanding and practise in relation to in-service policies, legislation and national standards as part of the centre's bimonthly audits. Senior service manager and quality assurance co-ordinator will attend team meetings and review team meeting minutes as part of the centre's bimonthly audits.</p> <p>Senior service manager and quality assurance co-ordinator will review team meeting minutes and agendas as part of the centre's bimonthly audits.</p>

	<p>The senior services manager must ensure the statement of purpose is reviewed to account for the management and staffing within the centre. The young person's booklet must also be reviewed to reflect the statement of purpose.</p> <p>The senior service manager must ensure that there is a formal mechanism to provide feedback and learning from service audits to social care leaders and staff in the service.</p> <p>The senior service manager must ensure the quality assurance policy is reviewed to address the deficits identified in this inspection.</p>	<p>The statement of purpose has been amended to account for the management and staffing within the centre. The young person's booklet has also been reviewed and reflects the statement of purpose- February 2021.</p> <p>There is a formal mechanism being constructed, after which it will be made available to social care leaders and staff in the service- March 2021.</p> <p>The quality assurance policy is under review, to reflect the deficits addressed in this inspection- March 2021.</p>	<p>Senior service manager and quality assurance co-ordinator will review the young person's booklet as part of the bimonthly audits. The statement of purpose and function is reviewed each year by senior management and director of services.</p> <p>Senior service manager, quality assurance co-ordinator and director of services will review same as part of bi-monthly audit.</p> <p>Gateway's suite of policies will be reviewed each year by the director of services. The quality assurance policy will be reviewed each quarter in conjunction with inspection reports received during that timeframe.</p>
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