



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: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Gateway Organisation Ltd.</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced Remote</b>
<b>Date of inspection:</b>	<b>30<sup>th</sup> June and 01<sup>st</sup> July 2020</b>
<b>Registration Status:</b>	<b>Registered without conditions from 25<sup>th</sup> of September 2020 to 25<sup>th</sup> of September 2023</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> September 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 2007. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 25<sup>th</sup> of September 2017 to 25<sup>th</sup> of September 2020.

The centre was registered to provide residential care for four children of both genders 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 approach was also trauma informed and staff received training to understand the impact of trauma on child development. There were four children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following theme 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 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. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out 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 24<sup>th</sup> July 2020 and to the relevant social work departments on the 24<sup>th</sup> July 2020. 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 10<sup>th</sup> August 2020. 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 25<sup>th</sup> of September 2020 to the 25<sup>th</sup> of September 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care practices and operational policies**

**Regulation 6 (1) and (2): 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 inspectors found the centre had a range of policies and procedures that met the requirements of the regulations and national standards. The centre's policies and procedures were updated in the first quarter of 2020 and were recently circulated to the staff team. The senior services manager informed the inspectors that training on the recently developed policies will be scheduled in the coming months. Following a review of relevant policies relating to this inspection the inspectors advised that the centre's behaviour management policy incorporate guidance for staff on the use of restrictive procedures and the procedures in place in the centre for auditing and monitoring the residential centre's approach to managing behaviour that challenges.

The inspectors found that the centre's child safeguarding policy was updated in 2019 and was compliant with the requirements of the Children's First Act, 2015 and Children First: National Guidance for the Protection and Welfare of Children, 2017.

The senior services manager had commenced an auditing process to monitor the centre's compliance with the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA). The audit template was recently realigned to reflect the relevant national standards. Audits were undertaken in the centre every two months and forwarded to the centre manager and the director of services. Feedback from the audit was provided to the centre manager and relayed to staff at team meetings.

The inspectors found that staff interviewed demonstrated an understanding of the relevant legislation, regulations, policies and standards for the care and welfare of the young people, appropriate to their role. Team meetings and management meetings referenced the relevant national standards. Staff confirmed they were expected to

review and present policies at team meetings, however, the inspectors found the minutes of team meetings did not always reflect this policy review.

Staff were familiar with the requirements of child safeguarding legislation and the procedures for reporting concerns about the safety and welfare of children in their care. They were familiar with the centre's child safeguarding statement and the identified risks set out in the statement for children living in the residential centre.

**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 evidence of strong leadership within the centre and there were effective management arrangements in place. The centre manager had the required qualification and experience to undertake the role. They demonstrated a clear vision for the centre in relation to the care approach and the desired outcomes for the young people in placement. This was reaffirmed in staff interviews and inspection questionnaires completed by all members of the staff team. The centre manager had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. Team meetings, internal management meetings and senior management meetings were held on a regular basis and a record was maintained of all meetings. Social workers allocated to the young people in placement, the young people themselves in placement, a parent and guardian ad litem interviewed by the inspectors stated they were satisfied with the leadership and management in the centre. They confirmed that communication was good between all relevant parties.

There was a management structure in place with clearly defined roles and lines of authority and accountability. Staff and young people interviewed were familiar with the lines of authority within the organisation and external managers were accessible to staff and young people. The internal management structure for the centre comprised of the centre manager, deputy manager and two social care leaders and was appropriate to the size and purpose and function of the centre. The external management structure included two senior managers and the director of services. There were written job descriptions for each of the roles within the service and staff and managers interviewed were clear about their roles and responsibilities. Staff were held accountable for their work through a regular supervision process.

The centre had a procurement contract in place with the Tusla's National Private Placement Team. The registered provider attended bi-annual review meetings with the funding body.

The policy documents reviewed by the inspectors evidenced that policies were developed by the senior management team, were approved by the director of services and were to be reviewed on an annual basis. Team meeting minutes, management meetings and staff supervision evidenced that policies and procedures were discussed as part of the meeting agenda.

The centre had a written risk management policy. There was a risk management framework in place to identify, assess and manage centre specific risks and organisational risks specific to the overall operation of the service. There was evidence that risks were discussed at the senior management meetings. The centre risk register and the corporate risk register were reviewed by the inspectors. Staff interviewed were aware of the risk management framework in place. Inspectors were satisfied that the individual risks associated with the young people were identified, assessed and managed. Safety plans and behaviour support plans were implemented when required and subject to regular review. The allocated social workers stated that staff effectively identified, assessed and managed risks associated with the young people in placement. The young people interviewed stated they felt safe and well cared for in the centre. All persons interviewed as part of this inspection was satisfied that the young people were safe and had made good progress in their placements to date.

The inspectors found there were formalised procedures for on-call arrangements at evenings and weekends and the on-call rota for weekends was displayed in the staff office. On-call reports were completed and forwarded to head office.

Inspectors reviewed the centres contingency plans and responses to the recent COVID-19 pandemic. Inspectors found there was a robust, timely and effective response to the guidelines issues by both the government and public health. There was evidence that the centre manager supported the young people to understand and adhere to the public health guidelines. The young people confirmed they were kept fully informed of all infection control procedures and public health guidelines and were satisfied that staff took all necessary measures to keep them healthy and well. Inspectors reviewed preparedness plans, risk assessments, infection control guidelines and cleaning schedules. The daily handover set out all protocols and cleaning routines. Inspectors found these measures to be in line with public health

guidance. Social workers were satisfied they were kept fully informed by centre staff of all protocols, safety measures and restrictions imposed by the centre to respond to the Covid 19 pandemic. Inspectors also found that as restrictions were eased 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.

There were alternative management arrangements in place when the centre manager was on leave. The deputy manager deputised for the manager in their absence. At the time of the inspection the deputy manager was on planned leave and one of the social care leaders was undertaking the deputy manager's role and responsibilities. The centre manager maintained a list of all delegated tasks that was updated as and when required.

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

Inspectors found that the centre had a written statement of purpose which clearly described the service provision delivered by the centre. The statement outlined the aims, objectives and ethos of the centre, the age range, numbers and cohort of children it catered for, management and staffing in the centre, key policies that guided practice and specialised facilities provided to meet the needs of the children placed in the centre. The statement of purpose adequately described the model of care provided and interviews with managers and centre staff evidenced their understanding of the care approach.

Staff received information about the model of care during their initial induction. Staff also completed core attachment training with the service's attachment specialist. On-going support and guidance and support was provided to the team in relation to their attachment work. The service had recently recruited a psychologist and they were accessible to the centre manager and the team to support and guide the therapeutic care programme.

Staff interviewed by the inspectors were able to describe the outcomes they sought to achieve for each of the young people within the context of their model of care. Centre records evidenced the care approach and was referenced in team meetings, therapeutic meetings, staff handover and supervision records. The service had recently trained a number of senior staff to deliver model of care training to staff that

would further strengthen the therapeutic approach in the centre. There were plans to roll out this training to the staff team when face-to-face training can be resumed.

The centre had written information about its operations that was in an accessible format for children and for parents.

The statement of purpose is reviewed annually by the centre manager and the director of service and was reviewed in February 2020.

**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 centre had a written quality assurance policy. Inspectors found evidence that the quality, safety and continuity of care provided to children in the centre was regularly reviewed to inform improvements in practices and to achieve better outcomes for the young people. The internal managers read and signed off on daily logs, on significant event notifications and all other care records generated by staff. The centre manager and the deputy manager were present in the centre on a daily basis and there was evidence of practice being reviewed on a daily basis. The centre manager and the senior services manager undertook regular audits within the centre. Following a review of external audits the inspectors found that a number of gaps and deficits in centre practice were recurring in subsequent centre audits. The senior services managers must ensure there is a system in place to verify that identified deficits or actions required have been addressed within the centre.

The centre had a clear format for recording and monitoring complaints which was supported by a written complaints policy. Inspectors reviewed the centre complaints log and the complaints form for each complaint on the register. All complaints were closed with a clear outcome. There was evidence of oversight by the external manager. The staff interviewed confirmed that the senior service manager was the identified complaints officer and had responsibility for oversight of all complaints. Staff demonstrated an understanding of the importance of having an open and robust complaints process for young people in care. Complaints were a standing item on the agenda for team meetings to promote discussion and inform team learning.

The centre's complaints procedure was set out in the young people's booklet. The young people interviewed were aware of the complaints procedure and stated that staff listened to them. They stated they were confident that staff would support them

in making complaints about their care. One of the young people interviewed stated that the complaints forms were stored in the staff office and this made them difficult to access. Inspectors advised the centre manager to ensure the forms were in an open and accessible place for the young people. There was evidence that regular house meetings took place where the young people had the opportunity to discuss issues they may have.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centres objectives and set out improvement plan to achieve better outcomes for young people. They confirmed to the inspectors they were working towards meeting this standard which is to be completed by November 2020.

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

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

### **Actions required**

- The senior services manager and the centre manager must ensure there is written guidance for staff on the use of restrictive procedures and the procedures in place in the centre for auditing and monitoring the residential centre's approach to managing behaviour that challenges.
- The senior services manager must have a system in place to check that gaps and deficits identified in the audits are rectified and addressed and are not recurring in subsequent audits.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The senior services manager and the centre manager must ensure there is written guidance for staff on the use of restrictive procedures and the procedures in place in the centre for auditing and monitoring the residential centre's approach to managing behaviour that challenges.</p> <p>The senior services manager must have a system in place to check that gaps and deficits identified in the audits are rectified and addressed and are not recurring in subsequent audits.</p>	<p>The senior service manager has amended the updated behaviour management policy to ensure that there is written guidance for staff on the use of restrictive procedures in place in the centre and the auditing and monitoring of these. Completed July 2020.</p> <p>The senior service manager will ensure that gaps and deficits identified in the audits are rectified and addressed and not recurring in subsequent audits, these will be signed off by both the centre manager and the senior service manager bimonthly. Any recurring issues will be escalated to the director of services.</p>	<p>Review of restrictive practices, if any, is included in the centre's bimonthly audits completed by the senior service manager.</p> <p>Centre audits are reviewed during senior management meetings, any recurring gaps/deficits can be further addressed through this forum. The director of services will review centre audits bi-annually.</p>