



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: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Gateway Organisation</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>11<sup>th</sup> 12<sup>th</sup> and 13<sup>th</sup> July</b>
<b>Registration Status:</b>	<b>Registered from the 25<sup>th</sup> September 2020 to the 25<sup>th</sup> September 2023</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>20<sup>th</sup> September 2022</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 in 2007. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 25<sup>th</sup> of September 2020 to 25<sup>th</sup> 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 model of care was built on the Three Pillars of trauma informed care. The three pillars being safety, connections, and coping. The approach to working with young people was also 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. 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
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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, centre manager and to the relevant social work departments on the 31<sup>st</sup> August 2022. 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 9<sup>th</sup> September 2022. 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 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The inspectors found the centre was suitable in terms of the location, size, space for privacy and suitable areas for communal living for the care of four young people. The spaces in the house were adapted appropriately to meet the needs of teenagers for example an education room, a 'chill out' room and a games room. The rooms were equipped with books, art materials and suitable recreational games and activities. There was a spacious hard-core area with basketball hoop to the rear of the house and a large lawn to the front of the premises that was well maintained. Each young person had their own bedroom and ensuite. One of the young people invited the inspectors to view their room. The room was found to be well maintained and personalised by the young person. The inspectors viewed the bedroom of a young person who was recently discharged. The bedroom was repainted, deep cleaned, and a new bed and mattress was purchased for the next young person to be admitted. There was sufficient space for storage in the bedrooms. There were systems in place to monitor the young people at night and this practice was subject to risk assessment.

There were areas of the centre that were upgraded in the past year, for example, a new kitchen was installed and new flooring in some areas. However, the inspectors found that the premises could benefit from additional redecoration and painting particularly in the hallway and upstairs landing. The carpet on the stairs and upstairs landing was found to be soiled and worn and in need of replacement.

The inspectors found that some communal spaces within the premises required updating in terms of furnishings and décor. A soft chair in the education room was worn and torn and thus presented as a fire hazard. The manager confirmed it would be removed as a matter of priority. Additionally, the windows in the centre required

replacing as a safety coating that was applied to the windows years previously had become worn away and opaque over time and was unsightly, blocked a clear view through the windows and impacted on the overall visual appearance of the centre.

The inspectors found the young people were consulted about the décor and they had decorated and painted the ‘chill out’ room and the young people’s information area. The inspectors found that the young people’s ‘chill out’ room could be improved with the addition of updated and suitable furnishings. The inspectors found that the centre maintenance book was up to date however the logbook did not identify the date the repair was completed therefore the inspectors could not assess the speed of repairs.

There were weekly cleaning schedules in place and the inspectors found the centre was clean, and that food preparation practices, and food storage areas were maintained in line with best practice. There was evidence that staff and young people shared mealtimes together in the evening. Laundry facilities were suitable, and the young people were involved in undertaking chores and keeping their rooms tidy and clean. The centre was adequately lit, heated, and ventilated. There were personal touches to the centre and the young people could display and keep personal items around the house.

The centre had a written health and safety statement that was set out in line with the requirements of health and safety legislation and was updated in 2022. The centre also had a health and safety policy in place. Emergency contacts were identified on the statement, and the statement was site specific. The staff signed the health and safety statement to indicate it had been read and understood, however the inspectors additionally recommend that staff date the document when read. The centre had a named health and safety representative and staff interviewed were aware of who was the appointed person in this regard. The centre health and safety representative conducted health and safety checks every three months and completed a detailed report on their findings that was shared with the staff team. The staff members also completed a weekly risk/hazard assessment of the premises that noted any presenting risks and preventative measures required. First aid kits were available in the centre and the contents were monitored and replaced when used.

The centre maintained an accident and injury logbook. There were specific accident/injury forms on site to record details of accidents and injuries sustained by staff or young people. There were no accidents or injuries reported in the past twelve

months. The procedure for reporting workplace accidents was in line with health and safety legislation.

Mandatory training was completed by staff in manual handling, behaviour management, fire safety, first aid response training (PHECC training) and Children First. A sample of personnel files evidenced up to date training certification. The centre manager and the services training officer had systems in place to track staff training requirements.

The centre had procedures in place to ensure compliance with the requirements of fire safety legislation. The centre maintained a fire register and had an appointed fire safety representative. The required service checks were carried out on the fire alarm, smoke alarms and emergency lighting and were evidenced on the fire register. The fire evacuation plan was displayed in the centre and the assembly point was identified. Staff had training in fire safety and practical demonstrations were completed on the use of fire equipment. There were internal systems in place to ensure fire equipment was checked by staff. Onsite firefighting equipment was serviced annually as required. Exits were clearly marked and illuminated, and key guards were located at each exit point. There was a fire risk assessment logbook completed on a weekly basis by staff and a fire drill record book. There was evidence that regular fire drills were undertaken and at least one drill annually under the cover of darkness. The young people interviewed by the inspectors confirmed they had participated in fire drills as had the staff interviewed. Staff and managers confirmed there were no issues with the young people participating in the fire drills.

The inspectors noted that the fire panel did not identify the zones within the house and the fire extinguishers for the first floor of the premises were secured in the two staff bedrooms. While the fire points were identified as located in the bedrooms there was no current risk assessment to indicate there were safety issues with placing the firefighting equipment on the general landing area. Firefighting equipment must only be maintained in a secure location if supported by a current risk assessment.

There were three vehicles onsite to transport the young people. The centre vehicles were found to be roadworthy, regularly serviced, insured, taxed and driven by staff who were legally licenced to drive the vehicles. Copies of full driving licences were evidenced on the personnel files reviewed by the inspectors. Each car contained a fire extinguisher, first aid kit and high-vis jackets. The centre recorded all vehicle maintenance checks and repairs and there were systems in place to undertake weekly cleaning and checks on the centre vehicles. House maintenance requirements, fire

safety and oversight of cars was evidenced as standing agenda items at team meetings.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The director of operations in conjunction with the centre manager must develop a planned programme to redecorate and upgrade the premises to include the replacement of windows, replacement of carpet on the stairway, painting of hallway and landing and upgrading of soft furnishings.
- The centre manager must ensure the centre maintenance log evidence the date the reported maintenance issue was resolved in order to monitor and assess the speed of repairs.
- The centre manager must ensure the fire panel identifies the fire zones in the premises.
- The centre manager must ensure the fire extinguishers are easily accessible in the upstairs of the house unless a current risk assessment evidence the potential or known risks associated with them being tampered with or misused.

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

## **Regulation 16: Notification of Significant Events**

### **Theme 3: Safe Care and Support**

#### **Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

The organisation had policies in place that supported a positive approach to the management of behaviour that challenges, and these were underpinned by the organisation's model of care. The behaviour management policy focused on responding to pain-based behaviour and staff interviewed were able to describe this and how it fits into their model of care and the crisis intervention model of care. The staff interviewed outlined how they promoted positive behaviour through their understanding of trauma and attachment-based approaches to care, the model of care itself – safety, connections and coping, positive reinforcement, and use of relationships. The inspectors found this approach was reflected in the key working, the individual work with the young people and in the interviews with staff and managers.

The staff in the centre were also trained in a recognised model of behaviour management and there was individual crisis support plans in place. There was evidence of good planning and discussion in relation to responding to behaviours at team meetings. Following interviews with staff, the young people, the social workers, and appointed Guardians ad Litem, the inspectors found the young people had positive and warm relationships with members of the staff team. The inspectors observed this in practice on the day of the onsite inspection. The internal management team were good role models for staff and their individual skills were utilized well and they worked in a collaborative and respectful manner that influenced the overall culture in the centre. The young people spoke highly of the staff team and the care being provided. They stated there were staff they could speak to and had relationships with, and they felt listened to and valued. The social workers interviewed by the inspectors spoke highly of the centre manager and staff team and commended their ability to build relationships and their overall commitment to the young people living in the centre.

Staff had access to up-to-date knowledge and skills. The inspectors found that staff were provided with relevant training to ensure they were competent in implementing these approaches. There were a number of written documents to assist and support

the management of behaviour, for example the recovery plans, the individual crisis support plans, absence management plans and individual risk assessments. Risks in relation to behavioural presentation were identified and subject to structured risk assessments. The individual risk assessments were developed in response to presenting behaviours and risks were measured, monitored, and reviewed. Staff interviewed by the inspectors displayed a knowledge and understanding of the underlying causes of behaviour and situations that may lead to behaviour that challenged.

There was a written policy in relation to the use of sanctions. Inspectors found that there was not an over-reliance on sanctions or consequences to manage behaviour that challenged and there were systems in place to record and monitor sanctions and consequences.

The centre had a written incident and significant event notification management policy. Social workers and Guardians ad Litem were satisfied they were notified in a timely manner of significant events in the young people's lives. They were satisfied that such reports were well detailed and written to a good standard.

The centre maintained a register of all significant events. Overall, the inspectors found the centre was very settled over the past twelve months and there were very few significant event notifications. There was evidence of the centre manager's oversight of the significant events reports. To further improve the centre management oversight of events the inspectors recommend they provide in their commentary an analysis how event was managed in line with agreed practice and to note if there were additional matters to follow up on following the event rather than a summary review of the event itself. The significant event reports reviewed by the inspectors evidenced the use of the principles and practices of the centre's behaviour management approach and their model of care.

There was evidence that external managers reviewed all significant event notifications and visited the centre regularly to meet with staff and young people. Significant events were comprehensively reviewed at team meetings and monthly within the senior management meetings where centre managers, senior managers, the director of operations, service psychologist, training officer and the senior administrator were in attendance. This process facilitated a collective analysis of selected significant events with recommendations for learning from events. There was evidence of feedback to the team following the significant event review process.

There was no evidence of bullying in the centre and the young people interviewed by the inspectors confirmed this. The staff completed key working and individual work with the young people around managing their behaviour and supporting them in relation to their mental health and wellbeing. The records showed that staff helped and supported the young people to develop plans to manage their feelings and reduce anxiety when they felt overwhelmed. There was evidence that both residents made significant progress over the past twelve months, and this was acknowledged by the young people and the external professionals interviewed. There was evidence of lots of natural conversations with the young people in relation to mental health. Plans to address the young people's mental health and wellbeing were set out in the recovery plans, the placement plans, and the overarching care plans. Further, there was written evidence that key working was undertaken to support young people to develop an understanding of their behaviours and the rights of others.

The service had recently recruited a psychologist to work with the young people and support the staff teams. The centre also had access to an attachment specialist. The service training officer had a key role in the oversight of the crisis intervention approach and the provision of guidance for the staff team in behaviour management. The training officer completed weekly organisational reports on all significant events. Externally several audits were completed since the last inspection that included an oversight of the management of behaviour and action plans were developed following these audits.

Inspectors found evidence that external specialist supports were sought and provided to young people. The young people were referred to counsellors and therapists as required however the current residents were not currently involved with external specialist supports at the time of the inspection. The young people were informed about external and independent support services such as EPIC.

Overall, the centre manager and staff interviewed were satisfied they were provided with relevant information about the young people at the point of referral and on admission to enable them to formulate plans to meet needs of the young people and respond to their presenting behaviour.

There were several identified restrictive practices in place in the centre that had corresponding risk assessments. These included sensors on the bedroom doors, a lock on the cleaning products press, room searches, removal of TV remotes and window restrictors. The inspectors found that physical restraint interventions were not a feature of the young people's care in the centre. The inspectors were made



aware that some internal doors were locked at night however this practice was not assessed as restrictive as it should be. The inspectors also advise that the centre records on restrictive practices evidence that consultation took place with social worker in relation to the restrictive practices in place.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- The centre manager must ensure that the practice of locking internal doors at night-time is risk assessed and that the centre records evidence that consultation took place with social worker in relation to the restrictive practices in place.

### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

Overall, the inspectors found there was a strong focus on the young people's education and/or vocational training. The social workers and Guardians ad Litem spoke highly of the efforts of staff to maintain the young people in education. There was a strong commitment from staff to keep young people in formal education as a priority. The young people interviewed stated they felt well supported by the staff to attend school and reach their potential. The aims of the placement in relation to education were also set out clearly in the young people's recovery plans and placement plans. Two of the young people struggled with regular school attendance and the records on file evidenced the efforts of staff to support the young people and the school community to maintain their placements. Key work with the young people evidenced how staff supported the young people to discuss their preferences,



interests and abilities and aspirations in relation to training and educational goals. This was confirmed by the external professionals who were interviewed as part of this inspection. Key work records showed how staff assisted the young people who were recently discharged from the centre to identify post leaving certificate courses and complete their selected course application forms along with support to apply for casual work during the holiday periods.

The inspectors found that key staff had developed good collaborative relationships with school personnel, both year head teachers and school Principals, which was hugely beneficial when challenges arose for the young people in relation to their education. There was evidence that staff were empathetic in their approach when young people struggled with school attendance however this approach was balanced with an expectation that staff would support and facilitate them to attend. The daily logs reviewed by the inspectors evidenced staff efforts to get young people to school each morning and where young people did not attend their educational placement staff efforts to engage them in on site activities such as baking, and cooking were evident.

The care files for two residents recently discharged evidenced the young people's education journey and progress. Copies of educational and training certificates, certificates of achievement, end of term exam reports, educational assessments, records of meetings with school personnel and records of parent teacher meetings were stored on these young people's care files. Past school reports for one of the current residents had not been secured to date from the social worker. This young person had three social workers over a twelve-month period and there was evidence the centre manager had requested this information for the care records.

The young people in placement at the time of the inspection did not require additional educational assessments. Supplementary tuition was offered to the young people as required. There were good routines and staff expectations in relation to afterschool homework with the provision of an education room, appropriate schoolbooks, and study desks in rooms.

There was ample evidence to show how staff supported the young people to reach their potential and maximise their individual strengths and abilities. One young person excelled in sport and the service had provided them with a substantial financial package to pursue their training and attendance at competitions nationally and internationally. Tusla had also matched this financial support to assist the young person with their competitive training programme. The young person spoke with the

inspectors and outlined their gratitude for the opportunities provided to them and for the support they had received from both Tusla, the centre staff and the service managers. The young person outlined to the inspectors their commitment to complete their final year in school and sit the State exams prior to leaving care and pursuing their sporting endeavors.

The centre manager was aware of the role of the Education Welfare Officer and had considered home schooling options for one of the young people earlier in the year. A few of the young people who were in placement had several changes in social work personnel since their admission to the centre, however, the inspectors found that the centre manager and key staff were strong advocates for the young people in the absence of consistent social work support. This was recognised by the appointed Guardians ad Litem and was evident in centre and planning meeting records. The inspectors found there was good oversight of the young people's engagement in education at team meetings and management meetings.

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

None identified.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The director of operations in conjunction with the centre manager must develop a planned programme to redecorate and upgrade the premises to include the replacement of windows, replacement of carpet on the stairway, painting of hallway and landing and upgrading of soft furnishings.</p> <p>The centre manager must ensure the centre maintenance log evidence the date the reported maintenance issue was resolved in order to monitor and assess the speed of repairs.</p>	<p>Director of Operations and Chief Financial Officer in conjunction with the Centre Manager have formulated a scheduled plan for the outlined upgrades to the premises.</p> <p>Work has commenced on removing the visual defect on the effected windows. Full completion to occur on or before December 2022 (weather permitting).</p> <p>The carpet replacement, painting requirements and upgrade to the soft furnishings is in process for this quarter.</p> <p>The centre manager updated the maintenance log to include the completion date (July 2022).</p>	<p>The centre manager alongside the Health &amp; Safety representative will ensure all actions are completed within the agreed timeframe. Further enhancements will be reviewed quarterly as part of the scheduled plan.</p> <p>Going forward the centre manager will ensure the maintenance log reflects the timeframe of repairs.</p>

	<p>The centre manager must ensure the fire panel identifies the fire zones in the premises.</p> <p>The centre manager must ensure the fire extinguishers are easily accessible in the upstairs of the house unless a current risk assessment evidence the potential or known risks associated with them being tampered with or misused.</p>	<p>The Centre Manager has been in contact with the contracted electrical company and the fire panel will identify the fire zones on the premises. This will be completed by the end of September 2022.</p> <p>The fire extinguishers have been placed on the upstairs landing to ensure they are easily accessible in the upstairs of the Centre. (September 2022).</p>	<p>The Centre Manager alongside the fire safety representative will make sure the fire zones are clearly identified on the fire panel and this will be communicated to the team at the planned team meeting on the 22.09.22.</p> <p>The Centre Manager and fire officer will update the fire safety plans within the house to show that firefighting equipment is available on the upstairs of the Centre.</p> <p>The fire extinguishers will remain on the landing and will only be removed if a young person presents new behaviours that warrants a risk assessment and restrictive practice for health and safety.</p>
<b>3</b>	<p>The centre manager must ensure that the practice of locking internal doors at night-time is risk assessed and that the centre records evidence that consultation took place with social worker in relation to the restrictive practices in place.</p>	<p>The Centre Manager and the staff team discussed the locking of the internal door (games room) and agree that going forward the door will continue to be locked at night-time to ensure the safety and wellbeing of all young people through unsupervised communication on gaming</p>	<p>The Centre Manager will ensure that this risk assessment will be discussed at the planned team meeting on the 22.09.22 and reviewed when required.</p> <p>The Centre Manager will ensure all risk assessments are reviewed with the staff</p>

		<p>devices.</p> <p>A risk assessment will be completed for the continuation of locking of the internal door (games room) at night-time.</p> <p>The Centre Manager has requested training on restrictive practices &amp; risk assessing to ensure the staff team are competent in their understanding in line with the risk assessment policy in place. This training will commence in October 2022.</p>	<p>team at team meetings on a monthly basis.</p> <p>The Centre Manager will ensure consultation takes place with all social workers on restrictive practices in place.</p>
4	N/A		