



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 017

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Gateway Residential Care
Registered Capacity:	Two Young People
Type of Inspection:	Announced Inspection
Date of inspection:	13th, 14th and 15th November
Registration Status:	Registered from 18th December 2022 to 18th December 2025
Inspection Team:	Lorna Wogan Anne McEvoy
Date Report Issued:	21st December 2023

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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 and Regulation 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 18th December 2013. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 18th December 2022 to the 18th December 2025.

The centre was registered as a dual occupancy service to provide medium to long term care for two children from age 13 to 17 years on admission. The centre's model of care was built on a strengths-based approach. The care of the children was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. 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 and belonging. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
3: Safe Care and Support	3.2
6: Responsive Workforce	6.3

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 6th December 2023. 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 15th December 2023. 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: 017 without attached conditions from the 18th December 2022 to the 18th December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The inspectors found this standard was met in full. The centre had a policy on contact with family and friends. Contact with family and friends was set out in the young people's care plans. The young people's placement plans also identified areas of work with the young people around social functioning, relationships and their personal narrative. Care plans and placement plans were comprehensive and up to date for both young people. The social workers and the Guardian ad Litem were satisfied that the centre manager and staff team worked hard to ensure that the young people maintained positive links with family, their community and other significant people in their lives.

Staff supported both young people to maintain positive attachments and links with family, previous carers and extended family members. Where significant family members had died the staff supported the young people to keep memories alive and marked special anniversaries. Since the previous inspection one of the young people had increased and extended contact with a former carer. This was a positive development and had a positive impact on their life combined with planned visits to a grandparent.

Both young people were placed at a considerable distance from their communities of origin. Despite this the staff facilitated family contact and there was evidence of mindful planning to ensure long car journeys were safe and sustainable for all. There were adequate staffing resources to facilitate family contact. There was evidence that sibling contact was supported and facilitated by staff and the young people attended

special family occasions and religious celebrations with their siblings. Where complex family dynamics existed, there was evidence that staff managed them in an open, caring and non-judgemental manner. Where risk of harm existed or where relationships with family or friends impacted or had potential to impact on the young people's wellbeing, this was addressed with them through individual work and key working.

At the time of the inspection, the young people were not involved in structured local activities, however there was evidence that staff had offered them opportunities to engage in a range of community activities. Staff encouraged interests and hobbies as expressed by the young people and ensured they had opportunities to engage in them. Birthdays and special occasions were marked, celebrated and documented on the care files.

One young person did not wish their care status to be known to their school peers and there were strategies in place to manage this situation. Staff were sensitive to their wishes in this regard. This young person recently commenced meeting with school friends for a specified period of time in the local town and this was supported and encouraged by staff. Equally, for another young person staff empowered them to manage more challenging relationship dynamics with family and friends. Key working and individual work records on file evidenced the advice and guidance provided by staff and importantly the young persons' voice. The young people were also supported to meet with an independent advocate from the national advocacy service for young people in care.

The young people had their own mobile phones and could contact family members and social workers and make calls in private. There were appropriate safeguards in place for one of the young people in relation to internet safety and safety on-line. Monitoring of one young person's phone was undertaken in agreement with the social worker.

Records outlining family contact and the outcome of these contacts were maintained on the young people's care files. One young person's family contact was supervised by the social work department and the reasons for this were explained to the young person.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
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 identified

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.

There were policies and procedures in place to support positive behaviour and manage behaviour that challenges. Over the past year there was a renewed focus on training staff on the centre's model of care and in completing refresher training on the model of care. Additionally, staff had completed their crisis behaviour management intervention training and required refresher training and all personnel files reviewed by the inspector's evidenced certification on file. Each young person had a written individual crisis support plan in line with the requirements of the crisis intervention programme. Interventions and post incident responses were set out in the plans. Staff interviewed were familiar with the approach to behaviour management and the behaviour support plans in place for each of the young people. Significant event reports reviewed by the inspectors evidenced the approach to supporting the young people and the de-escalation techniques identified in the individual crisis support plans. There were no incidents of physical restraint in the past twelve months and this evidenced the significant progress made for one young

person in placement. Absence management plans were in place and individualised to identify key risks and agreed responses to incidents of unauthorised absences. All behaviour management plans were reviewed and updated on a monthly basis or sooner if required. There were two incidents of unauthorised absences for one young person and the inspectors found these incidents were appropriately recorded, reported and subsequently reviewed with the young person in individual work or within life space interviews.

Reports were found to be written in a professional manner and were appropriately reviewed by the centre manager with oversight by the regional director who was the external line manager for the centre. There were robust systems in place for the oversight of significant events for example, they were recorded in the managers monthly governance report, the centre's significant event register and in the weekly reports sent to social workers and Guardian ad Litem. Significant events were reviewed at team meetings and at the external significant events review group meetings. There was evidence of learning outcomes identified and discussed at team meetings. The social worker and Guardian ad Litem were satisfied they received significant event reports in a timely manner. Follow up work with the young people in key working and individual work evidenced a focus on children's rights through listening to the voice of the young people and allowing them to express their views, or by staff advocating on their behalf.

Staff interviewed knew the young people well and identified key behavioural challenges for both young people, the risks associated with such behaviours and the strategies in place to support the young people. The inspectors found that the staff interviewed were alert to signs of low mood and mental health concerns and were responsive in such instances.

The inspectors found that staff set clear boundaries and expectations for the young people for example in relation to use of screen time and treating others with respect. Boundaries and expectations were reinforced at young people's meetings. There was evidence that staff talked through issues with the young people and helped them to recognise their feelings, how their behaviour impacted on others or on their own personal safety. Through life space interviews staff helped them to think about more effective ways to manage their feelings or manage similar incidents in the future in a safer way. Key work was completed to a good standard and in line with the care and placement plans. External professionals interviewed commended the individual work completed by staff.

There was evidence that staff did not rely on sanctions or consequences to manage behaviour that challenges. Consequences, when implemented were recorded and tracked in the monthly governance reports and discussed within the team meeting agenda.

The inspectors found that staff had access to relevant information to support the young people with behaviour that challenges. There were systems in place that supported effective communication within the team that included daily log reports and handover meetings. Specialist reports were available to staff and there was evidence that recommendations and findings from these reports were considered by staff in the young people's care. Placement plans and monthly plans for the young people considered the emotional wellbeing of the young people. There was evidence that staff paid particular attention to the impact of each young person's behaviour on the other and provided opportunities for the young people to discuss this internally with staff and externally with other professionals. There were agreed strategies in place to support the young people in this regard.

The inspectors reviewed audits completed by personnel external to the centre that focused on behaviour management. The findings of external audits were incorporated onto the centres quality improvement plan that was reviewed and updated by the centre manager and the regional director on an on-going basis. Team meeting records evidenced that staff were assigned tasks to complete arising from the quality improvement plan and supported to understand the requirements of the national standards and legislation as they applied to residential care.

The centre's behaviour management policy was recently updated to include guidance for staff in relation to the implementation of restrictive practices. There were systems in place to record restrictive procedures as they were implemented. The inspectors found that the written policy on restrictive procedures did not indicate that social workers and family would be consulted and/or informed where a restrictive practice was implemented. The policy must outline consultation with the social worker when implementing restrictive procedures. Additionally, the inspectors found there was a restrictive practice in place that was not recorded on the restrictive practice register. An internal door was locked at night and there was no clear rationale or risk assessment in place to indicate this was required. The centre manager must review this practice with the team and in consultation with the relevant social workers.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The written policy on restrictive procedures must outline consultation/notification with social workers and family members where restrictive procedures are being or have been implemented.
- The centre manager must review the practice of locking internal doors at nighttime and ensure such procedures are assessed and recorded as restrictive.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff interviewed were clear on their roles and responsibilities. Roles and responsibilities were reviewed with staff in supervision. There were clear lines of authority and accountability within the organisation and staff interviewed were familiar with the external management structure. The centre manager was sufficiently experienced and appropriately qualified to undertake their role. The director of service was accessible to staff. Job descriptions were evident on staff personnel files reviewed by the inspectors.

There was an evident focus on policy development and review of centre policies over the previous twelve months with a dedicated policy review day with managers across

the organisation. Staff meetings evidenced a team review of key policies on a rotational basis. Changes in policies or newly developed policies were also discussed at team meetings. Staff induction records also evidenced that staff had reviewed written policies and procedures.

The young people were cared for by a consistent, experienced team who were cohesive in their approach and this was reflected in the progress the young people had made to date. There were regular team meetings that evidenced good oversight of practice and opportunities for planning and review. There was evidence that staff enjoyed working in the centre, they felt supported in their work and were committed to the young people in their care. The inspectors observed a good rapport between the centre manager, staff and the young people. There were three team leaders appointed in the centre and they provided support and guidance to the wider team. The social workers were of the view the young people had developed trusting relationships with the adults caring for them.

The inspectors found that team members were confident in their practice and were not dependent on external supports to make decisions or advise on practice after hours or at weekends. Team members acknowledged the different skill sets and strengths within the team and there was an evident focus in supervision in relation to the on-going need to review consistency within the team.

The inspectors reviewed staff supervision files. Staff received regular supervision in line with policy as did the centre manager. The supervisors were trained to deliver supervision. Supervision contracts were on file and set out the purpose of the supervision process and the expectations of the supervisee and the supervisor. Records of supervision were maintained on file and signed by both parties. Staff interviewed confirmed that supervision was beneficial and provided good support to them in their work. There was evidence of a culture of learning and development within the supervision process. Goals were identified at each supervision meeting however in some instances the inspectors found the supervision records did not evidence the action/direction/guidance provided to staff where issues were discussed. The inspectors recommend that the staff supervision records evidence the advice and guidance provided to staff by their supervisor.

There was evidence on the staff files that staff undertook a formal appraisal of their performance annually. The manager and staff both signed the completed appraisal forms.

The staff identified a number of measures in place to minimise the risk to their safety such as staff training, lone working policy, safety plans and on-call support. The staff also had access to an employment assistance programme and were aware how to access this support. There was a robust training programme in place to ensure staff completed all their mandatory training. Additional training workshops were undertaken to meet the needs of the young people as required. Feedback from significant event review group meetings further evidenced a culture of learning.

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

Compliance with standards	
Practices met the required standard	Standard 6.3
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 identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
3	<p>The written policy on restrictive procedures must outline consultation/notification with social workers and family members where restrictive procedures are being or have been implemented.</p> <p>The centre manager must review the practice of locking internal doors at nighttime and ensure such procedures are assessed and recorded as restrictive.</p>	<p>A new updated policy will be drawn up and approved by the Human Rights Committee and Group Quality Director. This will be circulated no later than 31st January 2024.</p> <p>Both young person's registers have been updated to show locking internal door at nighttime as a restrictive practice and the rationale for this explained. Completed 24/11/23.</p>	<p>The organisation has set up a Human Rights Committee. The Directors from Gateway Residential Care sit on this committee with an external chair. Restrictive Practice is a theme that is being assessed currently within this committee. This will form part of a preventative strategy to ensure issues of this nature do not arise again.</p> <p>The PIC (Centre Manager) will ensure that all restrictive practices in future are reordered in live registers for each young person and updated, as necessary.</p>
6	N/A		