



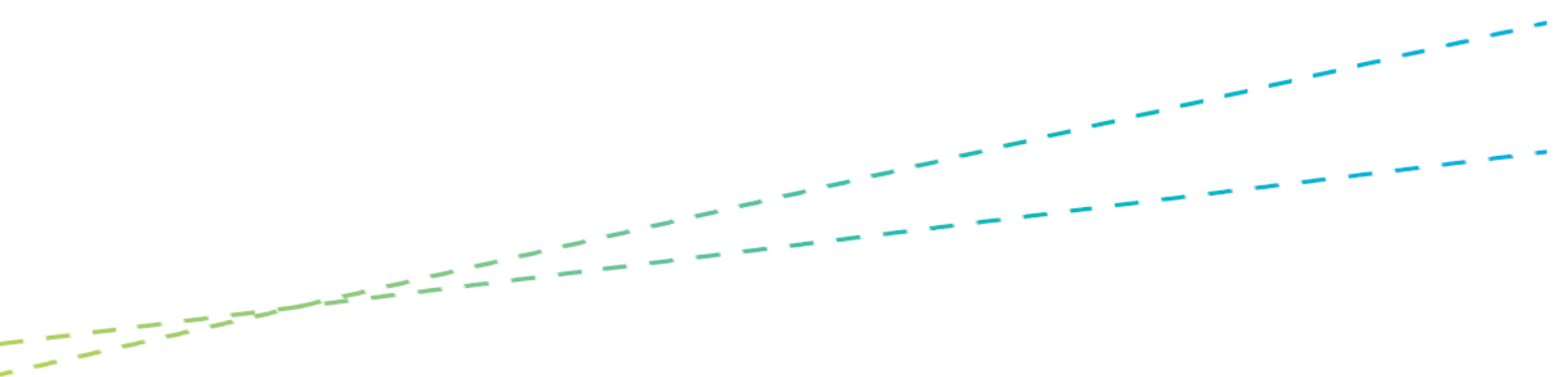
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Alternative Care - Inspection and Monitoring Service**

### **Children's Residential Centre**

**Centre ID number: 017**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Gateway Children's Services Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>13<sup>th</sup> and 14<sup>th</sup> August 2019</b>
<b>Registration Status:</b>	<b>Registered with attached conditions from 18<sup>th</sup> December 2019 to 18<sup>th</sup> December 2022</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>12<sup>th</sup> December 2019</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in December 2013. At the time of this inspection the centre was in its second registration and in year three of the cycle. The centre was registered without attached conditions from 18<sup>th</sup> December 2016 to 18<sup>th</sup> December 2019.

The centre's purpose and function was to accommodate two children of both genders from age eight to fourteen years on admission. For the nine months prior to inspection the centre had provided a single occupancy placement for the young person in placement and this was agreed as part of their care plan. The approach to working with young people was informed by attachment and resilience theories with the over-arching approach based on positive behaviour support. The attachment-based approach was supported and guided by an external specialist in the area of attachment disorders. The staff team also 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.

The inspectors examined standard 2 'management and staffing', standard 5 'planning for children and young people', aspects of standard 6 'care of the young people', standard 8 'education' and standard 9 'health' and of the National Standards For Children's Residential Centres, 2001. This inspection was announced and took place on the 13<sup>th</sup> and 14<sup>th</sup> August 2019. There was one young person in placement at the

time of the inspection however the centre had accepted a new referral and this young person was due for admission following the on-site inspection.

## 1.2 Methodology

This report is based on a range of inspection techniques including:

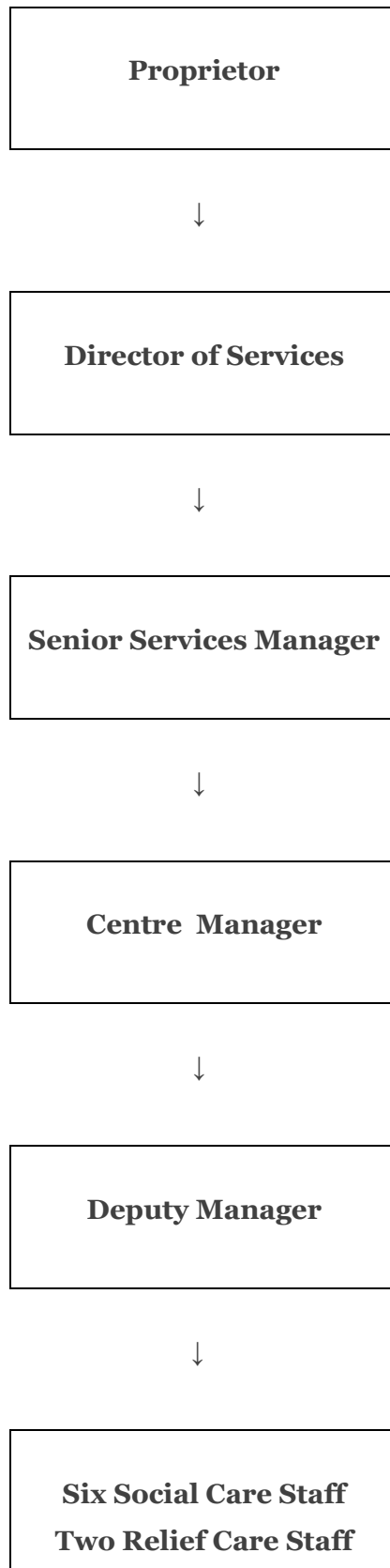
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) The director of services
  - b) The deputy manager
  - c) Eight social care staff
  - d) The school principal
  - e) The general practitioner
- ◆ An examination of the centre's files and recording process:
  - relevant sections of care files
  - visitors book
  - daily log books
  - rosters
  - centre register
  - six personnel files
  - handover records
  - six supervision records
  - visitors' logbook
  - team meeting records
  - management meeting records
  - house meeting records
  - training records
  - significant event log book
  - physical intervention log book
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The senior service manager
  - b) The centre manager
  - c) The deputy manager
  - d) Three social care staff
  - e) Former centre manager

- f) The social worker with responsibility for young person residing in the centre
- g) The guardian ad litem
- h) The young person in placement
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, senior services manager, director of services, the registered proprietor and the relevant social work department on the 18<sup>th</sup> October 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 31<sup>st</sup> October 2019 and the inspection service received evidence of the issues addressed. Actions relevant to the social work department were received on 13<sup>th</sup> November 2019.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be not continuing to operate in adherence to the 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 with attached conditions from the 18<sup>th</sup> of December 2019 to the 18<sup>th</sup> December 2022 pursuant to Part VIII, 1991 Child Care Act., with a review date of 31<sup>st</sup> of May 2020 for the attached conditions.

The following conditions were attached to the centres registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The conditions being that:

- There must be no further admissions of a young person to this centre.
- The organisation must ensure the full implementation of the recommendations contained in its own investigation report.
- The organisation must ensure the full implementation of the recommendations contained in the social work department investigation report.

The period of registration being from the 18<sup>th</sup> of December 2019 to the 18<sup>th</sup> December 2022.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Register**

The centre manager maintained a register that outlined information relating to the admission and discharge of children from the centre. The inspectors found that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995; Part IV, Article 21.

The register showed there were no new admissions since the last inspection in August 2018. There was one discharge from the centre in November 2018. The discharge was unplanned and the discharge address was unknown to the centre however the young person was discharged to the care of the social work department of the placing area.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

##### **Notification of Significant Events**

The inspectors found that there was a written policy and appropriate guidelines in place regarding the recording and notification of significant events in the lives of the young people residing in the centre. The inspectors found that the centre staff notified all significant events in a prompt manner and to the relevant parties in TUSLA the Child and Family Agency and other identified external parties who had a legitimate interest in the young person's care. The social worker for the young person in placement confirmed they were satisfied that they were notified promptly when significant events happened and they were satisfied with the detail recorded on the reports.

## **Training and development**

The inspectors found that staff received core training, including fire safety, first aid, safe administration of medication, food hygiene, manual handling, child protection, behaviour management and physical restraint intervention. Child protection training and training in a recognised model of physical restraint was undertaken by staff during their induction training and certificates on file evidenced this had been completed for new staff. Four staff members were scheduled to complete first aid training later in the year. There was evidence to support that on-going training and refresher courses were completed as required. The inspectors found through an examination of a sample of supervision files that training and development was discussed in supervision and individual staff training needs identified. The centre manager maintained a record of all training undertaken by staff in 2019 that was reviewed by the inspectors. Staff interviewed were satisfied they were provided with sufficient and relevant training to assist them in their work with the young people in placement.

## **Administrative files**

The inspectors examined a range of administrative files and centre records including daily logbooks, centre registers, visitors' book, handover records, minutes of staff meetings. There was evidence of oversight of these records by the senior services manager and the director of services on their visits to the centre.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. Petty cash records evidenced the day-to-day expenditure at the centre and staff balanced and signed off these records at the end of each shift. Records were also maintained of monies provided to the young person for pocket money and other expenditure. The inspectors found that these systems ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the centre and to meet the needs of the young person.

The centre manager was aware of the requirements that all centre records relating to the young people in placement were kept in perpetuity.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Management**

The company had a clear management structure that comprised of the managing director/registered proprietor, a director of services and a senior services manager.

The inspectors found that a number of staff members were not familiar with the external management structure and their specific roles and responsibilities. The centre manager must ensure that staff are familiar with the management structure and their role and responsibilities.

The director of services had responsibility for all aspects of the services and operations within the organisation. They had oversight of the centre and its operation through receipt of written reports, significant event reports, complaints, child protection concerns, monthly operations reports, visits to the centre, meeting with young people in the centre, review of centre records on site, periodic attendance at monthly centre manager meetings and chairing of quarterly management meetings. The director of services line managed the senior services manager and had responsibility to provide formal supervision to the senior services manager and the senior manager with responsibility for staff recruitment and retention. The two senior managers also reported to the director of services on a weekly basis in scheduled meetings.

The staff team and the young people experienced changes within the internal management structure since the last inspection in August 2018. One manager resigned from their post in September 2018 and another manager was transferred internally to manage another centre within the organisation. The inspectors found that TUSLA's Alternative Care Inspection and Monitoring Service were notified of the change in the person in charge in accordance with the statutory regulations.

At the time of this inspection the centre was managed by an appropriately qualified person who had four years experience in residential care provision and was three months in post at the time of the inspection. The centre manager was appointed in an acting capacity until they achieved the required five years' experience in residential work. The centre manager had previous experience in a leadership role within the organisation as a team leader. On-going mentoring support was provided to the newly appointed manager. The centre manager received a one week induction on site with the previous centre manager prior to taking up the post. The centre manager demonstrated in interview an understanding of the main priorities that required specific actions in relation to the governance and management of the centre and the on-going care of young people in placement. The centre manager worked Monday to Friday in the centre. The centre manager had oversight of centre practices through review of all centre records, oversight of significant event reports, attendance at handover meetings, team meetings and care plan reviews and the provision of staff supervision. Guidance and direction to staff was recorded by the centre manager in

the handover and communication logbook. Staff feedback to the inspectors indicated the team had confidence in their new manager and in the support from the senior services manager.

The manager was supported in their role by a deputy manager. The deputy manager had two years' experience in residential work and worked on the staff duty roster. They had specific responsibility for overseeing key work within the centre, supervising two members of the staff team and deputising for the centre manager in their absence.

The senior services manager was the line manager for the centre manager. They were responsible for the governance and oversight of the care practices and the centre's overall operations. They had oversight of the centre through formal supervision of the centre manager, oversight of significant events and written progress reports, attendance at team meetings, chairing of centre manager meetings and announced and unannounced visits to the centre to review the centre's administrative procedures. The senior services manager also attended statutory review meetings. The inspectors found that a consistent and regular visiting schedule to the centre with clear evidenced based outcomes following such visits was not evident. A governance audit tool was developed by the senior services manager however; they had not yet commenced a structured evidenced based auditing process in the centre under inspection. The centre manager confirmed that the senior services manager provided verbal feedback to the centre manager following announced and unannounced visits. The external managers must provide evidence on the centre records of feedback to the centre manager following oversight and governance visits. Actions taken by the centre manager following external audits should also be evidenced on the centre records. The director of services in consultation with the senior services manager must develop systems to evidence their external governance and oversight of the service.

The inspectors found evidence that there was an on-going programme in place to update and develop organisational policies and procedures. This work was led by the senior services manager in consultation with managers across the service. However, a number of operational policies reviewed by the inspectors for the purpose of this inspection were found to be insufficient and did not fully reflect the care practices and procedures in place in the centre. The senior services manager in conjunction with the centre manager must systematically review the centre's policy and procedures document to ensure the policies are comprehensive, of a sufficient

standard and that practice in the centre is reflected in the written policies and procedures.

### **Staffing**

The staff team comprised of a centre manager, deputy manager and six core staff and two regular relief staff members. Five of the six core staff continued to work in the centre since the last inspection. Prior to the discharge of the last resident the centre experienced a high turnover of staff with eight staff members resigning from the service however the inspectors found that since this time there was evidence that the team had stabilised. The centre manager, deputy manager and seven of the eight staff had a recognised qualification in social care and one staff had an equivalent qualification in a related field. The centre had adequate levels of staff to fulfil its current purpose and function to provide single occupancy care. The staff interviewed by the inspectors stated the team worked well together however they recognised they were in the early stages of development. The inspectors found there was a strong team focus on relationship building and providing consistent care and experience was slowly building in the team. While the team had sufficient levels of staff, recognised qualifications in social care and the ability to communicate effectively with young people the standard on staffing was not met in full as there was not a balance of experienced to inexperienced staff on the team. Two new staff members were currently being recruited and inducted at the time of the inspection and one of these staff members had relevant experience. At the time of the inspection it was not possible to ensure that there was at least one qualified staff member at child care leader level was on every shift.

The information on the personnel files was accessible and the files were well organised. The inspectors examined six personnel files including files for staff members recruited since the last inspection. The files evidenced that staff were suitably qualified and had Garda vetting and relevant police checks where required that were undertaken prior to taking up duties. Two files inspected did not evidence that a third reference was secured and one file required verification of the candidate's qualification. Following the inspection the centre manager confirmed the outstanding references and verification of qualifications were secured on the relevant files. Verbal checks on all references were evidenced. There was a signed contract of employment on all personnel files inspected.

There was evidence that staff received formal structured induction training and on-site induction that included shadowing staff on commencement of employment.

## **Supervision and support**

The centre had a policy on staff supervision and support that outlined staff would receive supervision every four to six weeks. The inspectors examined six supervision files. There was evidence that staff received supervision that was overall in line with the centre policy. The centre manager set out a supervision schedule each month that was displayed in the staff office. There was a structured template for recording the supervision practice that also included a review of significant events, reflective practice, identification of training needs and feedback from the supervisor. The supervision records evidenced discussions in relation to individual work and the placement plan. There was evidence of oversight of the records by the senior services manager.

Supervision contracts were on file for all staff however there was no contract on file for the centre manager. The senior services managers must ensure a supervision contract is signed with the centre manager. The senior services manager stated that they had regular contact each week with the director of services however had not received any formal supervision to date. The director of services must ensure as a matter priority the senior services manager receives supervision in line with the organisational policy.

Team meetings, key work meetings and daily handover meetings supported good planning and communication within the team. Team meetings had been held on a monthly basis in the centre during the period of single occupancy however the new manager stated that going forward the team meetings would occur on a fortnightly basis following the new admission to the centre. Minutes of team meetings evidenced discussions in relation to placement planning, education and health needs however there was no evidence on the minutes of a team review of the management of significant events or reflective practice. The inspectors advise that a review of significant events, child protection concerns and complaints should be standing items on the staff meeting agenda.

The services attachment specialist provided guidance and support for staff in their attachment based approach. The organisation had a staff handbook that outlined a range of employment policies and procedures. The senior services manager and centre manager confirmed that the organisation was well advised to ensure that all statutory provisions relating to employment law were adhered to.



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.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- The centre manager must ensure that staff are familiar with the external management structure and the role and responsibilities of the external managers.
- The senior services manager must ensure full implementation of the governance audit tool and establish an established schedule of visits to the centre.
- The senior services manager must have systems in place to provide written feedback to the centre manager following oversight/governance visits.
- The centre manager must evidence actions taken following written feedback from external management audits of operational and care practices.
- The senior services manager in conjunction with the centre manager must systematically review the centre's policy and procedures document to ensure the policies are comprehensive, of a sufficient standard and that practice in the centre is reflected in the written policies and procedures.
- The external managers must ensure there is a balance of experienced to inexperienced staff on the team and must aim to have at least one qualified staff member at child care leader level on each shift.
- The senior services managers must ensure a supervision contract is signed with the centre manager and placed on their supervision file.



- The director of services must ensure the senior services manager receives formal supervision in line with organisational policy.
- The centre manager must ensure that a review of significant events, child protection concerns and complaints are standing items on the staff meeting agenda.

### **3.5 Planning for Children and Young People**

#### ***Standard***

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Statutory care planning and review**

The placement of the young person residing in the centre was supported by a comprehensive written statutory care plan developed by the supervising social worker. The care plan addressed all the key areas in the young person's life such as educational, social, emotional, behavioural and health requirements. The care plan identified how the placement would support and promote the welfare of the young person. The statutory care plan was developed in accordance with the requirements of the legislation and updated following a statutory care plan review. The inspectors found that the young person's care plan was subject to formal, systematic and regular reviews in accordance with the legislation. There was evidence that the social worker consulted with parents in the development of the statutory care plans and the young person's parents were invited to attend the review meetings. The young person was facilitated to participate in and attend part of their care plan review and this was evidenced on the care file.

Placement plans were on file for the young person in placement and there was evidence they were reviewed and updated by the key workers every three months. Following a review of the most recent placement plans the inspectors found that aspects of the young person's needs were not accounted for in the placement plan for example their education plan and the inspectors have outlined this later in the report.

## Contact with families

Family contact was set out in the care plan and was promoted and facilitated by the centre staff. There was evidence that the centre staff encouraged and practically supported contact with parents, siblings and extended family members. There was evidence that the social worker and staff members actively sought to re-establish and maintain contact with significant members and key people within the young person's family. The staff in the centre recognised the importance of contact with families for the young person and they demonstrated a good understanding of the impact of access and contact with family on the emotional well-being of the young person. The young person in placement had regular visits and telephone calls with their parents and siblings. The care file contained a record of all family contact and outlined the outcome of such contacts. The centre manager and social worker stated that they informed the parents about their child's life and parents were invited to participate in significant events in the young person's life.

## Social Work Role

### *Standard*

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The young person had experienced a number of changes in social workers since their admission to the centre and was appointed their third social worker in December 2018. The social worker confirmed they received prompt notification of significant events however the young person was settled in placement since they were allocated as social worker. They confirmed that on receipt of significant event reports they would follow-up with the centre manager or key-worker on aspects of the report that required further information or clarification. They confirmed that there was a good consultation process prior to considering a new referral that was due for admission to the centre and adequate risk assessments and profiles were shared with the social work department. The social worker confirmed they received weekly reports from the centre that were informative and comprehensive. The social worker was familiar with the key work role and the young person's identified key workers. There was evidence that the social worker prepared and updated the care plan as required and made arrangements to hold care plan reviews and ensured the young person's parent was invited to the review. The social worker informed the inspectors that a date had been

identified for the next care plan review. There was evidence that the social worker and the social work team leader read the centres records from time to time.

The social worker stated that she observed warm and positive relationships between the young person and staff on their visits to the centre. They confirmed they had the opportunity meet with the young person privately on visits to the centre.

### **Preparation for leaving care**

The young person was not at an age for preparation for leaving care. The social workers confirmed that the care plan was to identify a suitable foster family for the young person in placement.

There was evidence on the placement plans and in key work/individual work records that staff taught the young person a range of life skills appropriate to their age and stage of development.

### **Discharges**

The centre had a written policy on discharges outlining that the centre will endeavour to ensure that young people do not leave their placement in an unplanned manner. There was one discharge from the centre since the last inspection. There was evidence of meetings with the placing area to agree a plan for the young person's discharge from the centre. There was evidence that the young person was moved from the centre with insufficient prior notification however staff visited the young person following their discharge to ensure a positive closure on the placement.

### **Aftercare**

TUSLA, the Child and Family Agency had a written national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to young people on leaving care. The centre manager was aware of the aftercare policy and how to access the guidance documents on the Tusla website. Due to their age the young person currently in placement was not eligible for aftercare services.

## **3.5.2 Practices that met the required standard in some respect only**

### **Suitable placements and admissions**

The centre's admission criteria and process was outlined in the centre's statement of purpose and function however was not included in the organisation's overarching policy and procedures document. The inspectors found that the written policy

outlined in the centre's statement of purpose and function was not sufficiently detailed or reflective of the operational practices that were implemented on processing a new referral to admission. There were no references in the policy to risk assessments undertaken by the centre prior to admission or to the policies and practices that take account of the suitability of the placement mix and the need to protect young people from abuse by their peers. The written procedure did not reference the standardised information gathering documents used by the centre when getting to know the young person. The risk assessment reviewed by the inspectors did not provide a substantially clear evaluation of known or potential risks or an assessment of the likelihood of such risks occurring. The director of services, the senior services manager and the centre manager must review the written policy and procedure on referrals and admissions in the centre's statement of purpose and function and ensure it accurately reflects the operational practice. The organisation's admissions policy must also be outlined in the overarching organisational policy and procedures document. The inspectors recommend the senior services manager in conjunction with the centre manager review the centre's pre-admission risk assessment template to ensure it comprehensively assesses risk, potential impact on the current residents and identified strategies to manage such risks.

The inspectors were informed that referrals to the centre were considered initially by the director of services, the senior services manager and then forwarded to the centre manager for consideration. This process must be outlined in the written policy. At the time of the inspection the centre had accepted a new referral and had completed an admission planning process.

Preparation for the new admission had been undertaken with the current young person in placement and this was evidenced on the centre records. There was evidence that when considering a new admission a risk assessment was undertaken and profiles shared with the social work department and the Guardian ad litem with responsibility for the young person currently in placement. The social work department and Guardian were satisfied that there was adequate consultation prior to a decision to process the current referral to the admission stage. The inspectors were informed that a pre-admission meeting was not scheduled prior to the admission. In the course of interviews with the centre manager and staff the inspectors identified a number of outstanding documents and gaps in information in relation to the new referral. Following the on-site inspection the centre manager confirmed to the Alternative Care Inspection and Monitoring Service they had requested and secured most of the outstanding documents from the social worker and an admissions meeting was scheduled shortly after the young person's

admission. The centre manager must ensure they request a scheduled pre-admission meeting prior to a young person's admission to the centre.

The social worker with responsibility for the young person in placement confirmed young person was settled and stable in their placement and continued to benefit from the care they received.

The centre had written information describing aspects of centre life and key workers helped the young people understand this information when the young people were admitted initially. Written information on the centre had been forwarded to the young person who was transitioning to the centre and there was evidence that key workers would go through this information with the young person during the initial stages of their placement.

### **Emotional and specialist support**

The inspectors observed that staff interactions with the young person were appropriate and that staff treated the young person with respect, empathy and warmth. It was evident from observations that the young person in placement had a good relationship with the centre manager and the care staff. Staff interviewed displayed a good understanding of the emotional and psychological needs of the young person.

There was evidence the young person had access to psychology, play therapy, child and adolescent mental health services and other specialist supports as required. There was evidence that written reports from specialist services were maintained on file were reflected in the care plan and in the work of the centre with the young person.

The young person was allocated key workers who ensured the placement plans were up to date and the goals identified in the placement plan were achieved through specifically identified key work and individual work assigned to staff. The key worker interviewed by the inspectors was able to identify the key priorities for the young person over the coming months. The young person was aware of the key worker role and identified to the inspectors a number of staff they could go to if unhappy or upset about something.

There was evidence of good inter-disciplinary work and well informed interventions were established in particular the attachment based responses to the young person. This work was guided by the organisation's attachment specialist and staff reported

the monthly meetings with this specialist were beneficial to them in their work with the young person. The inspectors also found that social work department, the centre staff and the Guardian ad litem worked well together to ensure the emotional and psychological needs of the young person were addressed.

The inspectors found that the status of the internal assessment undertaken by the organisation's forensic educational psychologist required clarification and review in relation to the young person in placement. The centre manager must liaise with the organisation's psychologist in relation to the current status of the assessment and implementation of the identified programme of care arising from this assessment.

### **Children's case and care records**

The social worker confirmed they maintained a permanent, private and secure record of the young person's history and progress. The social worker maintained all written reports and written documentation from the centre on their social work case file.

The centre maintained an individual care file for the young person in placement. The inspectors found that reports and records inspected were written to an acceptable standard. The care file contained a copy of the care order and birth certificate. The inspectors found that the centre manager did not have a process in place to undertake audits of the young people's care files to ensure all the relevant and required documents and updated reports were placed on the care file. The inspectors recommended the centre manager undertakes periodic audits of young people's care files with key workers.

The centre manager was aware that care files must be kept in perpetuity and stored in a manner that maintains appropriate levels of privacy and confidentiality about the young people's circumstances. However, the inspectors found that care files of the previous resident were not stored in an appropriate manner in the centre. The inspectors requested immediate action to be taken in relation to this matter. Following the on-site inspection the senior services manager confirmed to the Alternative Care Inspection and Monitoring Service that the relevant files were placed in fire retardant cabinets in the organisation's head office.

### **3.5.3 Practices that did not meet the required standard**

#### **Supervision and visiting of young people**

The staff maintained a written record on the young person's file of every social work visit and the outcome of these visits. The inspectors found that there was not a consistent or sufficient visiting schedule to the young person in placement over the

past twelve months, particularly during a period whereby they were struggling and unsettled. There was no record on file of a social work visit to the young person in the centre for a period of five months from June 2018 to November 2018. The inspectors were informed that the social worker was on a period of extended leave during this period of time. There was a record of two visits to the young person in the centre by the newly appointed social worker in November 2018 and July 2019. The social worker stated they also met the young person briefly following a care plan review in February 2019. The social work team leader visited the young person in the centre in June 2019 however it was over six months since the last visit from the social work department to the young person in the centre which was not in compliance with the statutory regulations. The social worker must ensure there is a regular visiting schedule to the young person to ensure there is adequate monitoring of the placement and that visits occur in accordance with timeframes outlined in the regulations. Young people in placement must have access on a regular basis to an advocate external to the centre to whom they can confide any difficulty or concerns they have in relation to any aspect of their care.

The social worker stated that the placement was suitable in the interim while they were working on finding an appropriate foster family placement. The social worker was satisfied that staff knew the young person well and they had the capacity to meet his needs.

#### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

##### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1 and 2, Care Plans***

***-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan***

***-Part V, Article 25 and 26, Care Plan Reviews***

***-Part IV, Article 22, Case Files.***

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

##### ***Regulations 1995***

***-Part IV, Article 24, Visitation by Authorised Persons***

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

***-Part III, Article 10, Health Care (Specialist service provision).***



## Required Action

- The centre manager must ensure that regular audits of the centre care files are undertaken to ensure the relevant and required documents and updated reports are placed on file.
- The centre manager must liaise with the organisation's psychologist in relation to the current status of the assessment and implementation of the identified programme of care arising from this assessment.
- The director of services, the senior services manager and the centre manager must review the written policy and procedure on referrals and admissions in the centre's statement of purpose and function and ensure it accurately reflects the actual operational practices.
- The director of services and the senior services manager must ensure the organisations admissions policy is outlined in the organisational policy and procedures document.
- The senior services manager in conjunction with the centre manager must review the centre's pre-admission risk assessment template to ensure it comprehensively assesses risk, potential impact on the current residents and identified strategies to manage such risks.
- The centre manager must ensure that a pre-admission meeting with the referring social worker is scheduled prior to a young person's admission to the centre.
- The social worker must visit the young person in placement in accordance with the requirements set out in the statutory regulations at a minimum however; visits to the young person in the centre must be scheduled in accordance with the requirements of the care plan and based on the needs of the young person.



### 3.6 Care of Young People

#### **Standard**

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

#### **3.6.1 Practices that met the required standard in full**

All aspects of this standard were not examined in the course of this inspection.

#### **3.6.2 Practices that met the required standard in some respect only**

All aspects of this standard were not examined in the course of this inspection.

#### **3.6.3 Practices that did not meet the required standard**

##### **Managing behaviour**

In the course of this inspection and following an interview with the young person in placement the inspectors examined two additional areas of practice from the above standard. The two areas examined were managing behaviour and restraint. The centre had a written policy on managing behaviour that outlined their approach to responding to inappropriate behaviour and reinforcing positive behaviour. The written policy clearly identified permitted and prohibited sanctions. Following an interview with the young person in placement the inspectors found that staff had not adhered to the centre policy in relation to managing the young people's behaviour. Following a review of a number of significant event reports and additional interviews with staff on duty the inspectors found that at times staff members had held the young person's bedroom door to prevent them leaving and on one occasion the young person was locked in their room during an incident. The inspectors also noted that a number of the reported behaviour management interventions were not recorded on the written significant event reports. The inspectors concerns about this practice were brought to the immediate attention of the service managers and the relevant social work department. The inspectors also found that the imbalance of experienced to inexperienced staff contributed to the ability of the staff on duty to contain the behaviour safely and in accordance with approved practices and centre policy.

The inspectors were satisfied that a range of immediate actions were undertaken by the service managers to ensure that the use of rooms to contain young people and restrict their liberty would not be a repeated practice within the centre. This practice occurred when under the management of the former manager. A comprehensive investigation was undertaken by the service with a range of significant learning outcomes identified. This investigation report was forwarded to the Alternative Care Inspection and Monitoring Service. The Alternative Care Inspection and Monitoring Service required additional information from the service director in relation to enforced compliance and isolation of young people in their bedrooms and at the time of writing this report we were awaiting this further information. The social work department also undertook their own parallel investigation and the centre were awaiting the outcome of this investigation at the time of writing this report.

The inspectors found that individual crisis management plans and safety plans were in place for the young person however these plans did not evidence any agreed procedure to direct the young person to their room or contain them in their room to manage inappropriate behaviour or serious risk of harm. Any intervention used to restrict liberty of movement must be documented, open and transparent and be subject to regular monitoring. The newly appointed social worker was not aware of this practice as it had not occurred since they were appointed however they confirmed they would follow up with the previous social worker in relation to their knowledge of this practice. The social work service must forward their investigation report to the inspection and monitoring service.

### **Restraint**

There was a written policy on the use of physical restraint. The centre staff were appropriately and sufficiently trained in a method of restraint that was researched and was based on reputable practice. There was evidence that all physical restraint interventions were notified appropriately to the social worker. The centre manager confirmed that the young person's parent was notified when a physical restraint intervention was employed. The use of physical restraint was recorded in a separate book and there was evidence of oversight by the line managers for the centre however, this oversight was not sufficiently robust. There was evidence that the trainer in physical restraint interventions met with the team following critical incidents to review restraint interventions however, the guidance and learning outcomes of these meetings was not evidenced on centre records, significant event reports or team meeting minutes. There was evidence on the individual crisis management plans that staff identified and employed a range of alternative interventions to de-escalate behaviour and these plans were reviewed and updated.

The social worker was provided with a copy of the individual crisis management plan however there was no evidence of consultation with the allocated social worker in the development or reviewing of the individual crisis management plans or the agreed restraint and non-routine interventions.

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

#### **Required Action**

- The service director must forward additional information in relation to the management of behaviour within the centre as requested by the Alternative Care Inspection and Monitoring Service.
- The social work service must forward to the Alternative Care Inspection and Monitoring Service the outcome of their investigation into the management of behaviour at the centre.
- The individual crisis management plans and safety plans must outline all interventions employed in the management of behaviour and should evidence approval of interventions by the social worker.
- The external managers must ensure there is a robust system in place for the review of all critical incidents and restraint interventions and learning outcomes and guidance to staff must be evidenced on the centre records.

## 3.8 Education

### **Standard**

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

None identified.

#### **3.8.2 Practices that met the required standard in some respect only**

There was evidence that education was valued by staff and good attention was paid to meeting the young person's educational needs. The staff maintained a record of parent/teacher meetings and school reports were held on the individual care file. The young person had maintained their school placement for over five years and had an exemplary attendance record. The school personnel were satisfied that staff helped and supported the young person with homework and facilitated them to attend numerous sporting activities in which the young person excelled.

The inspectors found that staff provided appropriate support to the young person in relation to their schoolwork. The staff interviewed confirmed there were good routines in relation to completing homework during term time. The young person also completed additional work with staff over holiday periods to strengthen their literacy skills. However on examination of the most recent placement plans the inspectors found that current education goals and plans for the young person were not reflected in the plan. The inspectors found there was a significant level of support and contact with the school to support the placement combined with a significant level of structured education support by the team to help the young person reach their educational potential that was not reflected in the written placement plan. The inspectors also found that the placement plan did not reflect the preparation plan for supporting the young person's transition into second level education. There was evidence of good consultation with the young person in relation to choosing the school for their second level education.

An educational assessment was completed in December 2018 however the assessment report could not be located on the individual care file on the day of the inspection. The report was subsequently located and the centre manager confirmed with the Alternative Care Inspection and Monitoring Service it was now placed it on the young person's working care file. The young person had some additional support

in their new school placement however the social worker and the centre manager must continue to liaise with the school principal to secure the recommended educational supports for the young person.

### **3.8.3 Practices that did not meet the required standard**

None identified.

#### **Required Action**

- The key-workers must ensure the placement plan outlines the current education goals and plans for the young person.
- The social worker and the centre manager must maintain regular communication with the school to ensure the young person's educational needs are being appropriately met and the young person has the required supports to assist them to reach their educational potential.

### 3.9 Health

#### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### **3.9.1 Practices that met the required standard in full**

The young person had a named general practitioner and was registered with this practitioner for six years therefore was well known to them. The general practitioner confirmed that care staff acted promptly to provide medical attention to the young person and was satisfied they acted on all medical advice provided. They were satisfied they had appropriate information to enable them offer optimum care to the young person. The young person in placement had a medical assessment on admission to the centre and had a valid medical card. The care file contained a record of medical, dental, ophthalmic and other specialist appointments and a record of the outcome of these appointments. Childhood vaccinations were up to date and evidenced on the care file. Medication was appropriately stored and staff had received training in the safe administration of medication. The care records contained a record of all medication administered both prescribed and across the counter medication. Written parental consent in relation to medical care was on file and there was evidence the young person's mother was informed of any medical issues relating to their child. The general practitioner confirmed they were aware that consent for medical treatment had been given.

Key staff members were assigned to give appropriate guidance on issues such as sexual development, healthy lifestyles, diet and exercise. This work was outlined in the placement plan. The inspectors advised that staff provide additional and appropriate guidance on alcohol, drugs and sexual health as the young person transitioned into secondary school. The centre had a no smoking policy that prohibited staff and young people smoking in the centre or in centre vehicles. The young person in the centre did not smoke. The inspectors found that the young person had a healthy lifestyle and was active and engaged in sports and extra-curricular activities.

#### **3.9.2 Practices that met the required standard in some respect only**

None identified.

### **3.9.3 Practices that did not meet the required standard**

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

## 4. Action Plan

Standard		Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre manager must ensure that staff are familiar with the external management structure and the role and responsibilities of the external managers.</p> <p>The senior services manager must ensure full implementation of the governance audit tool and establish an established schedule of visits to the centre.</p> <p>The senior services manager must have systems in place to provide written feedback to the centre manager</p>	<p>As part of induction to the centre, the centre manager will ensure staff are aware of management structure within Gateway including roles and responsibilities. The centre manager will address this in supervision with current staff in the centre.</p> <p>The senior services manager began implementation of the governance and audit tool on 19<sup>th</sup> August 2019. The senior services manager will complete audits of the centre bimonthly. The senior services manager will provide the centre manager with an established schedule of visits over a six-month period.</p> <p>As part of the audit and governance tool the senior services manager will provide written feedback to the centre manager following oversight/governance visits in</p>	<p>The senior services manager will continue to attend fortnightly team meetings and the director of services will attend team meetings periodically, commencing 24<sup>th</sup> October 2019. In order to ensure staff are familiar with the external management roles and responsibilities going forward.</p> <p>An alternative auditor will be appointed internally to complete an audit of the centre at six-monthly intervals. Commencing February 2020.</p> <p>The senior services manager will provide feedback to the director of services from oversight/governance visits.</p>



	<p>following oversight/governance visits.</p> <p>The centre manager must evidence actions taken following written feedback from external management audits of operational and care practices.</p> <p>The senior services manager in conjunction with the centre manager must systematically review the centre's policy and procedures document to ensure the policies are comprehensive, of a sufficient standard and that practice in the centre is reflected in the written policies and procedures.</p> <p>The external managers must ensure there is a balance of experienced to inexperienced staff on the team and must aim to have at least one qualified staff member at child care leader level on each shift.</p> <p>The senior services managers must ensure a supervision contract is signed with the centre manager and placed on</p>	<p>the centre's audit log.</p> <p>The centre manager will evidence actions taken following feedback from external managers on the centre's audit log.</p> <p>The centre manager and senior services manager will review the centre's policies and procedures document to ensure they are comprehensive, of a sufficient standard and that practice is reflected in them. October 2019.</p> <p>The centre manager and senior manager in charge of recruitment and retention will ensure there is a balance of experienced to inexperienced staff on the team and identify qualified childcare leaders.</p> <p>The senior service manager and centre manager have completed a supervision contract and placed this on file. Sept. 2019.</p>	<p>Any actions will be attended to promptly and signed off by the centre manager and the senior manager in the centre's audit log.</p> <p>The organisation will appoint personnel internally to complete a review of current policies and procedures throughout the organisation (November 2019). The senior service manager will review policies in centres as part of the bimonthly audit.</p> <p>Staffing in the centre is reviewed as part of supervision and is a standing item on the agenda for management meetings. The senior services manager will review staffing in the centre as part of the centre's bimonthly audit.</p> <p>Action completed and supervision contract will be reviewed annually.</p>
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	<p>their supervision file.</p> <p>The director of services must ensure the senior services manager receives formal supervision in line with organisational policy.</p> <p>The centre manager must ensure that a review of significant events, child protection concerns and complaints are standing items on the staff meeting agenda.</p>	<p>The director of services will ensure the senior services manager receives formal supervision in line with organisational policy.</p> <p>The centre manager will ensure that significant events, child protection concerns and complaints are standing items on the team agenda and any learning outcomes from these are discussed.</p>	<p>The director of services and senior service manager will set the date for the next supervision at the end of each supervision session.</p> <p>The senior services manager will review this as part of the centre's bimonthly audit.</p>
<b>3.5</b>	<p>The centre manager must ensure that regular audits of the centre care files are undertaken to ensure the relevant and required documents and updated reports are placed on file.</p> <p>The centre manager must liaise with the organisation's psychologist in relation to the current status of the assessment and implementation of the identified programme of care arising from this assessment.</p>	<p>The centre manager will audit care files quarterly to ensure all relevant documents are filed. The centre manager has introduced an audit sheet so that required documents will be placed on file and this can be easily monitored.</p> <p>The centre manager and senior services manager met with the organisation's consultant psychologist on the 29<sup>th</sup> October 2019 who advised that the young person had not been open to formal assessment for the past 12 months, but this will be prioritised in November 2019 if</p>	<p>The care files will be reviewed by the senior services manager as part of the centre's bimonthly audit.</p> <p>The senior service manager will review the progress of this through formal supervision with the manager and bimonthly centre audits.</p>

	<p>The director of services, the senior services manager and the centre manager must review the written policy and procedure on referrals and admissions in the centre's statement of purpose and function and ensure it accurately reflects the actual operational practices.</p> <p>The director of services and the senior services manager must ensure the organisations admissions policy is outlined in the organisational policy and procedures document.</p> <p>The senior services manager in conjunction with the centre manager must review the centre's pre-admission risk assessment template to ensure it comprehensively assesses risk, potential impact on the current residents and identified strategies to</p>	<p>the young person is willing to engage.</p> <p>The director of services, senior service manager and centre manager will review the referrals policy and procedure and the centre's statement of purpose and function to ensure it reflects operational practices. November 2019.</p> <p>The director of services and senior service manager will ensure that the organisations admissions policy is outlined in the organisational policy and procedure document. This will be completed as part of the organisations policy review November 2019.</p> <p>The senior services manager and centre manager will review the centre's pre-admission risk assessment template to ensure it comprehensively assesses risk, potential impact on the current residents and identified strategies to manage risks.</p>	<p>The referrals policy and procedure and the centres statement of purpose and function will be reviewed annually thereafter.</p> <p>These policies and procedures will be reviewed annually thereafter.</p> <p>The senior services manager will continually review the completed pre-admission risk assessment prior to them being submitted to TUSLA.</p>
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	<p>manage such risks.</p> <p>The centre manager must ensure that a pre-admission meeting with the referring social worker is scheduled prior to a young person's admission to the centre.</p> <p>The social worker must visit the young person in placement in accordance with the requirements set out in the statutory regulations at a minimum however; visits to the young person in the centre must be scheduled in accordance with the requirements of the care plan and based on the needs of the young person.</p>	<p>The centre manager will liaise with the relevant social work team to ensure that a pre-admission meeting is scheduled prior admitting any resident to the centre.</p> <p>Dates for social work visits to the young person in the centre up to August 2020 were identified and forwarded to the Alternative Care Inspection and Monitoring Service.</p>	<p>This will be outlined in the placement proposal forwarded to the social work team as part of the admissions process.</p> <p>A child in care review has been scheduled to take place in February 2020 and social work visits will be reviewed.</p>
<p><b>3.6</b></p>	<p>The service director must forward additional information in relation to the management of behaviour within the centre as requested by the Alternative Care Inspection and Monitoring Service.</p> <p>The social work service must forward to the Alternative Care Inspection and</p>	<p>The service director will forward additional information requested by the alternative care inspection and monitoring services. November 2019.</p> <p>On 13<sup>th</sup> November 2019 the Alternative Care Inspection and Monitoring Service</p>	<p>The additional information requested by the Alternative Care Inspection and Monitoring Service was forwarded on the 4<sup>th</sup> November 2019.</p> <p>Action required completed and Social Work will continue to monitor the centre</p>

	<p>Monitoring Service the outcome of their investigation into the management of behaviour at the centre.</p> <p>The individual crisis management plans and safety plans must outline all interventions employed in the management of behaviour and should evidence approval of interventions by the social worker.</p> <p>The external managers must ensure there is a robust system in place for the review of all critical incidents and restraint interventions and learning outcomes and guidance to staff must be evidenced on the centre records.</p>	<p>received the Social Work outcome report following their investigation into the management of behaviour at the centre.</p> <p>The centre manager will ensure that the individual crisis management plans and safety plans outline all interventions employed in the management of behaviour and that these are signed off by the designated social worker.</p> <p>A significant event review team consisting of the director of services, two senior managers, external centre manager and behaviour management instructor has been established. This team will review all critical incidents, restraint interventions and learning outcomes and guidance will be provided to the centre manager and staff.</p>	<p>based on the findings of their investigation.</p> <p>The organisation's behaviour management instructor will review the individual crisis management plans on a monthly basis. The senior service manager will review individual crisis management plans and safety plans as part of the centre's bimonthly audit.</p> <p>The significant event review team will meet following management meetings on a three-week basis.</p>
<b>3.8</b>	<p>The key-workers must ensure the placement plan outlines the current education goals and plans for the young person.</p>	<p>The centre manager will ensure that key workers maintain an education section in all placement plans.</p>	<p>Regular audits of placement plans will be undertaken by the centre manager to ensure education section is a focus within placement plans.</p>

	<p>The social worker and the centre manager must maintain regular communication with the school to ensure the young person's educational needs are being appropriately met and the young person has the required supports to assist them to reach their educational potential.</p>	<p>The centre manager, in consultation with the social worker, will ensure there are clear communication systems with the school, so that the young person can reach their maximum educational potential. Any supports required for young person to help them in school will be sought straight away.</p>	<p>Regular communication systems have been established with the school by centre manager or key workers to ensure clear lines of communication are kept and educational needs are being met for the young person. This will be reviewed as part of the centre's bimonthly audit.</p>
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