



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: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Gateway Children's Services Ltd.</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced themed inspection</b>
<b>Date of inspection:</b>	<b>05<sup>th</sup>, 06<sup>th</sup> and 07<sup>th</sup> January</b>
<b>Registration Status:</b>	<b>Registered from the 18<sup>th</sup> of December 2019 to the 18<sup>th</sup> December 2022</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>6<sup>th</sup> April, 2021</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

# National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 19<sup>th</sup> December 2013. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 18<sup>th</sup> December 2019 to 18<sup>th</sup> December 2022.

The centre was registered to provide medium to long term care for up to two children of both genders from age 8 to 14 years. 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	1.1, 1.2, 1.3, 1.4, 1.5, 1.6

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews via teleconference with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 23<sup>rd</sup> February 2021 and to the relevant social work departments on the 23<sup>rd</sup> February 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 25<sup>th</sup> February 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 017 without attached conditions from the 18<sup>th</sup> December 2019 to the 18<sup>th</sup> December 2022 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 7: Staffing**

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 12: Provision of Food and Cooking Facilities**

**Regulation 16: Notification of Significant Events**

**Theme 1: Child-centred Care and Support**

**Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.**

The inspectors found that the children in the centre experienced care and support which respected their diversity and protected their rights. The inspectors found that staff were aware of children's rights as prescribed in the United Nations Convention on the Rights of the Child and in Irish law. The centre had a range of policies in place to promote the rights of young people in care such as policies on education, access to information, complaints, anti-discrimination, confidentiality and anti-bullying. The centre had received a recognised award for their efforts to support children to exercise their rights and participate in decisions that affect them and the report on this work was made available to the inspectors.

The centre had a young person's booklet that was given to the children on admission. The booklet outlined their rights with a specific focus on the special importance of some of these rights for children living in care, such as the right to have their values and beliefs respected by staff, the right to privacy in relation to their thoughts and feelings, the right to see information written by staff about them and the right to be safe from abuse and harm. Key work records evidenced a focus on the rights of children in care to make complaints, have contact with family and siblings and to be consulted in the care and placement planning process. A completed questionnaire from one of the young people evidenced they felt they had opportunities to have their voice heard and that staff listened to their views.

Staff interviewed evidenced how they promoted the rights of the children in placement. External professionals interviewed by the inspectors also confirmed that the key workers and centre manager were good advocates for the children and promoted the children's voices in their care practices and in care planning forums. A



review of key work records, individual work reports, records of house meetings and placement plans evidenced children were informed of their rights and were supported by staff to exercise these rights in a manner appropriate to their age, ability and stage of development.

Individual work records reviewed by the inspector evidenced a focus on identity, gender issues, religion and supporting the children to understand cultural differences. The inspectors found that discussions with the children were undertaken in a thoughtful and sensitive manner with evidence of the children's voice being heard. There was good attention paid to the views of parents in relation to their practice of religion and good accommodation to support the young people in their faith and explore and respect their views. The children in placement did not have any special dietary requirements, however there was evidence that they had access to a healthy and varied diet with opportunities to engage in menu planning and cooking their own preferred meals.

**Standard 1.2 Each child's dignity and privacy is respected and promoted.**

The inspectors found that each child's dignity and privacy was respected and promoted and this was confirmed by external professionals and a parent who were interviewed by the inspectors. The centre had a written policy on privacy and a privacy statement that outlined the organisation's application of data protection principles. All staff signed a confidentiality agreement on commencement of employment and this was placed on their individual personnel file. The young person's booklet outlined for children that they had the same rights as adults to confidentiality and data protection. The booklet outlined how the centre would uphold their right to privacy by providing them with their own bedroom and secure storage space, access to daily telephone contact with family, privacy when visited by family members and their social worker or making calls to family and social workers. The booklet also outlined to young people that personal information about them would be stored securely and confidentially by staff.

The inspectors found that the children were afforded privacy as outlined in the centre's policy and the young person's information booklet. Risk assessments were in place where privacy in particular circumstances could not be upheld. The centre manager confirmed that these risk assessments were explained to the child concerned and were subject to on-going review. The centre had identified separate living spaces for the two children in the centre where they could have privacy to pursue their individual recreational activities.

When external professionals such as teachers or school principals attended the children's care plan reviews the rationale for this was explained to the children and these professionals only attended part of the meeting relevant to their involvement with the children.

Staff interviewed confirmed that life story work and memory books were maintained for each of the children and that memorabilia of their childhood and of their time in the centre was stored safely and kept up to date.

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

The inspectors found that the children were provided with many opportunities to exercise choice in their daily lives and thus they were able to participate in making informed decisions about their care. There were regular house meetings in the centre and the children had the opportunity to express their views about issues within the house or to make requests in relation to their care. There was evidence that feedback was provided to the children after the issues raised at house meetings were discussed, however the records did not evidence that actual decision agreed just that feedback was to be given to the children. The inspectors recommend that the agreed decisions and the detail of these decisions should be recorded on the team meeting minutes. There were good routines in place where staff and young people sat together at mealtimes and children had the opportunity to share their views with staff in a more informal way. The children were involved in planning their week and in choosing recreation activities and hobbies they wished to pursue.

The children were supported to participate in their reviews by attending in person or completing a consultation form prior to the review meeting. The views of the children and their parents about their care were recorded in their care plan documents. The inspectors found that staff were strong advocates at care planning meetings and advocated the children's views; for example, to have extended family contact or more contact with siblings or foster carers. Where the children did not attend their care plan review the centre manager or key workers explained the decisions of the review meeting with the children. The centre manager had recently commenced a consultation process with one of the older children in relation to talking them through their placement plan document. This was a new practice initiative and the centre manager planned to progress this initiative for the younger child in placement in a manner appropriate to their age and stage of development.

Each of the children had a named key worker and co-keyworker. The children were aware of their named key workers. Key workers were assigned on admission based on an assessment of which staff would be best suited in terms of skills, experience and personal qualities to build a relationship of support and trust with the particular child. The centre manager confirmed that if a child was struggling with a key work relationship or if the child identified a staff member they would like to key work them this would be considered.

There was evidence through key work records and placement plans that staff helped the children to understand their care history, their relationship with parents and siblings and their feelings about their parents and these discussions were sensitively and carefully managed by staff with good oversight from the centre's attachment specialist.

While inspectors found that the children were aware in a general way that they could read their daily logs they found that the practice of supporting and promoting this practice was not evident. The centre manager and the key workers must in a more explicit way make the children aware of the information that is recorded about them and support and encourage them proactively to read their own records, where appropriate.

Both children were provided with information about advocacy services. Written information on the national advocacy service for children in care was made available to the children in the centre. The young person's information booklet also outlined the role of the national advocacy service and the children's ombudsman's office and how the children could contact these services. The inspectors recommend that, when Covid-19 restrictions are lifted, a visit from the area advocate in the national advocacy service is facilitated for the children in placement. The inspectors also found that the children were supported to develop self-advocacy skills through participation at care plan reviews and house meetings, taking responsibility and being involved in decision making processes.

**Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.**

The children had access to a range of information; written information set out in a child-friendly format and verbal information provided at care plan meetings, house meetings and during key work and individual work sessions.

The centre had developed an information leaflet about the centre and they also had a young person's information booklet that provided more detailed information about the care they were entitled to receive. There was information on the day-to day routines, key workers, placement plans, house meetings, complaints, bullying, privacy and confidentiality. There was evidence that key work staff went through this written information over time as the child progressed through their placement. The inspectors found that staff had adapted information for one young resident at the point of admission to include photos and age appropriate material for the child.

The centre staff received monthly training with the centre's attachment specialist and staff informed the inspectors that this helped guide their practice in relation to discussing sensitive and important information with the children. As previously outlined there was evidence that staff had significant relationships with the children and the skills to discuss with the children their past experiences and the reasons why they were living in care. This information was set out in summary at the beginning of each child's placement plan. Information shared with the children was agreed with social work through regular communication and care planning meetings.

There was evidence that the staff had discussed aspects of the National Standards for Children's Residential Centres, 2018 (HIQA) with the children in placement however they were not provided with a copy of the national standards or a guide to the standards as required. The centre manager must ensure the children are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to them.

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

The centre had a written policy that outlined for staff the importance of contact with family and friends. It outlined the importance of engaging the child's family in the placement and supporting open and transparent communication with family from

the point of the child's admission. The centre maintained a record of all family contact and the outcome of this contact on the children's files.

The inspectors found that staff who were interviewed demonstrated an awareness of the importance of family contact and provided examples of the many ways in which they supported the children in their contact with significant people in the children's lives. In cases where children were not able to have direct contact the staff kept memories and conversations about these people alive for the children. A parent who spoke with the inspectors was satisfied that they were kept informed and were consulted about their child's progress and daily life in the centre. There was evidence the staff facilitated and supported family contact and had progressed family relationships significantly for one of the children. This was confirmed by the Guardian ad Litem and the parent who was interviewed. The centre staff facilitated visits to one child's family in their community or origin despite the distances involved. There was evidence that family members were invited to visit the centre and had done so in one child's case on special occasions and religious celebrations. When Covid-19 restrictions prevented regular family contact occurring this was explained to the children and alternative methods of maintaining contact was arranged through social media platforms. There was evidence that staff were strong advocates to promote and support sibling contact for both of the children.

The inspectors found that the children were involved in local football clubs, swimming and other community events. The children were also supported to engage in hobbies and interests and one child was facilitated to learn the drums and the staff had purchased a drum kit for them. The placement plans evidenced how staff promoted social contacts within the community. There was evidence that birthdays were celebrated with parties and gifts and the children were consulted in relation to how they wanted to celebrate these events.

The inspectors found that the children had access to a landline telephone, mobile phones, television, reading material and the internet as appropriate. The centre had a written internet safety policy. The centre manager and staff outlined the safeguards in place to ensure appropriate and safe access to the internet and social media sites. Individual work had been completed with the older resident in relation to appropriate use of social media and the internet.

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

The centre had a written complaints policy and procedure for staff to follow when children raised an issue of concern or a complaint. The policy was consistent with relevant legislation, Tusla complaints procedures and best practice. However, the written policy needed to provide clarity in relation to their informal complaints resolution processes and move away from classifying complaints as formal and informal complaints. This was recently highlighted in another service inspection and the service manager informed the inspectors the policy was being updated in this regard.

The centre maintained a complaint register and the inspectors reviewed this against other supporting complaints documentation. There were a small number of complaints on the register. The inspectors were satisfied that these complaints had been well managed and there was evidence the children were satisfied with the outcome. The inspectors found that one complaint was notified appropriately to a young person's social worker, however was not recorded on the centre's complaint register. The centre manager and staff must ensure the register captures all complaints raised by the children in the centre. The complaints resolution documentation for each child was stored on their care file. Key work reviewed by the inspectors evidenced how the complaints were resolved with the children in the centre.

The staff interviewed demonstrated an awareness of the importance of having a robust complaints procedure to safeguard the children in placement. The service manager had external oversight of complaints and was the appointed complaints officer within the organisation. There was evidence that the service manager and the director of services met periodically with the children to ensure they were happy with the care they received.

The parent interviewed by the inspector and external professionals were aware the centre had a complaints policy and the parent stated they could either speak with the social worker or the centre manager if they had a complaint about their child's care. The children were made aware of the centre's complaints procedure on admission and it was outlined in the written information booklet for young people that also included information on other advocacy services such as the national advocacy service for children in care and the ombudsman for children. The centre had recently been accredited with an award for their work in consultation and participation of children in their care. Recommendations for future practice to strengthen their

complaints process were highlighted in the service report and the inspectors found these recommendations had been implemented, for example, accessibility of complaint forms for the children in the centre.

Social workers confirmed they were notified in a timely manner of all complaints. Serious complaints were notified through the significant event notification system. Both minor and serious complaints were recorded on the centre register.

The centre did not have a mechanism for children to provide feedback on the complaints procedure and its effectiveness in terms of resolving the children's complaints. The centre manager and the recently appointed services quality assurance officer must develop mechanisms for children to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 7</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 12</b> <b>Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.1</b> <b>Standard 1.2</b> <b>Standard 1.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.3</b> <b>Standard 1.4</b> <b>Standard 1.6</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager and key workers must in a more explicit manner make the children aware of the information that is recorded about them and proactively support and encourage them to read their own records, where appropriate.
- The centre manager must ensure the children are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to each child.

- The services manager and the centre manager must ensure the centres complaints policy is reviewed to ensure it provides clarity in relation to their informal complaints resolution processes and moves away from classifying complaints as formal and informal complaints.
- The centre manager and staff must ensure the register captures all complaints raised by the children in the centre.
- The centre manager and the recently appointed services quality assurance officer must develop mechanisms for children to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager and key workers must in a more explicit manner make the children aware of the information that is recorded about them and proactively support and encourage them to read their own records, where appropriate.</p> <p>The centre manager must ensure the children are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to each child.</p>	<p>The Centre Manager, in agreement with Social Work, will ensure that going forward all young people are offered information regarding what is recorded on a regular basis. This will be recorded in key work sessions and completed depending on the engagement of the young person.</p> <p>The Centre Manager will ensure that new residents are provided with a copy of the national standards or a guide to the standards on admission and that Individual work / Key work sessions are completed in relation to the new standards. A child friendly copy of the national standards has been placed in the children's information folder.</p>	<p>The Centre Manager will review all key work sessions. The Senior Service Manager and the Quality Assurance Coordinator will review these records as part of the bi-monthly audits.</p> <p>The Centre Manager will review all individual work / key work sessions. The Senior Service Manager and the Quality Assurance Coordinator will review these records as part of the bi-monthly audits.</p>

	<p>The services manager and the centre manager must ensure the centres complaints policy is reviewed to ensure it provides clarity in relation to their informal complaints resolution processes and moves away from classifying complaints as formal and informal complaints.</p> <p>The centre manager and staff must ensure the register captures all complaints raised by the children in the centre.</p> <p>The centre manager and the recently appointed services quality assurance officer must develop mechanisms for</p>	<p>The Senior Service Manager and Centre Manager will ensure that the Complaints Policy is updated to reflect Gateway's formal / informal resolution process. The Centre Manager will ensure the updated policy is reviewed at the next team meeting. Completed 10/03/2021.</p> <p>The Centre Manager will ensure that all complaints are recorded on the Centre's register both low level complaints as well as serious complaints and ensure that all complaints are discussed at team meetings to ensure they are resolved and any learning outcomes or changes in practice identified.</p> <p>The Centre Manager will ensure that the Quality Assurance Coordinator develops a mechanism or alters an already existing system to retrieve feedback from the</p>	<p>The Director of Services and Quality Assurance Coordinator updated the Complaints Policy and circulated same on the 22.02.21. The Quality Assurance Coordinator will attend team meetings where feasible and review meetings of same in bi-monthly audits.</p> <p>The Senior Manager and Quality Assurance Coordinator will review team meeting minutes as part of the bi-monthly audits.</p> <p>The Quality Assurance Coordinator will expand the current feedback form for Gateways young people to include a section regarding complaints. Completed on</p>
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	<p>children to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.</p>	<p>children regarding Gateways complaints procedure to ensure that the system is effective for them.</p>	<p>25/02/2021. Following any feedback, the Director of Services and the Quality Assurance Coordinator will further develop the complaints procedure, if required.</p>
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