Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 040

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Gateway Residential Care**
Registered Capacity:	**Two young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**16th and 17th October 2023**
Registration Status:	**Registered from the 13th of January 2022 to the 13th of January 2025**
Inspection Team:	**Linda McGuinness** **Lorna Wogan**
Date Report Issued:	**30th November 2023**

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance and Regulation Directorate within TUSLA, the Child and Family Agency. The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.
During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

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

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

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

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 13th of January 2013. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 13th of January 2022 to the 13th of January 2025.

The centre was registered as a multi occupancy centre to provide medium term care placements for two young people aged thirteen to seventeen on admission. The model of care was built on a strengths-based approach. The approach to working with young people was informed by attachment theory and resilience theory. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The approach was trauma informed and staff received training to understand the impact of trauma on child development. There were two young people living in the centre at the time of the inspection. The centre was granted a derogation to accommodate one of the children as they were under thirteen years of age on admission which was outside the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2
5: Leadership, Governance and Management	5.4

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 8th of November 2023. No corrective actions were required.

The findings of this report 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: 040 without attached conditions from the 13th of January 2022 to the 13th of January 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events
Regulation 5: Care Practices and Operational Policies

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The inspectors found there were significant improvements in the identification, reporting, management and oversight of safeguarding and child protection concerns since the previous inspection in November 2022. This was confirmed by the social workers interviewed by the inspectors. There was evidence that each young person was safeguarded from abuse and harm and the regional director worked closely with the acting social care manager to promote the safety and welfare of each child.

The organisation had a range of policies and procedures in place for safeguarding young people and for reporting and managing concerns. These included the safeguarding policy, safe recruitment practices, lone working, anti-bullying, whistleblowing/protected disclosures policies, a children's complaints procedure and a code of conduct in the staff handbook. These policies and procedures were reviewed by the inspectors and found to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation.

The child safeguarding statement was displayed in the centre as required and included an appropriate risk assessment with measures in place to manage identified risks.

Staff received training in the Tusla e-Learning modules: Introduction to Children First, 2017 and Children First Mandated Persons training. The organisation recently received access to Tusla's e-Learning training Child Sexual Exploitation (CSE) Procedure, 2021 and all staff with the exception of recently recruited staff members had completed this training. Additionally, the organisation provided dedicated training for staff on the organisations child protection and child safeguarding policies. All staff training was tracked and monitored through an online database and managers and staff were notified when refresher training was due and when training expired.

Staff interviewed were aware the centre manager was the designated liaison person (DLP) and they understood the role and the responsibilities of the DLP. At the time of inspection, the centre's deputy manager was scheduled to undertake DLP training prior to undertaking the role of deputy DLP within the centre. Staff interviewed were aware that on-call managers within the organisation were available to them to advise on any concern of harm or abuse outside of office hours and at weekends.

The centre maintained a record of all mandated persons as required. Staff interviewed were aware of how to respond to a disclosure of abuse and all had access to the Tusla portal to facilitate them to report a child protection or welfare concern. The inspectors found that learning was evidenced at every level within the organisation following an external review of safeguarding and child protection procedures within the centre in 2022.

Inspectors found that safeguarding/child protection concerns, and relevant policies and procedures were discussed at team meetings, management meetings and within the significant event review group meetings (SERG). Additionally, reporting on child protection and child safeguarding issues formed part of the centre managers monthly governance report. The regional director had oversight of this information and conducted monthly visits to the centre to verify the information in the governance reports. The regional director worked closely with the manager and staff team to ensure they were confident in respect of thresholds for reporting child protection/welfare concerns to Tusla, Child and Family Agency.

There were a range of registers maintained on a database for each young person which were up to date. These registers facilitated tracking patterns of events and oversight of incidents. There was evidence the centre manager had regular communication with social work departments and received responses about any open reports/ongoing child protection concerns. There was robust analysis of critical incidents through SERG meetings and evidence of feedback to the team to facilitate learning and practice improvements.

The inspectors examined the records of child protection concerns on file and were satisfied that they were recorded, reported and managed appropriately. The centre maintained a comprehensive electronic register of child protection concerns and this was supplemented by a hard copy folder where all relevant information was recorded to facilitate effective monitoring and cross referencing by the centre manager. A recent concern for one young person was managed effectively and when safety measures were implemented, they were fully explained to the young person. The

young person interviewed was able to tell inspectors they understood the reasons for decisions taken.

A quality assurance auditor within the organisation conducted a child protection audit in the centre in March 2023 and inspectors found that all identified actions were met through a review of the centre quality improvement plan (QIP). Staff confirmed with the inspectors that they received feedback from audits and that issues requiring attention were discussed at team meetings.

The inspectors reviewed seven staff personnel files and were satisfied there were safe recruitment practices in place. Garda and overseas police vetting were secured prior to commencement of employment, additionally the required number of verified references and verification of qualifications were held on each personnel file.

The centre had an anti-bullying policy. Staff interviewed demonstrated a keen awareness of bullying and its impact and were aware of appropriate responses to any emergence of bullying behaviour within the centre. The centre had a written policy relating to the children's access to social media and the internet. This included age-appropriate restrictions on the children's access to technology and where concerns arose safeguarding measures were implemented in consultation with the allocated social worker. The staff team worked closely with the young people to ensure the use of technology did not negatively impact their daily lives.

Pre-admission risk assessments were undertaken to identify and address areas of vulnerability and risk including potential risks within group living. There was evidence the staff team supported young people with their behaviour to promote safety for all within the house.

Following a review of centre records and subsequent interviews with the young people and staff members, inspectors were satisfied that ample work was undertaken to teach them the skills needed for self-care and protection. Individual risk assessments were completed, appropriate boundaries were implemented, and work was targeted relevant to their age and stage of development. Systems were in place to review, update or close out risk assessments. The inspectors found that placement plans, individual crisis support plans (ICSPs) and individual absence management plans (IAMPs) promoted safe care. The inspectors found these plans were all up to date and were regularly reviewed in consultation with young people, their social workers and families-where appropriate.

Social workers confirmed that risk assessments were forwarded for review, and they were made aware of any safety plans implemented to keep young people safe. There was evidence that for one young person their parent was involved in safety planning, and they confirmed to inspectors that they felt the team and management worked hard to keep them safe.

At the time of inspection there was a stable management and staff team in place that contributed to the development of trusting relationships and safe effective care. A positive and happy atmosphere was evident in the house over the course of the inspection. Inspectors observed warm and caring interactions between the care staff and young people. Both young people confirmed they felt safe living in the house and identified people they trusted and could go to if they had worries or concerns.

The inspectors found that the manager and staff team worked collaboratively with the supervising social work departments to progress the goals of the children's care plans. There were agreed procedures in place to inform parents of any incident or allegation of abuse. The social workers confirmed they were satisfied their allocated children were safe, cared for effectively and they had no current safeguarding concerns. They complimented the work of the team, the open communication and the collaborative approach to working. The centre also sought regular written feedback from social workers. The feedback forms reviewed by the inspectors indicated that social workers had a positive view of the service and were happy with the progress the children had made to date.

The centre had a policy and procedure on protected disclosures/whistleblowing. Staff interviewed were aware to whom they could report a concern either about the organisation itself or a staff or manager's practice. Staff reported that they were confident to bring any poor care practices to the attention of the centre manager or other appointed personnel.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 3.1**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**

Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required:

- None identified.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Overall, there was evidence that the health and welfare of each young person was prioritised, and the team continually sought out opportunities to enhance their health, safety and development. Each young person had a care plan on file that outlined their physical and emotional health needs. Both young people received a comprehensive medical check-up with their general practitioner (G.P) earlier in the year.

The centre had a range of policies that guided general health, wellbeing and development of young people including for example self-care, health and fitness, drug and alcohol awareness and anti-bullying.

The inspectors reviewed the care records for each young person and found comprehensive records relating to social histories, medical and specialist reports, and referrals to specialist services. The staff team and social worker were reviewing the potential benefits of an additional specialist support for one child. However, at the time of the inspection there were no required, outstanding or delayed specialist interventions for either of the young people. There was evidence staff in the centre worked in collaboration with the social workers to ensure that young people's health needs were identified and met and that their care records were complete.

Each young person had an up-to-date placement plan that identified health goals and it was evident they were consulted about their general health in an age-appropriate manner. There were records of appointments and follow up actions with optical, dental, and other health professionals. The young people confirmed they received prompt medical attention when needed. There was evidence that the staff team strongly advocated for one young person in terms of their health concerns and this

matter was addressed to the satisfaction of the young people though robust advocacy by staff and managers.

Each young person was registered with a local G.P and had a medical card and signed medical consent forms on file as required. Childhood immunisations were evidenced on file for the young people. There was written confirmation from G.Ps to approve pro re nata (PRN) medications such as antihistamines, cough medication, lotions and creams and age-appropriate paracetamol-based medications.

The team had access to an attachment specialist and a consultant clinical psychologist to support their work. Inspectors recommend that the managers source additional training in youth mental health, self-harm and suicide prevention to further enhance the teams' skills and knowledge base in these identified areas.

There was evidence that the staff completed individual work that focused on all aspects of health and wellbeing. Work was undertaken to promote good nutrition, healthy lifestyles, exercise, smoking cessation and positive mental health. Conversations around personal hygiene, sexual development, puberty, consent and sexual health were managed in a sensitive and age-appropriate manner. The inspectors found that the young people were encouraged and facilitated to engage in healthy lifestyles and participated in a range of physical activities at the centre and within the local community. This was confirmed in conversations with social workers and parents. Participation in sports activities was actively promoted for one of the young people and their achievements celebrated and awards displayed throughout the centre.

The centre had a comprehensive and recently updated medication management policy that was in line with legislative and regulatory requirements. There were robust systems in place for the administration, storage and disposal of medications. One staff member was assigned responsibility for oversight and implementation of practice in line with the requirements of the policy. This staff member provided regular and robust guidance to the staff team. There was evidence the medication policy was reviewed at team meetings. The inspectors found that medication was stored appropriately in line with policy. A daily inventory of medication took place. There were clear reporting systems in place to report medication errors. There were no medication errors since the previous inspection. Training records provided to inspectors evidenced all staff received training in the safe administration of medication. The medication files were well organised with evidence of internal and external management oversight. A full audit of medication management was

undertaken by the organisations' quality assurance auditor in early 2023 and all identified actions were completed on the centre's quality improvement plan.

Compliance with regulations	
Regulation met	**Regulation 10**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 4.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required:

- None identified.

Regulation 5: Care Practices and Operational Policies

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Overall inspectors found evidence of strong and effective leadership and robust governance systems. As a result, it was clear that the centre, under the direction and guidance of the director of operations, strived to improve the quality, safety and continuity of care provided to the young people. It was evident from review of records and speaking with young people, their social workers and parents that this contributed to positive outcomes for the children. There were evident improvements since the last inspection in staff knowledge, recording practices and implementation of policies relating to safeguarding and child protection.

As discussed previously, there were a range of systems in place to assess and benchmark the quality of care against national standards, best practice, regulations and policies. These included quality assurance/compliance audits that informed the centre's quality improvement plans, monthly governance reports that were checked

and verified at the centre by the regional director and SERG meetings that identified clear learning outcomes.

There were robust systems in place to ensure that all information relating to complaints, concerns and incidents were appropriately recorded, acted upon, monitored and analysed. It was evident from review of team and management meetings that learning from reviews of incidents informed practice improvements and policy updates where required. There was a system in place across the organisation to communicate learning and implement improvements from both internal quality/compliance audits and regulatory inspection processes.

The regional director had undertaken an annual review of compliance with the centre's objectives. The report provided commentary on key areas of practice and identified actions and strategies to improve practice and to achieve better outcomes for children. Positive developments were highlighted in the annual report and a number of specific areas for development were identified for the year ahead.

Compliance with regulation	
Regulation met	**Regulation 5**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 5.4**
Practices met the required standard in some respects only	**Not all areas under this standard were assessed**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required:

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	None identified		
4	None identified		
5	None identified		