



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 040

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Gateway Children's Services Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	11th, 12th and 13th October 2021
Registration Status:	Registered from 13th January 2022 to 13th January 2025
Inspection Team:	Lorna Wogan Anne McEvoy
Date Report Issued:	17th December 2021

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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 14th January 2013. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 13th of January 2019 to the 13th January 2022.

The centre was registered to accommodate two children, male and female, from age thirteen to seventeen years on admission. The centre provided medium term care placements. The centre aimed to help children recover from adverse life experiences and its work with children was based on a team approach to assessment and provision of care. The approach to working with 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/belonging. There were two children living in the centre at the time of the inspection. One of the children was placed in the centre under derogation as they were under thirteen years of age on admission which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 on the 30th November 2021 and to the relevant social work departments on the 30th November 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 14th December 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: 040 without attached conditions from the 13th of January 2022 to the 13th January 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The centre had written policies and procedures in place to support care planning and placement planning processes. The inspectors found there was robust gatekeeping and effective planning prior to the admission of the second child to the centre who was the subject of a derogation. The centre records evidenced effective communication between the director of services, Tusla's national private placement team and the relevant social work departments to safely support the child in placement and assess the collective impact of each child's presentation. There was evidence of good communication and sharing of information between the centre manager, the staff team and the allocated social workers prior to the placement of the second resident. The parent of one of the children informed the inspectors they were satisfied that they were fully consulted prior to the admission of a second child into the centre. All relevant stakeholders confirmed they were satisfied with the placement matching process and to date there was evidence of positive interactions between both residents.

The inspectors found that the care plans for both children in placement were reviewed in line with the timeframes set out in the legislation and as required in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. The social worker, centre manager and staff were aware of the requirements to undertake monthly care plan reviews for the child placed in the centre under a derogation. However, inspectors found there was only one statutory care plan document on file in the centre in respect of this child and the most recently updated care plan for the other child was not on file. The inspectors were informed by the social workers that care plans were updated following the statutory child in care review meetings however the inspectors found that issues with emails following the HSE cyber-attack had impacted on receipt of the care planning documents in the centre. The social workers assured the inspectors they would follow up on this matter and liaise with the centre manager to ensure that the required care plan documents were forwarded and received by the centre. The inspectors found that the centre manager and key

staff had not alerted to the fact that the care plans and supporting statutory review documentation was not located on the individual care files. There was insufficient evidence to indicate that the centre manager had followed up with the social workers to secure the required documentation on the care files in the centre. The inspectors also found that staff interviewed were not sufficiently knowledgeable in relation to the goals of the children's care plans and staff interviewed did not display an understanding that the statutory care plan was a central guiding document in the placement planning process. The absence of care plans on file resulted in staff not being clear on the goals/tasks set out in updated care plans. The centre manager must ensure that staff are aware of the goals identified for each child within the statutory care planning process and that there are clear systems in place to monitor the files to ensure all statutory care planning documents are secured on file in the centre. Where care plan documents are not forwarded to the centre in a timely manner there must be a system in place to escalate this matter to the relevant social work managers.

There was evidence of regular monthly planning and strategy meetings in relation to one of the children and a record of these meetings was maintained on file. There was evidenced of robust planning to support the placement due to the complex presentation of this child's needs. While the most up to date care plan was not on file the previous care plan identified tasks and goals assigned to individual professionals as did the records of the monthly strategy meetings. The social workers interviewed were satisfied that the centre staff undertook all tasks assigned to them and worked hard to implement the goals and tasks set out in the care plan.

There was evidence that both children were prepared for their care plan review meetings and encouraged to participate in the process and were provided with feedback following the review meetings as appropriate. The parent interviewed by the inspectors was satisfied they were consulted and fully involved in the care and placement planning processes. There was evidence of open and supportive communication with this parent who confirmed the centre manager and staff were good advocates for their child in the care and placement planning forums.

There were updated placement plans on file for each child. They were comprehensive and addressed specific areas in the children's lives and individual achievable goals were identified under each domain. Placement plans were updated every three months and the development of individual monthly plans ensured the tracking of the placement plan and the identified key work for each month. The placement plans were also subject to regular review at team meetings with input from the staff team.

Following a sample review of staff supervision files, the inspectors recommend that the supervision recording practices are reviewed to ensure that discussions around the implementation of placement plans and the individual work undertaken by staff is evidenced as being monitored and assessed by the supervisor.

The children had named key workers and a review of key work records evidenced they were offered the opportunity to provide input into their own key working sessions. Key working records were maintained to a high standard. Key working records evidenced that follow up actions were identified to reinforce learning and to realise the goals set out in the overall placement plan. The key working records reviewed by the inspectors were found to be aligned to the goals of the individual placement plans. The inspectors found the children were facilitated to participate in the placement planning process in a manner that was appropriate to their level of development and in an age-appropriate way. All staff interviewed were aware of the aims and objectives of each child's placement plan and there was an evident team-based approach to providing care and support to each child.

The children in placement were facilitated to access the identified external supports and specialist services they required in line with their care plan. Inspectors found that children had access to specialised supports and services such as CAMHS and the services internal psychologist. Inspectors found that staff supported and facilitated the children to engage in these identified supports. The staff team also had access to an attachment consultant to support the attachment-based approach. The children were provided with opportunities to engage in community activities (in line with Covid-19 government guidelines) such as horse riding, football and gym to support their mental health, growth, and development. There was a strong focus on positive reinforcement and goals were identified for the children to work towards with incentives provided to reinforce positive engagement.

The staff interviewed stated that communication with the social workers was effective and the social workers were prompt to respond to concerns or issues relating to the children in placement. There was evidence that social workers were sent updated placement plans and weekly progress reports to keep them fully apprised of work completed, progress and ongoing concerns. There were some issues for one social worker in relation to receiving documentation from the centre due to the HSE cyber-attack and this was to be followed up by the social worker and the centre manager. There was evidence of good collaboration between the external professionals.

The inspectors met with both children in placement. The children were aware of why there were living in the centre and the individual goals of their placement. Both children informed the inspectors that the staff were helpful and caring. They each identified key staff they would go to if worried or upset. The inspectors observed warm caring interactions between the staff and the children during the inspection process. Social workers were happy with the progress the children had made to date and informed the inspectors that the team were committed to the children and were caring, supportive and responsive to the children's individual needs to maximise their wellbeing and personal development.

Compliance with Regulations	
Regulations met	Regulation 5
Regulations not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards were assessed

Action Required:

- The centre manager must ensure that staff are aware of the goals identified on each child's care plan and that there are clear internal systems in place to monitor the files to ensure all statutory care planning documents are secured on file in the centre.
- In circumstances where statutory care plans are not forwarded to the centre in a timely manner the centre manager must ensure there is a system in place to escalate this matter externally to the relevant social work managers

Regulation 5: Care Practice s and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There were clearly defined governance arrangements and structures in place. The centre management structure comprised of a deputy manager, the centre manager, external operations manager, director of services and a registered proprietor. Staff interviewed were aware of the governance and management structures. Roles and responsibilities of staff were set out in job descriptions, employment contracts and in the staff code of conduct.

Leadership in the centre was demonstrated within the management team from the deputy manager to the centre manager and then externally up to the director of services. The centre manager chaired team meetings and attended daily handover meetings to ensure good governance and oversight of practices. The pro forma for recording the team meetings ensured there was good oversight by managers around all key aspects of the children's care and the overall day-to-day operation of the centre. The team meeting records evidenced discussions about policies and procedures and about individual risks associated with the children's presentation as well as risks associated with centre operations. There was evidence that the director of services undertook a key leadership role in the management of significant and high-level risks where they arose in the centre. Senior management meeting records demonstrated that the senior management team were aware of the key issues in the centre around quality, safety, risk. These meetings were attended by centre managers, the quality assurance coordinator, the senior services managers, director of services, the in-service psychologist, training officer and the senior administrator.

The quality assurance coordinator had undertaken regular themed audits in the centre since November 2020. The director of services supervised the work of the quality assurance coordinator. The audits were clear to understand and provided evidence of centre records being inspected and deficits identified with action plans and timescales to address these. The inspectors found that over time the audits had

developed and were more comprehensive with an emphasis on the quality of the work. There was evidence of progression within the audit process itself, however the earlier audits did not pick up that several care planning documents were not on file in the centre. The registered provider informed the inspectors they were currently engaged with external consultants to further develop the organisation's quality assurance systems and the inspectors were satisfied that this process had commenced.

Staff interviewed had confidence in the leadership team and the competencies of their managers to support them in their work. The children were aware of who was in charge and of the external managers that visited the centre. The centre manager was a consistent and key figure for the children in the centre with whom they had a trusting and firm relationship. This was confirmed by all stakeholders interviewed by the inspectors.

The internal management structure was appropriate to the size and purpose and function of the residential centre with the appointment of three social care leaders since the last inspection who were line managed by the deputy manager and the centre manager. The deputy manager supported the centre manager and worked office hours Monday to Friday. There were three team leaders appointed (internal appointments) who worked across the rota. The inspectors found the team leader role within the centre was not sufficiently established and the staff in these roles required additional training in relation to their mentoring and leadership roles. There was not sufficient evidence in the team leader's supervision records that they discussed their role, their performance and ongoing development in this role. The centre manager stated that the role of team leader was in its infancy and there were plans in place to further establish and develop the role. The personnel files reviewed by the inspectors did not evidence an application or interview process for the role of team leader. The director of services must ensure that a recruitment and selection process is evident for the appointment of social care team leaders.

The provider had a contract in place with Tusla's national private placement team for the provision of placements in the centre. The registered provider and the director of services met with the funding body in 2021 and discussed the overall provision of care within the service. The centre manager had also provided the funding body with updated reports in relation to one of the children as requested.

The centre manager was eight years in post in the centre and had many years' experience in residential work prior to this appointment. In line with contracting

requirements with the funding body the centre manager was committed to undertaking the required social care qualification within a specified timeframe.

The inspectors found that policies and procedures were updated and aligned to the national standards. There was evidence that new policies were developed and other policies were reviewed and updated as required.

There was a risk management framework in place for the identification, assessment and management of risk. Staff interviewed outlined the centre's risk management policy, the systems in place for measuring risk, and the strategies in place for mitigating specific risks associated with the children's presentation. The centre and corporate risk register were comprehensive and all risks identified were appropriate to the centre, appropriately noted and mitigating measures implemented and post response rating identified. There was an escalation process in place and staff were confident that external managers were fully apprised of all identified risks associated with the children in placement and the overall operation of the centre. The director of services apprised the registered provider of all significant and high-level risks within the organisation.

The centre completed impact risk assessments and individual risk assessments for each of the children in placement. The inspectors found that these assessments were not sufficiently robust in the identification and measurement of the risks. The centre manager stated that the service was engaged with an external consultant in relation to quality and risk and there was planned training for staff on completing risk assessments and that current risk assessment pro forma would be revised following this training. Absence management plans and individual crisis management plans were detailed and comprehensive documents and were updated monthly. There was evidence of reviews of significant events in the senior management meeting records.

There were alternative management arrangements in place when the centre manager was absent and there was a written record maintained of management duties delegated to the deputy manager.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards were assessed

Actions Required:

- The director of services must ensure that a recruitment and selection process is evident for the internal appointment of social care team leaders.
- The centre manger must ensure the role of the team leader is further developed in the centre and the team leaders are supported and supervised in relation to their mentoring and leadership role within the team.
- The centre manager in conjunction with external managers must ensure that collective impact risk assessments and individual risk assessments are sufficiently robust in the identification and measurement of the risk and are developed in line with the centres risk management framework.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The inspectors found that the centre manager and the senior management team regularly undertook workforce planning. This was evidenced in management and team meeting records. Staff recruitment needs and staff retention initiatives were planned for at senior management level.

Inspectors found that the workforce was well organised and well managed and appropriately supported and trained. All staff members were appropriately qualified

in social care practice and a sample of staff files evidenced qualifications and verification of same.

There was a significant turnover in staff in the past six months as one resident moved into an aftercare arrangement and several members of the team transitioned with this young adult. Several other staff had qualified as social workers and had moved to social work posts. However, despite the staff changes the inspectors found that the newly reconstituted team was cohesive and the remaining experienced staff, alongside the centre manager, had maintained the established positive team culture and a child-centred approach. Empathy, nurture and care were a strong feature of practice in the centre.

There were appropriate numbers of staff to meet the needs of the children and they received a lot of individual time with staff with evidence of good planning of individual routines on a weekly basis. There were three staff members on duty each day with live nights provided as required. Staff confirmed there was always a balance of experience and gender across the rota. There was evidence that the team received positive feedback from their managers in relation to their work with the children.

There was a performance management policy in place to support and develop staff. Appraisals were completed on an annual basis for staff. The service had a written staff recruitment and retention policy. A range of staff recruitment initiatives were identified at senior management meetings for example an employee referral scheme, flyers to third level colleges and advertising on various social media platforms. A dedicated Human Resources manager was appointed in 2021 to lead out on staff recruitment in the organisation. Resources were provided to help recruit and retain staff. Supervision, development of a cohesion team, team activities and opportunities for training were all cited as staff retention measures. Exit interviews were offered to all staff leaving the service.

On-call was provided on a rotational basis by the centre manager, deputy manager and other service managers within the organisation. Staff were notified in advance of the on-call arrangements for outside of office hours and at weekends. Staff confirmed the on-call arrangements were a reliable and beneficial resource.

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

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that staff are aware of the goals identified on each child's care plan and that there are clear internal systems in place to monitor the files to ensure all statutory care planning documents are secured on file in the centre.</p> <p>In circumstances where statutory care plans are not forwarded to the centre in a timely manner the centre manager must ensure there is a system in place to escalate this matter externally to the relevant social work managers.</p>	<p>The centre manager will ensure going forward that the goals on each young person's care plan are outlined in the young person's placement plan which will be reviewed at each team meeting. Assigned keyworkers will complete an audit of young person's files quarterly to ensure that all statutory care plans are on file. (Commenced November 2021)</p> <p>An internal escalation process has been introduced whereby the centre manager will escalate these issues to the senior service manager who will then escalate the matter externally to the relevant social work manager. (Commenced Nov 2021)</p>	<p>Individual care files will be reviewed as part of the centre's bimonthly audits. Placement plans will be a standing item on the team meeting agenda. Key working duties will be monitored as part of supervisions.</p> <p>The effectiveness of this escalation process will be reviewed as part of management meetings.</p>

5	The director of services must ensure that a recruitment and selection process is evident for the internal appointment of social care team leaders.	The director of services will ensure that the recruitment and selection process is evident for the internal appointment of team leaders. The senior service manager will co-ordinate this process in consultation with the centre manager. (Commenced Dec 2021)	Internal appointments will be discussed and reviewed as part of the organisational management meetings. HR files will be reviewed as part of the centre's bimonthly audits and the auditor will ensure that this information is present.
	The centre manger must ensure the role of the team leader is further developed in the centre and the team leaders are supported and supervised in relation to their mentoring and leadership role within the team.	The centre manager will ensure that there is more focus on developing the team leader role in the centre through individual supervisions and centre management meetings. The team leader role will be discussed in the next team meeting in order to provide clarity to all of the team. (Jan 2022)	This will be reviewed as part of supervisions. These records will be reviewed as part of bimonthly audits. The senior service manager will consult with staff team on visits to the centre.
	The centre manager in conjunction with external managers must ensure that collective impact risk assessments and individual risk	The centre manager will ensure that both risk assessments are sufficiently robust in the identification and measurement of potential risks and in line with the internal risk management policy. The impact risk	These risk assessments will be reviewed as part of senior management meetings and referral intake committee. The senior service manager will be responsible for signing off on these risk

	assessments are sufficiently robust in the identification and measurement of the risk and are developed in line with the centres risk management framework.	assessment was updated November 2021. The individual risk assessment is currently under review, will be completed January 2022.	assessments once complete. These risk assessments will be reviewed as part of the centre's bimonthly audits.
6	None identified		