



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 115**

**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>8<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> March</b>
<b>Registration Status:</b>	<b>Registered from 17<sup>th</sup> June 2019 to 17<sup>th</sup> June 2022</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>6<sup>th</sup> July 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 17<sup>th</sup> June 2016. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from the 17<sup>th</sup> June 2019 to the 17<sup>th</sup> June 2022.

The centre was registered to provide medium to long term care for two young people (boys and girls) from age thirteen to seventeen years on admission. The centre aimed to help children recover from adverse life experiences. The model of care was built on a strengths-based approach. The approach to working with children was informed by both attachment and resilience theories. The approach was also trauma informed and staff received training to understand 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
3: Safe Care and Support	3.1, 3.2, 3.3
8: Use of Information	8.1, 8.2

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 11<sup>th</sup> May 2021 and to the relevant social work departments on the 11<sup>th</sup> May 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 24<sup>th</sup> May 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: 115 without attached conditions from the 17<sup>th</sup> June 2019 to the 17<sup>th</sup> June 2022 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 16: Notification of Significant Events

#### 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.

Inspectors found that the centre was operating in line with the relevant policies as outlined in Children First National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. There was a comprehensive child safeguarding policy in place that was developed in line with Children First and Tusla's guidance on developing a child safeguarding policy, procedure and practice document. It included a range of safeguarding policies such as whistleblowing, protected disclosures, staff recruitment, anti-bullying, incident reporting and a code of conduct for staff that referenced the requirement to report all child welfare and protection concerns under Children First and to work within guiding principles of the safeguarding policy. Child safeguarding policies were updated in 2020 and were due to be reviewed over the coming months in 2021.

All staff had completed Tusla's Children First e-learning and had induction training on the centre's child safeguarding policy and staff signed a hard copy of policy in the office to evidence they read and understood the document.

The centre had a child safeguarding statement that was reviewed and approved by the child safeguarding statement compliance unit. Staff interviewed identified a number of safeguarding practices in place in the centre. They were able to identify the potential risk of harm for children living in the centre and the procedures in place to mitigate these risks. However, many staff did not reference the child safeguarding statement in their completed inspection questionnaire. As this statement is a cornerstone of the provision of safe care the inspectors recommend that the centre manager regularly review this statement with the staff team to ensure they understand its importance to safeguard children living in the centre.

The team meeting records evidenced a plan in place to review the child safeguarding policy and specific safeguarding practices over a three month period from January 2021 however there was no evidence in the team meeting records that this review was

undertaken. This requirement was also set out in services annual compliance and service improvement plan. The centre manager must ensure that the plan set out to review the centre's child safeguarding policy and specific safeguarding practices at the team meetings is undertaken. The centre manager must also ensure that the actions identified in the service improvement plan where relevant to the centre are addressed.

Staff were aware of their role as mandated persons and their responsibility to report child protection concerns. They were aware of the recording and reporting procedures in place and were familiar with the role of the named designated and deputy designated liaison persons in the centre. They were aware of their responsibility to inform social workers and parents (where agreed) of any incident or allegation of abuse and had a register in place to record all mandated and non-mandated child protection and welfare concerns. They were aware if the concern did not meet threshold for a mandated report that they would discuss this with the centre manager and put plan in place to address concerns and write up an incident report.

The inspectors examined the child protection register and found that five reported concerns remained open. The inspectors found that the category of the alleged abuse or welfare concern was not recorded on the register along with a record of efforts made by the manager to follow up on securing documentary evidence from the social work department that these concerns had been closed out or were subject to on-going investigation. The centre manager must ensure that the category of the alleged abuse or welfare concern is identified on the centre's child protection register. The centre manager must also evidence efforts made by them to follow up on securing documentary evidence from the social work department that mandated reports have been closed out or remain subject to on-going investigation.

The service had recently appointed a quality assurance coordinator. The centre had not yet been audited under Theme 3 of the national standards however the inspectors found that the coordinator had made recommendations to the centre manager in relation to safeguarding recording templates and these had been responded to by the centre manager. The inspectors found evidence that child protection and welfare concerns and complaints made by the children were reviewed at team meetings however the outcome of these reviews or discussions were not evident on the meeting minutes. The centre manager must ensure that the outcome of a review of complaints and child protection concerns at team meetings is reflected in the meeting records.

The inspectors found that there were safe recruitment practices in place with the required number of references, Garda and overseas police vetting secured on file prior to commencement of employment. The personnel files were well maintained, and information stored on the file was easily accessible. There was evidence that Garda vetting for all staff was updated in accordance with the centre policy.

There was evidence that individual risk assessments were undertaken to protect the children from harm. Individual risk assessments on file were completed in line with the centre's risk management framework; the risk was measured, the level of risk identified and measures in place to minimise risk. There was attention paid to minimising the impact of the children's behaviour on each other and safety measures identified.

The centre had a written anti-bullying policy and the reporting of bullying under Children First, where the behaviour was possibly abusive, was set out in their child safeguarding policy. A range of behaviours were identified in the written policy including cyber bullying. There were no reported incidents of bullying in the centre. This was confirmed by staff, social workers and by one of the children interviewed during the inspection process. The key work evidenced that information was provided to the children in relation to bullying to assist them to recognise bullying and to report it appropriately.

There was evidence that the staff worked well with the placing social workers and social workers interviewed were satisfied that the centre staff promoted the safety and welfare of the children. Currently the staff team did not work directly with the parents of the children in placement but there was evidence that the team worked in partnership with a parent of a former resident.

The inspectors found evidence of individual work completed with both children to help them understand their feelings and behaviours. There was evidence that staff taught them self-awareness and the skills needed to keep themselves safe. There were discussions with the children about their vulnerabilities in the centre and within the wider community. There was evidence that staff encouraged the children to speak out, have their voice heard and that staff listened to them.

Staff were aware of the centre policy in relation to protected disclosures. Staff interviewed were confident they could raise a concern with their managers or question a manager's practice without fear of negative consequences. Staff interviewed were aware of the line management structure and how to escalate concerns about practice in the centre.

### **Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

The centre had a written policy on behaviour management. Staff interviewed by the inspectors outlined their approach to promoting positive behaviour through positive relationships with the children, positive reinforcement and recognition of positive behaviour. There were clear approaches to respond to and manage behaviour that challenges. Staff were trained in a recognised crisis intervention model and received the required refresher training in this intervention model. The inspectors found that staff practice to manage behaviour that challenges was also guided by specialist reports, risk assessments, individual crisis management plans, absence management plans, external consultants and other professionals. Where physical restraints were permitted this was agreed and set out in the individual crisis management plans. These plans were regularly reviewed and updated as required. Following a review of incidents, the inspectors found that staff managed a number of high risk situations with a child in placement. The inspectors found that formal staff debriefing following such incidents was not evident. The centre manager must ensure that staff debriefing is evidenced in a more formal and structured manner. The inspectors also recommend that the post crisis response training is undertaken with the team as part of their crisis intervention model refresher training. Staff in the centre had access to a ligature knife however they had not received training in the use of this knife. The centre manager must source appropriate training for the staff in the safe use of a ligature knife.

Overall the inspectors found there was a positive approach to managing behaviour, there were clear intervention strategies to manage behaviour that challenges. There were oversight and monitoring systems in place in relation to the centre's approach to behaviour that challenges.

The approach to managing the children's behaviour, in the context of the attachment based model of care, was guided by their childcare consultant who met with the team on a monthly basis to review their practice and interventions. Staff found this guidance and support to be beneficial in their work with the children. The team displayed an awareness of mental health issues for children in care and had appropriately advocated for appropriate interventions for the children as required. Since the last inspection the team received training in a trauma informed approach to care and the centre manager was trained to deliver this training to the team. The inspectors found that the staff team and the children had access to the service's clinical psychologist where required. Therapeutic team meetings were undertaken

internally and discussions about critical incidents were evidenced in the senior management team meetings.

The staff interviewed were aware of the potential triggers for each child and how these triggers impacted on behaviour within the centre. All identified risks were subject to individual risk assessments and were stored on the individual care files. There was evidence in key work records and life space interviews that staff supported and guided the children in relation to their behaviour. Boundaries and expectations were set out in the context of their safety and welfare.

A record of consequences evidenced the use of natural consequences taking account of child's life experiences. However, the inspectors found that permitted consequences for poor behaviour as set out in the behaviour management policy required further review to ensure they are age appropriate and in line with the current practice in the centre. The centre manager must review the behaviour management policy in this regard.

The centre had a written protocol to guide the use of restrictive procedures. Inspectors recommend that the written procedure is revised to include a protocol that all restrictive procedures are subject to a risk assessment and the rationale for their implementation is recorded. The current protocol stated that restrictive procedures were reviewed at senior management team meetings however such reviews were not evident on the meeting records reviewed by the inspectors. The inspectors found there were some inconsistencies within the team in relation to the identification of the restrictive procedures in place in the centre. The inspectors found that an internal door to the kitchen was locked at night without any clear rationale or evidence that this was required. This practice was not subject to a risk assessment. The centre manager must review the restrictive procedures in the centre to ensure all such practices are appropriately identified, including the physical restraint interventions identified on the crisis management plan. All restrictive procedures must be risk assessed and signed off by the centre manager and agreed with the social worker. The centre manager must ensure these risk assessments are located on the child's file and are subject to regular review to evidence they continue to be necessary.

**Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

There was evidence there was an open culture in the centre where the children and the staff team were encouraged to raise concerns, report incidents and identify areas

of improvement. House meetings took place on a regular basis and the issues raised by the children were placed on the team meeting agenda. The inspectors found evidence that complaints against staff were acknowledged, investigated and the outcome of the investigation was recorded in an open manner and filed appropriately.

The centre had a written policy for the notification of significant events. The centre maintained a register of all significant events and of all physical interventions that occurred in the centre. The social workers interviewed by the inspectors confirmed they received prompt notification of all significant events and were satisfied with the quality of these reports. A review of a sample of significant events evidenced the reports were comprehensive and the agreed interventions were outlined including life space interviews with the children.

The inspectors found that an incident had occurred for one of the children that was notified verbally to the social worker but was not followed up with a written report. The inspectors found a key work record that acknowledged the incident with the child however there was no written record on how the incident was reported, managed or of the guidance provided to the team to address the behaviour of concern. In another incident an important educative piece of work in relation to appropriate and safe use of social media was directed by the centre manager however was not evident in the key work records on the child's file. The inspectors were later informed that the child declined to engage in an identified educative piece of work however it was not noted on the file the efforts staff had made to undertake this key work. Key workers must evidence all efforts made to engage the children in identified key work and there must be robust oversight of key work assigned by the centre manager. The centre manager must also ensure they complete the manager's comments section on all significant event reports that occur in the centre to evidence their governance and oversight of the incident. The inspectors also found some gaps in information on the centre's accident/injury register whereby the injury was recorded however the circumstances in which the injury occurred was not outlined on the register. The centre manager must ensure that the centre's accident/injury register records the circumstances in which the injury occurred as well as the injury sustained and any guidance to minimise the risk of such an injury reoccurring. In two instances the inspectors found that the written significant event report was not forwarded in a timely manner to the relevant parties due to delays in sign off of the written report by the staff involved in the incident. However, the social workers confirmed to the inspectors they had received prompt verbal notification of these incidents after they had occurred.

The inspectors found that incident reviews were included on the agenda at both team meetings and senior management meetings. The team meeting records did not detail the learning outcomes or record issues identified following a review of incidents. The centre manager must ensure that learning outcomes where identified are recorded on the minutes as opposed to recording a general statement to indicate the incident was reviewed by the team.

There was evidence of oversight of incidents in the senior management team meetings records. Inspectors found there was a good analysis of the significant events reviewed and learning outcomes and actions required were identified. Feedback from these reviews by senior managers was relayed back to the team by the centre manager to inform future practice and this was confirmed by staff interviewed.

At the time of the inspection the quality assurance coordinator was developing a system to ascertain feedback from parents and social workers to identify areas for improvement. Inspectors found evidence of exit interviews undertaken with staff leaving the service which provided feedback and identified areas of improvement. The outcomes of exit interviews were discussed at the senior management meeting and both positive comments and areas for improvements were collated by the director of service to inform recruitment and staff retention practices.

<b>Compliance with Regulation</b>	
<b>Regulation met</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>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2 Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager must ensure they periodically review the centre's child safeguarding statement with the staff team to ensure they understand its importance as a cornerstone in the provision of safe care for children living in the centre.

- The centre manager must ensure that the plan set out to review the centre's child safeguarding policy and specific safeguarding practices at the team meetings is undertaken. The centre manager must also ensure that the actions identified in the service improvement plan where relevant to the centre are addressed.
- The centre manager must ensure that the category of the alleged abuse or welfare concern is identified on the centre's child protection register. The centre manager must also evidence efforts made by them to follow up on securing documentary evidence from the social work department that mandated reports have been closed out or remain subject to on-going investigation.
- The centre manager must ensure that the outcome of a review of incidents, complaints and child protection concerns at team meetings are reflected in the meeting records.
- The centre manager must ensure that staff debriefing following a critical incident is evidenced in a more formal and structured manner. The centre manager must secure post crisis response training for the staff team as part of their crisis intervention model refresher training.
- The centre manager must source appropriate training for the staff in the safe use of a ligature knife.
- The centre manager must review the behaviour management policy to ensure permitted consequences for poor behaviour as set out in the policy are age appropriate and in line with the current practice in the centre.
- The centre manager must review the restrictive procedures in the centre to ensure all such practices are appropriately identified, including the physical restraint interventions identified on the crisis management plan. All restrictive procedures must be risk assessed and signed off by the centre manager and agreed with the social worker.
- The centre manager must ensure these risk assessments are located on the child's file and are subject to regular review to evidence they continue to be necessary.
- Key workers must evidence all efforts made to engage the children in identified key work and there must be robust oversight of key work assigned by the centre manager.
- The centre manager must ensure that they complete the manager's comments section on all significant event reports that occur in the centre to evidence their governance and oversight of the incident.
- The centre manager must ensure that the centre's accident/injury register records the circumstances in which the injury occurred as well as the injury



sustained and any guidance to minimise the risk of such an injury reoccurring.

### Regulation 17: Records

### Theme 8: Use of Information

### Standard 8.1 – Information is used to plan, manage and deliver child-centred, safe and effective care and support.

Overall the centre had a wide range of reports and recording processes in place to plan and deliver child-centred, safe and effective care and support. Staff had access to good quality information about the children prior to their admission. There were a range of reports including social history, specialist reports and information on behavioural presentation to support effective care and placement planning.

The individual care files contained relevant, good quality information that supported the delivery of effective care. Information from the statutory care plans were used to inform the children's placement plans and there was evidence that the placement plans guided both individual key work and opportunity led work undertaken with the children. The key work for each child was set out in the monthly individual work plans. There was a focus on identifying goals in the placement plan and on monitoring and evaluating the outcomes for the children through regular review of the placement plans and oversight of key work undertaken. The inspectors found that care plans were also subject to review in compliance with the statutory regulations.

Specialist assessment reports and social history also guided the children's care approach along with information provided by the centre's attachment specialist. Guidance and support from external specialist was recorded in the centre to ensure that all staff were aware of the therapeutic approach to care and the agreed responses to issues as they presented.

Risk assessments were completed on a child's admission however the inspectors recommended that a review of the collective risk assessment is undertaken to ensure there is evidence that the potential impact of one child's behaviour on the other is measured and assessed with clear management strategies identified to mitigate each risk. Behaviour that challenges and resulted in risk and harm were discussed at team meetings, child in care reviews and at internal therapeutic team meetings. Records of

incidents were reviewed by the managers and staff team. Where risks were identified in relation to the care of the children a risk assessment was completed with management and support strategies identified.

Communication within the team was good and handover meetings, communication logbooks and regular team meetings facilitated good communication between staff. The inspectors recommend that the centre manager review the system for recording information at the handover meeting and that handover information is stored in one location to ensure effective planning around the delivery of care. There was good communication with social workers; they received regular placement reports, placement plans and a written record of significant events relating to the children. Social workers were satisfied they received relevant information in a timely manner. The significant event review group meetings, the commencement of themed audits against the national standards, oversight of registers and centre reports by managers were some of the systems in place to monitor practice and trends.

Overall the quality of information was good, the information was accessible and could be easily tracked across various recording systems therefore the records were a reliable source of information about the children's care.

The recently appointed quality assurance coordinator commenced themed audits aligned to the national standards and two themed audits were undertaken in the centre by the external auditor. The audits identified gaps in compliance and the centre manager was responsible to ensure gaps and deficits in systems and practices were rectified within specified timeframes. There was evidence the centre manager had addressed identified actions or had a plan in place to respond to the required actions within a specified timeframe. At the time of the inspection the quality assurance coordinator was developing a process to undertake exit interviews with children prior to them leaving the service. The centre manager also submitted an internal audit of centre information to head office for accountability in relation to activities and operations within the centre. The inspectors found that senior managers were aware of what was happening in the centre on a day-to-day basis for the children.

The young person's booklet outlined what information was kept about them, how it is kept and their right to access information on their care files. The children were informed about their rights to confidentiality and privacy in relation information written about them. The centre's policy on access to information outlined documents the children could access from their file but the inspectors found this was not realised

in practice. While the inspectors acknowledge the children's limited access to centre records on file was previously discussed and agreed with social workers there must be a plan going forward to introduce the children to personal information as appropriate held on their files as they progress through their placements.

**Standard 8.2 – Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.**

At the time of the inspection the service was moving from a paper-based record keeping system to an electronic record management system that supported best practice and was compliant with data protection regulations. This was being undertaken in a phased manner and staff were trained by the centre manager to use the new record management system. There were appropriate identity access systems in place to protect data and restrict levels of access in accordance with specific roles in the organisation. Information and records that contained personal information were password protected when emailed to relevant parties. All staff signed a confidentiality agreement on commencement of employment. Overall inspectors found that records were up to date, relevant and accurate.

The centre had a comprehensive general data protection policy that outlined the six principles of data protection legislation including data retention and destruction of records. Staff interviewed were aware of the services data protection policy and key requirements of this policy. The inspectors recommend that some formal training in general data protection legislation would further enhance current knowledge in the team and embed their policy into the practices in the centre. There were no data protection breaches in the centre and the service had an identified data protection officer to whom all data protection breaches were reported. All staff interviewed were aware of the person who undertook this role.

The centre had a comprehensive written policy on computer and information technology usage within the centre. Staff interviewed were aware of the requirements of this policy for example a clear desk policy, appropriate use of mobile phones, internet and email in the workplace. In interviews with the inspectors staff were aware of centre policies and procedures that supported and guided these practices.

The centre had a written policy that guided staff in relation to the structure and format of individual care files and outlined the staff's responsibility to ensure files were maintained appropriately and were up-to-date. The centre manager was

responsible for oversight of care files and the quality assurance coordinator was responsible for auditing the care files in their course of their themed audits. Staff were aware of the children's right to access their information.

The centre manager maintained a register that contained the required information relating to the admission and discharge of children from the centre. The inspector found it was completed in line with the regulations and was up-to-date and complete.

The privacy of the children's personal information was protected and respected by staff. Personal information was treated as confidential and staff were aware of the importance of only sharing information on a need to know basis. The child interviewed by the inspectors was aware that staff record information about them, was aware that their personal information was not shared with others outside of the centre and that personal information was stored securely. The inspectors found that care files and centre records were stored in a secure manner in the centre. As identified in the service improvement plan the organisation required a designated storage facility where files and centre records could be appropriately archived. At present care files and relevant centre records of former residents were stored and secured in a garage at the centre.

The social workers were satisfied there was appropriate sharing of information between professionals working with the placing authority and consultants working for the organisation.

There was information for staff in the centre policies on freedom of information and right of children to seek their files at later stage. Staff stated this would be facilitated in consultation with the social work department and the director of services.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 8.1 Standard 8.2</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure they periodically review the Centre's child safeguarding statement with the staff team to ensure they understand its importance as a cornerstone in the provision of safe care for children living in the centre.</p> <p>The centre manager must ensure that the plan set out to review the centre's child safeguarding policy and specific safeguarding practices at the team meetings is undertaken. The centre manager must also ensure that the actions identified in the service improvement plan where</p>	<p>The child safeguarding statement was reviewed at the team meeting on 27.04.2021. This will be reviewed quarterly at team meetings going forward. Commenced April 2021.</p> <p>The centre manager will ensure there is plans in place to review the centre's child safeguarding policy and specific safeguarding practices quarterly at team meetings and before this if necessary. The centre manager along with the quality assurance coordinator will ensure that the identified actions in the service improvement plan are addressed where relevant in the centre. Commenced April</p>	<p>The Child Safeguarding Statement is a standing item on the team meeting agenda and the Centre Manager will ensure this is completed quarterly. Senior Manager and Quality Assurance Coordinator will attend team meetings where possible and review these records as part of the bi-monthly audit.</p> <p>The Centre Manager, Senior Manager and Quality Assurance Coordinator will ensure that the Child Safeguarding Policy and specific safeguarding practices along with the improvement plan are addressed regularly at team meetings and will be reviewed as part of the bi-monthly audits.</p>

	<p>relevant to the centre are addressed.</p> <p>The centre manager must ensure that the category of the alleged abuse or welfare concern is identified on the centre's child protection register. The centre manager must also evidence efforts made by them to follow up on securing documentary evidence from the social work department that mandated reports have been closed out or remain subject to on-going investigation.</p> <p>The centre manager must ensure that the outcome of a review of incidents, complaints and child protection concerns at team meetings are reflected in the meeting records.</p>	<p>2021.</p> <p>The centre manager has amended the centres child protection register to include the category of alleged abuse. The centre manager will ensure there is sufficient evidence of the efforts made to secure documentation of evidence from social work on updates regarding to child protection concerns. Commenced since March 2021.</p> <p>The centre manager will ensure that there is sufficient detail on team meetings on the outcome of review of incidents, complaints, and child protection concerns. Commenced since March 2021.</p>	<p>The Centre Manager amended the child protection register to include the category of alleged abuse; this was completed March 2021. Centre Manager will ensure that they will keep record of any requests made to obtain information regarding ongoing investigations. If these efforts are not successful, requests can be made from the Senior Manager and Director of Services. The child protection register will be reviewed in bi-monthly audits.</p> <p>Review of incidents, complaints and child protection concerns are a standing item on team meeting agendas to prompt conversation and discussion. Quality Assurance Coordinator and Senior Manager attend team meetings where possible and if</p>
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	<p>The centre manager must ensure that staff debriefing following a critical incident is evidenced in a more formal and structured manner. The centre manager must secure post crisis response training for the staff team as part of their crisis intervention model refresher training.</p> <p>The centre manager must source appropriate training for the staff in the safe use of a ligature knife.</p> <p>The centre manager must review</p>	<p>The centre manager has discussed this training with the training coordinator, and this will be completed by July 2021. More formal recording of debriefing after a critical incident commenced in May 2021.</p> <p>The training coordinator has completed train the trainer in the safe use of a ligature knife and this training will be completed with all staff in the centre by July 2021.</p> <p>The centre manager alongside the quality</p>	<p>required encourage these discussions. Team meeting minutes are reviewed in bi-monthly audits.</p> <p>The Quality Assurance Coordinator will review Gateway’s incident debriefing form and work on re-establishing this following critical incidents to ensure there is a universal structure for recording same. To be completed and provided to all of Gateway by the end of June 2021.</p> <p>The Senior Manager and Director of Services will ensure post crisis response training is completed by the agreed date.</p> <p>The Quality Assurance Coordinator will converse with Gateway’s training officer to ensure ligature training is completed with the Centre by the end of July 2021.</p> <p>The Centre Manager and Quality Assurance</p>
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	<p>the behaviour management policy to ensure permitted consequences for poor behaviour as set out in the policy are age appropriate and in line with the current practice in the centre.</p> <p>The centre manager must review the restrictive procedures in the centre to ensure all such practices are appropriately identified, including the physical restraint interventions identified on the crisis management plan. All restrictive procedures must be risk assessed and signed off by the centre manager and agreed with the social worker.</p>	<p>assurance coordinator to ensure the consequence permitted for poor behaviour set out in the behaviour management policy are age appropriate and in line with the current practises in the centre. This will be completed by June 2021.</p> <p>The centre manager will review all restrictive procedures to ensure all such practises are appropriately identified on the crisis management plans.</p> <p>The centre manager will ensure all restrictive procedures are risk assessed and signed off by the centre manager and agreed with the relevant social worker. This has commenced since April 2021.</p>	<p>Coordinator will review the behaviour management policy to ensure consequences are age appropriate and in line with current practices in the Centre. To be completed and provided to all of Gateway by the end of June 2021.</p> <p>The Centre Manager will review the crisis management plans to ensure the restrictive procedures are appropriate. All restrictive practices will be agreed upon with the team, Centre Manager, and the Social Worker. These restrictive practices will be included in individual risk assessments if relevant solely to one young person, however if relevant to all young people in the Centre, they will be included in the local risk register and updated quarterly. These plans will be reviewed by the Quality Assurance Coordinator in bi-monthly audits.</p>
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	<p>of the incident.</p> <p>The centre manager must ensure that the centre's accident/injury register records the circumstances in which the injury occurred as well as the injury sustained and any guidance to minimise the risk of such an injury reoccurring.</p>	<p>The centre manager will ensure that the centres accident/ injury register records the circumstances in which the injury occurred and any guidance to minimise the risk of such incidents reoccurring where possible.</p>	<p>The Quality Assurance Coordinator will review the accident / injury register on their next visit to the Centre and in the bi-monthly audits to ensure the circumstances are included and a section for any guidance and support provided to the team. Updated by Centre Manager and reviewed on the 18.05.21.</p>
<b>8</b>	<b>N/A</b>		