



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 179

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Gateway Residential Care Services
Registered Capacity:	Two Young People
Type of Inspection:	Announced Inspection
Date of inspection:	4th, 5th & 6th September 2023
Registration Status:	Registered from 07th October 2023 to 07th October 2026
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	20th October 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 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 07th of October 2020. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 07th of October 2020 to 07th October 2023.

The centre was registered as a dual occupancy service and provided medium term care for two young people from age eight to fourteen years on admission. The model of care was built on a strengths-based approach and 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 children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
6: Responsive Workforce	6.3

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 05th October 2023. 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 16th October 2023. 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: 179 without attached conditions from the 07th October 2023 to the 07th October 2026 pursuant to Part VIII, 1991 Child Care Act.

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3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Overall, the centre was clean, bright, homely and in good structural condition. The young people had personal items displayed around the house. Adequate laundry facilities were provided and bathroom facilities were sufficient in number and the young people confirmed their right to privacy was upheld and respected. The inspectors found that the main bathroom suite that was used by the young people required upgrading and should be redecorated to create a more child friendly ambience. The young people had their individual bedrooms with good storage space. They had the opportunity to personalise their rooms and told the inspectors they were happy with the house and their bedrooms. There was adequate space for privacy and each young person had a designated space to relax apart from each other. There were books and board games in the communal areas and evidence that young people engaged with staff in these games. The grounds around the house were well maintained and there were goal posts and Swing Ball for outdoor recreation. Staff also facilitated the young people to use recreational facilities in the local community to ensure they were kept active. There was evidence that the managers liaised with external managers to request improvements in the house as required and there were plans in place for the on-going upgrading of the home. The staff had access to maintenance personnel and staff interviewed confirmed they were responsive and accessible to them. The staff maintained a maintenance log that was up to date and recorded maintenance issues. The inspectors recommend that the log also evidences the date the maintenance issue was resolved to ensure tracking of the speed of response to maintenance issues.

The centre had a health and safety statement that was comprehensive and had identified all the roles and responsibilities as required in relation to health and safety.

Specific staff were assigned responsibility for health and safety, fire safety, medication management and car maintenance. The statement identified a range of generic risks that were relevant to the work environment however site-specific risks were not identified or incorporated into the statement. Site-specific risks were set out in the centre risk register. The centre manager must ensure that site-specific risk assessments are signposted in the centre's health and safety statement. The centre staff also undertook a weekly health and safety check on the premises.

There were systems in place to record and report accidents and incidents. Accidents relating to the young people were reported as a significant event and recorded on an electronic information database. Accident forms were also completed however there was no section on the form to evidence measures required to ensure the accident or injury did not occur again or to reduce the risk of reoccurrence.

There was a fire register in place that was maintained up to date with all relevant and required fire safety checks recorded. Emergency lighting and fire alarm testing was undertaken quarterly. Weekly fire safety checks and nighttime checks were recorded by staff and an emergency fire bag was located in a staff bedroom with spare keys, money and emergency contacts. Firefighting equipment was located at the appointed fire points. The inspectors noted that one set of firefighting equipment was located in a locked staff bedroom. This room was previously used as an office that would not have been permanently locked. As there were no issues or risks associated with the young people tampering with firefighting equipment the centre manager must liaise with the fire officer to ensure the firefighting equipment is located at the most appropriate fire point. An internal auditing system identified that the annual service of fire extinguishers was not undertaken as required in 2022 however this matter was rectified at the time of the inspection. Fire drills were undertaken as required and the young people and staff interviewed confirmed they participated in regular fire drills including one at nighttime. Evacuation plans were displayed in every room which detracts from creating a natural homely environment and the inspectors requested the manager to review this practice with the fire officer.

Training in fire safety, manual handling, safe administration of medication was up to date for staff. There were two staff members trained as first aid responders and training for the remainder of the team in basic first aid had commenced for staff at the time of the inspection. Training for the new team leaders as first aid responders was planned for by managers.

First aid boxes were located in the centre cars and in the house and were subject to weekly checks. The centre policy on medication management was recently updated and new recording systems were implemented in line with the new policy. Staff were informed about these new procedures through staff meetings. There were robust systems in place for the storage and administration of medications. The inspectors found that medication prescribed for the young people was appropriately monitored and reviewed by their GP and by specialist services.

There were systems in place to ensure the centre vehicles were maintained in good working order. These checks were evidenced on the centres IT system and a staff member was assigned responsibility to complete maintenance checks. There was evidence the two centre vehicles were roadworthy, regularly serviced, insured and driven by people who were legally licensed to drive the vehicles. A copy of valid driving licences was evidenced on all the personnel files reviewed.

The centre provided evidence of adequate insurance against accident or incidents to children being maintained in the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure the accident pro forma records the measures taken to ensure accident/injury does not occur again and the risks associated with the accident/injury where identified are addressed.

- The centre manager must ensure the bathroom suite is upgraded and the bathroom decorated to create a more child friendly ambience.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

There were policies and procedures in place to support a positive approach to the management of behaviour. Additionally, staff had access to the company's in-service psychologist when required and the young people had access to this specialist support as agreed in line with their care plan. The service's attachment specialist had previously supported and guided the team in relation to specific trauma-based behaviours. At the time of the inspection there was training scheduled for staff to further support them to respond to the young people's needs following specialist assessments.

The inspectors found that the young people were overall well settled and for one young person there was an evident decrease in behaviour that challenges since their admission. This was confirmed by the allocated social worker. Staff interviewed identified ways they supported the young people emotionally using praise, supportive statements, caring gestures, positive reinforcement and encouragement. The social workers and Guardian ad Litem interviewed informed the inspectors that centre staff displayed a good understanding of the impact of childhood trauma and loss and supported them appropriately. Consequences were not a regular feature of the young people's care and when implemented, consequences were natural and where possible were linked to behaviour. The young people told the inspectors that staff were nice, kind and fair. A review of individual work and key working evidenced discussions with the young people that helped them to understand their behaviours and feelings. There was evidence that staff implemented many techniques that supported the young people when they presented with behaviours that challenge and these were implemented to good effect. This approach was set out in behaviour support and placement planning documents. There was evidence of the attachment/trauma informed approach to care throughout the records reviewed by the inspectors.

An individual crisis support plan (ICSP) was developed for each young person and these plans were comprehensive and identified a range of de-escalation techniques to support behaviour. There was evidence that behaviour management plans were reviewed monthly and there was evidence of efforts made by staff to engage the young people in life space interviews following significant events. There was a system in place to review significant events externally and to provide guidance and feedback to staff on the management of such incidents. A review of significant events was also undertaken at team meetings. Feedback from social workers to the centre indicated they were satisfied with how the young people's needs were met, the progress made to date and complimented the staff on their care of the young people. Absence management plans were also developed and evident on the care records. These plans were individualised to the young person's specific vulnerabilities and reviewed monthly. However, to date there were no incidents where the young people were missing from care. There were no incidents of bullying in the centre and the young people told the inspectors they felt safe living in the centre.

There were individual risk assessments on file for the young people to support behaviours of concern and these were subject to review and updates as required. The staff interviewed had a good understanding of the centre's risk management framework and how to undertake risk assessments where required. The staff had access to specialist reports and information as appropriate to support the young people and understand the context of their behaviour and emotional wellbeing.

Staff received core training in the centre's behaviour management intervention during their induction training. Staff received refresher training as required including refresher training on physical interventions. There were no incidents in the centre to date where physical restraint was required to support behaviour. On review of the individual crisis support plans (ICSPs) the inspectors found that specific physical restraint interventions identified on the young people's ICSPs were not congruent with the information staff provided to the inspectors in interview. The centre manager and key workers must ensure the ICSPs are up to date and include the most recent decisions made with regard to physical restraint interventions. Where physical restraint holds are not permitted this must also be noted on the plan.

The centre had recently implemented a new IT system for tracking significant events, complaints, child protection concerns, restrictive practices, physical restraints, accidents and injuries for each child individually that is in line with data protection. The regional director had access to these 'live logs' for monitoring and oversight. There was also oversight of significant events by the services training officer who

undertook training with staff in their crisis behaviour support intervention. Significant events were also noted in the weekly reports to social workers. The social workers and Guardian ad Litem interviewed were satisfied they were notified of significant events in a timely manner and received written reports on the event/incident. The inspectors found the registers were up to date and the 'live log' corresponded with the reports and records on the individual care files.

An audit was completed by the quality assurance officer and this audit identified areas of compliance and non-compliance in relation to meeting the standards around behaviour management. There was evidence of oversight and review of centre audits and areas of non-compliance were subject to on-going action. Following each quality assurance audit the required actions were set out on the centre's quality improvement plan and the status of each of these required actions were reviewed by the regional director in supervision with the centre manager.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre must ensure the ICSPs accurately reflect the agreed physical restraint interventions and where physical restraint holds are not permitted this must be noted on the plan.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Overall, the inspectors found there was a relaxed and pleasant atmosphere in the centre and the interactions between the staff and the young people were warm and friendly. Staff presented as well motivated in their work and morale within the team was reported to the inspectors as good. Staff interviewed informed the inspectors that having the full complement of staff had made a great difference to team morale. The centre manager retired from their post in April 2023 and the deputy manager who worked in the centre for almost three years was appointed as the acting centre manager in May 2023. There had been a significant turnover of staff since the last inspection (January 2022) with only two key staff remaining on the team. However, the social worker and Guardian ad Litem for one young person stated that these staff members continued to provide a level of consistency for the young person and the team had stabilised since the admission of the second young person. Inspectors found that staff left due to a variety of reasons. There was evidence that managers consulted with staff earlier in the year around retention initiatives and staff retention was prioritised for attention by senior managers within the organisation.

Staff were provided with a written job description. There was evidence that staff understood their roles and responsibilities and these were discussed in supervision. Work was completed with all leaders on the specific roles and responsibilities undertaken by social care workers, team leaders, deputy managers and centre managers. The inspectors found that the two appointed team leaders were proactive in their leadership roles guiding the practice of the care team and supporting the acting centre manager in their management tasks. There was an induction process for newly appointed staff that included a number of mandatory training programmes followed by centre induction and support. Inductions were evidenced on file along with evidence of induction training on the paperwork and the electronic information management system.

The staff training schedule was set out for a period of four months with mandatory training identified along with the dates for the training. There was a strong emphasis

on training and newly appointed staff had received much of their mandatory training in a prompt manner. There was an evident culture of learning at management meetings, team meetings, handovers and through day-to-day reflection on practice. Team meetings were now taking place fortnightly with the admission of a second child and the appointment of the acting centre manager. Attendance at team meetings was mandatory and to date staff attendance had been good.

There was evidence that staff had not received supervision in line with centre policy due in the main to shortfalls in staffing. This issue was identified by the regional director and systems were developed through a new monthly governance report completed by the centre manager that captured the staff supervision process. The inspectors found that staff supervision was currently in line with the policy and supervision contracts indicated that staff would receive supervision every 4-6 weeks. Since July 2023 the inspectors found that staff had received monthly supervision. Supervision contracts and supervision records were evidenced on the supervision files reviewed. The supervision records were clear and signed by both parties. There was evidence on the supervision records of accountability, feedback on performance, planning, training and self-care. Goals were set at each session and reviewed at subsequent sessions. At the time of the inspection there were plans to train one of the team leaders to deliver staff supervision and when completed they will undertake supervision with an assigned number of staff. The regional director must ensure there is ongoing and sustained implementation of staff supervision in line with the policy to ensure staff are fully supported to deliver child-centred, safe and effective care.

There were a number of newly appointed staff therefore there was naturally a reliance on team leaders and managers to support decision making. However, there was evidence that the acting centre manager was currently supporting staff to rely on their own professional knowledge and take a more active role in decision making. A newly appointed staff told the inspectors that they felt well supported by their leaders and managers and felt they were well supported in decision making, they were accountable for their practice and work issues relating to practice were addressed within a culture of learning.

There was evidence that policies and procedures were discussed in team meetings, management meetings and within the supervision process. The team had recently reviewed the protected disclosures policy and the significant event policy. Staff were aware of the protected disclosure/whistleblowing policy and the line management structure to escalate such concerns. The inspectors found that staff were not as

confident in their knowledge of the external statutory bodies to whom they could bring such concerns and the inspectors advise that the centre manager signpost these statutory bodies for staff.

There were systems in place to undertake performance and development reviews. Two annual performance and development reviews were undertaken with the relevant staff members as required. Newly appointed staff were on probation and there was evidence of probation reviews undertaken.

There was evidence in the management meetings of a strong focus on wellbeing. Regular check-ins were undertaken with staff by centre managers as one part of the services staff retention strategy. A team building day was being planned for the staff team at the time of the inspection. Staff has access to an employee assistance programme and information about the programme and the services provided was displayed on the staff notice board. Staff interviewed were aware of the programme and how to access it.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional director must ensure there is ongoing and sustained implementation of staff supervision in line with the policy to ensure staff are fully supported to deliver child-centred, safe and effective care.

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 the accident pro forma records the measures taken to ensure accident/injury does not occur again and the risks associated with the accident/injury where identified are addressed.</p> <p>The centre manager must ensure the bathroom suite is upgraded and the bathroom decorated to create a more child friendly ambience.</p>	<p>The centre manager will ensure the accident pro forma records the measures taken to ensure accident/injury does not occur again and the risks associated with the accident/injury where identified are addressed. This issue has been corrected and is now complete.</p> <p>The centre manager will ensure the bathroom suite is upgraded and the bathroom decorated to create a more child friendly ambience. The centre will get a new bath, shower, toilet and sink to replace the ones that are currently in place. The bathroom will get tiled and freshly painted to create a more child friendly ambience. This will be completed by end of November 2023.</p>	<p>The headings on the accident / injury pro forma records have been updated and these will remain on the register. The added in headings include: <i>what risks were identified in relation to the accident/injury, and measures put in place to prevent further accident/injuries.</i></p> <p>The bathroom will be kept updated going forward. All maintenance upkeep has been identified and placed on a time scale rota with the maintenance team.</p>

3	The centre must ensure the ICSPs accurately reflect the agreed physical restraint interventions and where physical restraint holds are not permitted this must be noted on the plan.	The centre manager has ensured the ICSPs accurately reflect the agreed physical restraint interventions and where physical restraint holds are not permitted this has now been noted on the plan. This has been completed and will be completed monthly to ensure that the ICSPs are accurate every month.	ICSPs will be completed monthly, and the agreed physical restraints will be discussed at team meetings to ensure they are named correctly on the ICSPs. These will be listed from least restrictive, to most restrictive.
6	The regional director must ensure there is ongoing and sustained implementation of staff supervision in line with the policy to ensure staff are fully supported to deliver child-centred, safe and effective care.	This has been brought to the attention of the centre manager and progress is ongoing and all supervisions are now up to date. The centre manager now has a supervision schedule to ensure all staff are supervised regularly.	Through supervision with the centre manager, the regional director has had a discussion in regard to the importance of regular supervision with the care workers. Patterns of regular supervision can now be seen as happening on a regular basis. One of our team leaders has been trained recently in supervision training and this ensures that supervision will be completed more regularly going forward.