



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	017
<b>Year:</b>	2016
<b>Lead inspector:</b>	Jacqueline Roche

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Pathways</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Dates of Inspection:</b>	<b>16<sup>th</sup> and 19<sup>th</sup> of August 2016</b>
<b>Registration Decision:</b>	<b>Registered from November 30<sup>th</sup> 2015 to November 30<sup>th</sup> 2016</b>
<b>Inspection Team:</b>	<b>Jackie Roche Gary O'Connell</b>
<b>Date Report Issued:</b>	<b>21 December 2016</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on 19<sup>th</sup> November 2015. The first inspection took place on February 18<sup>th</sup> 2016. This second inspection took place on 16<sup>th</sup> and 19<sup>th</sup> August 2016. This inspection was themed and based on Standards 1- Purpose and Function, Standard 2 - Management, Standard 4- Children's Rights, Standard 6- Care of Young People, Standard 7- Safeguarding and Child Protection, Standard 8 -Education and Standard 9 -Health of the National Standards for Children's Residential Centres. This report is based on a range of inspection techniques including:

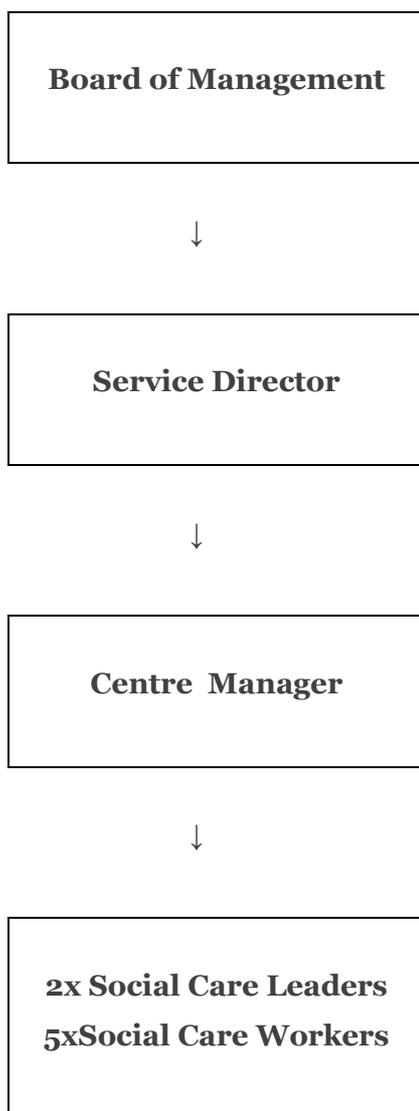
- ◆ An examination of the centres application for registration.
- ◆ An examination of the intern inspection report on the centre issued on 5<sup>th</sup> July 2016
- ◆ An examination of documentation completed by the Manager including information on the young people, staff information forms, details of absences by young people, use of physical restraints, and an end of placement report
- ◆ An examination of the questionnaires completed by:
  - a) 10 of the care staff
  - b) The young person residing in the centre
  
- ◆ An examination of the report from the Monitoring Officer dated January 11<sup>th</sup> 2016
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) Four of the care staff
  - c) The compliance and development officer
  - d) The service director
  - e) The monitoring officer
  - f) The social worker with responsibility for young people residing in the centre.
  - g) A guardian ad litem

- ◆ Observations of care practices routines and the staff/young person's interactions.

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.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date 21 December 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre \*\* attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 31<sup>st</sup> of December 2015 to the 31<sup>st</sup> of December 2018.**

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

#### **3.1.1 Practices that met the required standard in full**

The centre is registered to offer medium to long term care for up to four boys or girls between the ages of 13 and 17 years on admission. Placements durations are for a minimum of six months. Young people under 13 years of age can be catered for in exceptional circumstances. The statement of purpose and function is supported by a policy and procedure document which informs the operation of the centre. Care staff demonstrated a knowledge of the policy and procedures and used them to inform practice in the centre. A child friendly explanation of the purpose and function of the centre is contained in the young people's handbook. This document is available to social workers, families and others with a bone fide interest in the operation of the centre. The statement is reviewed on an annual basis by the service director and the manager.

The centre offers a warm and caring home environment where young people are supported to achieve defined goals and to maintain contact with their families. The care approach is based on a model of care that is child centered and relationship based. A number of the staff team had not received formal training in the model of care. The organisation must ensure that all of the staff team receives formal and regular refresher training in the model of care operational in the centre.

The inspectors found that the day to day operation of the centre is reflective of the statement of purpose and function.

#### **3.1.2 Practices that met the required standard in some respect only**

None identified.

#### **3.1.3 Practices that did not meet the required standard**

None identified.

## **Required Action**

- The organisation must ensure that all of the staff team receive formal and regular refresher training in the model of care operational in the centre.

## 3.2 Management and Staffing

### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

None identified.

#### **3.2.2 Practices that met the required standard in some respect only**

### **Management**

At the time that this report is issued the centre management had stabilized however due to unavoidable circumstances there were some changes in the management system during the first nine months of the centers operation. The change brought about some challenges for the team working in the centre as there was an absence of a clear leadership style. However there was evidence that the service director and the compliance and development officer supported the team and that the resilience of individual care workers ensured that the care of young people was not adversely affected. Inconsistency in managerial styles has potential to adversely affect the capacity of the team to deliver a cohesive approach to care if the management system is not stabilized. The inspectors discussed this matter with the service director and the compliance and development officer and they assured the inspectors that the provision of a consistent managerial and leadership approach would be addressed by the organization.

The service director of the company had overall responsibility for the operation of the three centres operated by the company. They had had established sound governance practices and demonstrated a commitment to the provision of effective care to young people. The service manager used a secure computerized system to review documentation prepared in the centre, they visited the centre on a regular basis, coordinated management meetings and in interview demonstrated a knowledge and understanding of the needs of young people living in the centre.

The organization had established and was in the process of developing the role of a compliance and development officer. This is a part time post with responsibility to support the operation of all three centres operated by the organization, to assist the service director in their role and to ensure that centers operate in compliance with

regulations and standards. The compliance and development officer maintained dual responsibility at the time of the inspection as they were the deputy manager of another centre operated by the organization. They continued to maintain responsibilities associated with this role alongside those associated with the compliance and development officer post. The compliance and development officer had offered guidance and support to the manager during the early months of the centers operation and met with the team to facilitate the development of skills and a cohesive approach to care. There was a plan to further develop this post at the time of the inspection.

The service director notified the Child and Family Agency chief inspector of the changes of the person in charge of the centre.

### **3.2.3 Practices that did not meet the required standard**

None identified.

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge***

### **Required Action**

- The service director must provide the Inspectors with evidence that the care team is stabilized and that mediation will be offered when this is required.

### 3.4 Children's Rights

#### **Standard**

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

#### **3.4.1 Practices that met the required standard in full**

None identified.

#### **3.4.2 Practices that met the required standard in some respect only**

##### **Consultation**

There was evidence that young people's opinions are valued in the centre and were taken into consideration when decisions were made in relation to their daily care and future plans. Social workers, centre staff and families consulted regularly however decisions made did not reflect the agreement of all of the core people in the young person's life and this often lead to confusion and a lack of clarity in relation to plans made with or on behalf of the young person. This must be addressed in order to facilitate effective consultation relating to matters that affect young people. Social work departments and centre management must ensure that there is effective consultation and that all decisions in relation to young people are agreed in order to support consistency and best outcomes for the young people.

Young people were offered the opportunity to attend weekly meetings and to raise issues relating to their care. Records reviewed evidenced that young people brought some matters to these meetings however there was no record maintained of a response from the management or care staff. The management must ensure that young people's meetings are planned in advance and that matters raised by young people are responded to in a clear and effective manner.

##### **Complaints**

The inspectors reviewed the register of complaints maintained in the centre. The centre has a procedure for staff to follow when complaints are made. Staff interviewed by the inspectors demonstrated an understanding of the procedure. All complaints were reported to the manager and they investigated these internally. The service director was aware of all complaints made in the centre and in line with policy they investigated all formal complaints. Young people stated that they knew how to

make a complaint and the young person's handbook provides age appropriate guidance on the process.

### **Access to information**

The centre has a written policy on young people's right to access information about themselves and their care arrangements. Young people were aware of the policy however there was a lack of evidence in the centre that encouraged young people to review their records. The language used in placement plans was not comprehensible for young people and there was no user friendly placement plan in place for the young people. Placement plans were not signed by young people and there was no evidence that care staff had invited young people to view their records. The manager must ensure that young people are given information that is accessible to them in accordance with their age, level of experience and evidence being informed of their rights to access their records.

#### **3.4.2 Practices that did not meet the required standard**

None identified.

#### **3.4.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.***

#### **Required Action**

- Social work departments and centre management must ensure that there is effective consultation with families and that all decisions in relation to young people are agreed in order to support consistency and best outcomes.
- The management must ensure that young people's meetings are planned in advance and that matters raised by young people are responded to in a clear and effective manner.
- The manager must ensure that young people are given information that is accessible to them in accordance with their age, level of experience and evidence being informed of their rights to access their records.

### 3.6 Care of Young People

#### ***Standard***

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

#### **3.6.1 Practices that met the required standard in full**

##### **Individual care in group living**

There was evidence that care staff were committed to and respectful of the young people. There was an individualised approach to care in the centre and the wishes and preferences of young people were taken into consideration. The centre operated a co-key working system and care staff received formal training relevant to the role. The inspectors reviewed records of keywork sessions and these evidenced that goals set out in placement plans were addressed. Keyworkers prepared weekly and monthly reports that reflected progress made. There was evidence that care staff were available to the young people and that they were offered the opportunity to participate in a wide range of activities. The young person interviewed was aware that the keyworkers were available to support them and to advocate on their behalf.

Young people received a clothing allowance and were encouraged and supported to make choices about their personal appearance and clothing. They were offered opportunities to develop and maintain interests, talents and hobbies and to participate in leisure and recreational activities. Achievements, festive occasions and birthdays were celebrated. Young people were supported to develop skills that prepared them for adulthood and citizenship.

##### **Provision of food and cooking facilities**

The centre provided a wide range of nutritious and appetising food and young people contribute to weekly menu plans. Specialist diets are catered for and young people are encouraged to develop healthy eating habits. Care staff and young people prepare, eat and clean up after meals together and there is a positive, social approach to mealtimes.

## **Race, culture, religion, gender and disability**

Young people were helped understand the nature of discrimination and to develop appropriate ways of managing their relationships with their peers. Staff attended training relevant to diversity and there was evidence that the organisation supports a positive and respectful environment in the centre. Young people are offered opportunity to practice their religion. Families were treated respectfully and they were seen as a source of heritage and identity. There was evidence that staff are aware of the centre's policy on diversity and discrimination and that this guides care practice.

## **Managing behaviour**

The centre has a policy on behaviour management the aim of which is to assist young people develop positive ways of dealing with their experiences in everyday life. The care staff are all trained in a recognised model of behaviour management and there was evidence that they use techniques to encourage a positive, safe and secure environment in the centre. Young people have individual crisis management plan and these demonstrate an understanding of the young person and of the reasons behind behaviours. These operate alongside behaviour management plans and both were formulated based on the care staffs knowledge of the young person and on known behaviours. Both documents demonstrate a sound knowledge of the young person and of an approach to behaviour management that provides opportunity to the young person to evaluate their own behaviours and make positive changes.

The young people's handbook provides clear guidance in a user friendly way on the house rules and on the purpose of sanctions that take place when rules are broken. The centre maintains a register of sanctions and these were reviewed by the inspectors. Sanctions were related to the outcome of the behaviour causing concern and there was evidence that these were intended to achieve a positive learning experience. There was evidence that the manager and the director of services had oversight of all behaviour management matters that arise in the centre. Young people are offered rewards for positive behaviour. There was evidence of the absence of agreement between social work departments, families and centre staff in relation to decision making for the young person. There was a lack of clarity in relation to matters such as use of mobile phones and access arrangements and other matters that had effect on the young person's care. Recommendations made in specialist reports were not used to inform the management of these matters. The inspectors recommend that this is addressed and agreement reached in order to ensure that there is clarity for the young person in relation to behaviour expected of them. There

were no instances of bullying recorded in the centre. There is a procedure in place for staff to follow to prevent and deal with bullying if it is required.

### **Restraint**

The centre uses a method of restraint that is based on the operational model of behaviour management. The inspectors did not find a policy in relation to the use of restraints. There were two instances of restraint since the centre commenced operation nine months prior to this inspection. The inspectors reviewed records of these and found that details were recorded appropriately, relevant people were notified and that the method was used to protect the young person from risk. The inspectors recommend that the centre formulates a policy on the use of restraint.

### **Absence without authority**

The centre's policy on unauthorised absences is guided by the national missing from care policy. Each young person had an absence management plan that set out clear guidance on the procedure to follow when unauthorized absences occur. These take account of the age, stage of development, level of understanding and personal circumstances of the young person. The content of this document is agreed with referring social work departments. The centre reported all absences to the Child and Family Agency monitor, social work departments and families. There were 16 instances of unauthorized absence from the centre since it commenced operation nine months prior to this inspection. There was evidence that staff followed the policy in relation to absences, safety was prioritized and that care staff supported the young person to return to the centre.

#### **3.6.2 Practices that met the required standard in some respect only**

None identified.

#### **3.6.3 Practices that did not meet the required standard**

None identified.

#### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### 3.7 Safeguarding and Child Protection

#### **Standard**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

#### **3.7.1 Practices that met the required standard in full**

##### **Safeguarding**

There is a written policy on safe practice in the centre which outlines the protocols that exist to ensure the protection of the young people and to safeguard them from any form of abuse. The inspectors reviewed centre staffs personnel files and these evidenced that all staff are appropriately vetted and this process involves verified references from three sources and Garda clearance pertaining to criminal convictions. Young people who lived in the centre had allocated social workers and the young people were familiar with the national independent children's advocacy group. Young people understood the complaints process and were aware that they could express dissatisfaction in relation to any aspect of their care. The inspectors saw that this system operated effectively and that external management reviews and investigates any matters of concern all matters of concern. Young people had access to a telephone and had private meetings with social workers and family members.

The inspectors found that the staff understood the safeguarding policy and used it appropriately when they were required to do so. There was a culture of openness and accountability in the centre. Staff reflected on practice and were encouraged to raise concerns should they arise.

##### **Child Protection**

#### **Standard**

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre has a child protection officer who has responsibility to ensure that child protection concerns are dealt with within the framework of Children First National Guidelines for the Protection and Welfare of Children (2012). The child protection officer is not named in the policy and procedure document and the inspectors recommend that this is addressed. Child protection concerns are reported to social

work departments and the monitoring department of the Child and Family Agency. Families are informed in relation to any allegation of abuse. Child protection concerns that arose external to the centre were reported to social work departments and internal concerns were investigated by social work departments and the centre management. The inspectors saw that seven child protection concerns were effectively notified to social work departments. Two of these occurred outside of the centre however there were no evidence that social work departments had investigated these or that conclusions were reached. Social work departments must ensure that young people's files contain evidence that child protection matters have been investigated.

### **3.7.2 Practices that met the required standard in some respect only**

None identified.

### **3.7.3 Practices that did not meet the required standard**

None identified.

## **Required Action**

- Social work departments must ensure that young people's files contain evidence that child protection matters have been investigated.

### **3.8 Education**

#### ***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

None identified.

#### **3.8.2 Practices that met the required standard in some respect only**

The centre has a policy on young people's attending education the purpose of which is to ensure that young people are provided with an opportunity to attend a suitable school or training facility. There is also a policy on caring for young people who have difficulty attending or refuse to attend education. The young person's handbook did not contain any information on education and the inspectors recommend that this is reviewed in order to ensure that young people understand the expectations of the centre in relation to educational outcomes. One young person was living in the centre for almost nine months at the time of the inspection and an educational placement that would meet their assessed needs had not been identified. There was no application for home tuition and efforts made by social care staff to support educational progress were inconsistent and ineffective. The supervising social worker and centre manager must evidence that the educational needs of each young person is valued and that young people are assisted to reach their educational potential.

#### **3.8.3 Practices that did not meet the required standard**

None identified.

#### **Required Action**

- The supervising social worker and the centre manager must evidence that the educational needs of each young person is valued and that young people are assisted to reach their educational potential.

## 3.9 Health

### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### **3.9.1 Practices that met the required standard in full**

None identified.

#### **3.9.2 Practices that met the required standard in some respect only**

The young people who resided in the centre had a medical assessment on admission and there were records which evidenced that young people's medical, dental and optical needs were attended to. The centre had access to a local doctor and relevant documentation relating to consent from social work departments and parents for medical treatment was on file. The young people had access to professionals who provided specialist services and the care staff consulted with these as appropriate. Care staff brought young people to medical appointments consulted with health specialists to enable them to provide effective care. There was a record maintained of all medication administered by care staff.

The inspectors found that on occasion there was an absence of clear agreement amongst families, the young person, care staff and social work departments in relation to medication prescribed. This matter caused some confusion for staff and the young person. Centre management and professionals must provide clear direction to care staff in relation to the administration of prescribed medication.

There was evidence that care staff provided guidance to young people on subjects such as diet and nutrition, sexual health and development, and on the use of illegal substances.

There was a lack of formality in relation to the management of smoking in the centre. Records suggested that there were occasions where staff and young people smoked together and there was evidence that a number of staff smoked in the grounds of the centre sometimes within sight of the living areas. There were no programmes in place to discourage young people from forming a smoking habit.

Centre management must ensure that young people are encouraged not to smoke and that staff are encouraged not to smoke in the centre grounds. In the event that staff choose to smoke a designated smoking area must be found that is out of the sight of the young people.

### **3.9.3 Practices that did not meet the required standard**

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

### **Required Action**

- Centre management and professionals must provide clear direction to care staff in relation to the administration of prescribed medication.
- Centre management must ensure that young people are encouraged not to smoke and that staff are encouraged not to smoke in the centre grounds. In the event that staff choose to smoke a designated smoking area must be found that is out of the sight of the young people.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	The organisation must ensure that all of the staff team receive formal and regular refresher training in the model of care operational in the centre.	The team have completed training in the model of care and the organisation is committed to providing ongoing refresher training including an e learning module for care staff employed in the centre.	The inspectors are satisfied with this response.
3.2	The service director must provide the Inspectors with evidence that the care team is stabilized and that mediation will be offered when this is required	Following consultation with the care staff and management in the centre the service director has established that the team has stabilized and that there is an effective management system in place.	The inspectors are satisfied with this response.

<p><b>3-4</b></p>	<p>Social work departments and centre management must ensure that there is effective consultation with families and that all decisions in relation to young people are agreed in order to support consistency and best outcomes.</p> <p>The management must ensure that young people’s meetings are planned in advance and that matters raised by young people are responded to in a clear and effective manner.</p> <p>The manager must ensure that young people are given information that is accessible to them in accordance with their age, level of experience and evidence being informed of their rights to access their records.</p>	<p>The social work department and centre management have developed a system which assists effective consultation and decision making with families.</p> <p>The centre management will record a response to matters raised by young people at their meetings.</p> <p>Young people are invited to read their logs at weekly meetings and they will be encouraged to review a child friendly version of their placement plans on a monthly basis.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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