



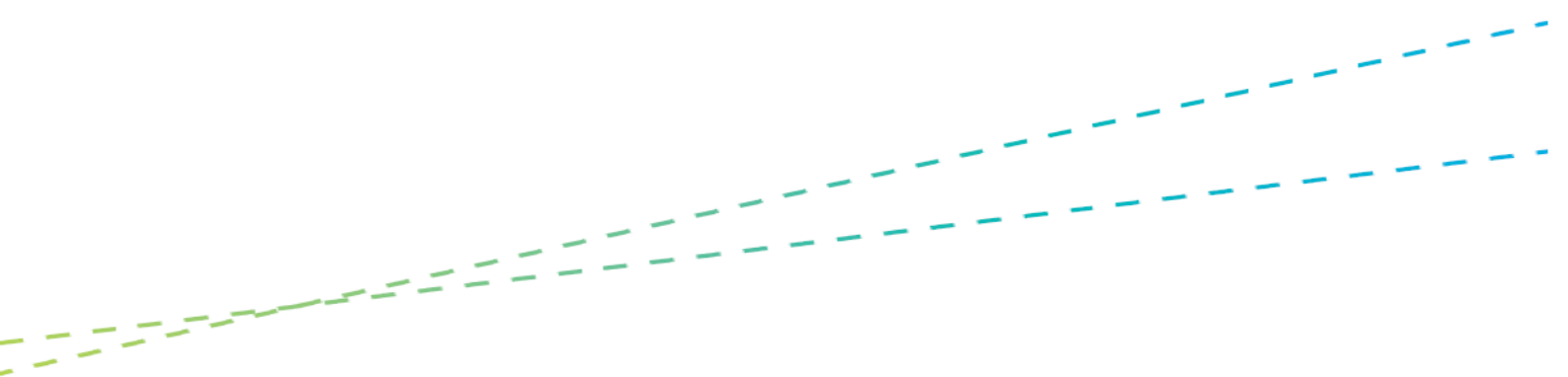
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 104

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Pathways Ltd
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	11th, 12th & 18th February 2020
Registration Status:	Without attached conditions from 03rd September 2018 to 03rd September 2021
Inspection Team:	Lorraine Egan Ruth Coakley
Date Report Issued:	22nd April 2020

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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 03rd September 2015. 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 03rd September 2018 to 03rd September 2021.

The centre was registered to provide medium to long term care for children of both genders aged thirteen to seventeen years upon admission. Their aims and objectives were described as providing a nurturing environment including support for children's emotional, physical and spiritual needs. It was an outcomes-based model of care. The centre's capacity was for three children. 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
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, service director, centre manager and to the relevant social work departments on the 30th March 2020. 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 6th April 2020. 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: 104 without attached conditions from the 3rd September 2018 to the 3rd September 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

The centre had developed child safeguarding policies that had been updated in January 2020. These were reviewed by inspectors and found that they included a range of procedures that protected children from all forms of abuse and neglect and helped to mitigate any effects where it might occur. However, some further additions were needed for the policy to be fully in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Some of these included; guidance on managing reasonable grounds for concern and the maintenance of a list of all mandated persons in the centre, along with an outline of their statutory responsibilities to report child protection concerns. The centre had also implemented procedures to address bullying and harassment and a policy was in place to manage possible exploitation of children on the internet and social media. Both staff and children had attended specific training on bullying with cyber bullying forming part of the module completed. Inspectors observed two separate child safeguarding policies in place and recommend that they be combined to form one stand-alone document. The service director was designated liaison person for the organisation.

The centre had a recently updated child safeguarding statement and had received a letter of compliance from Tusla's Child Safeguarding Statement Compliance Unit to say that it had been reviewed and approved by them. All of the staff team had completed Tusla's E-Learning Programme: Introduction to Children First, 2017 and the organisation had also provided additional child protection training on a regular basis which included information and awareness of the centre's child safeguarding policy and procedures. Although, from interviews and completed questionnaires, the staff team had a very strong understanding of how to implement safeguarding policies in the prevention and detection and response to abuse including risk assessments, safety plans, behaviour management plans and internal reporting to the designated liaison person, they were less familiar with the terminology of the centre's own child protection policy and their individual responsibilities as mandated persons to report to the Child and Family Agency. Centre management must ensure that further additions are made to the child safeguarding policy and that staff become

familiar with the terminology of the centre's updated policy and the mandated reporting procedure.

From a review of the centre's child protection register, there were nine entries for 2019. Not all mandated persons were registered on the Tusla web portal and inspectors found that, child protection and welfare reports had been submitted via the portal by the social care manager only. This didn't satisfy the statutory requirement for all staff classified as mandated persons in the centre to report abuse that reaches a threshold of harm as defined in the Children First Act, 2015. The centre manager must ensure that all mandated persons are registered on the web portal system so that they can report abuse as per their legislative requirement and that this statutory duty is not delegated to one person only.

Inspectors found that the centre had prioritised safe care for children and there was a culture of openness and accountability present. The staff team had a strong knowledge base of how to address and monitor risks in practice so that children could be safeguarded if exposed to them while in the centre, on free time, with friends or online. Children's files contained a very robust assessment of various combinations of risk. These had been individualised taking account of psychological assessments, pre-admission risk assessments and clinical advice that identified particular areas of vulnerabilities for children. Numerous safety plans were developed from these assessments, which contained comprehensive details of clear step-by-step approaches on how to manage incidents should they happen. This guidance also included the consideration for staff of reporting any child protection concerns that may have reached the threshold for submission to the Child and Family Agency.

There was strong collaboration with social workers observed on centre records and where appropriate, with family members. Social workers interviewed, confirmed a close working relationship and said that they had opportunities to review the children's files and were alerted by the staff team to any changes/updates made to safety plans, individual crisis management plans (ICMPs) and absent management plans (AMPs). They received a monthly report from centre management. They also commented that their point of contact in the centre was not confined solely to the manager but extended to any member of the staff team who they found had a very good knowledge base of the care plan for all of the children in placement.

Children were consulted regarding the strategies that were being implemented relating to their own day to day safety such as curfews, prearranged visuals with staff when on free time and regularly keeping in touch by phone with the team when out of

the centre. And when they spoke with inspectors, they told them that they understood why such plans were in place so as to safeguard them and they said they were listened to about safety issues that they had themselves. Further, there were extensive key-working sessions and individual work conducted with children as part of their placement plans that related to self-care and protection and being aware of dangers. These included, engaging in sex education programmes, understanding consent and how to deal with inappropriate attention online. Both children told inspectors that they had someone to go to if they felt that they were not safe either in the centre or when outside the centre. There were significant indications from children's files that they trusted staff to share worries or concerns with them.

Where inspectors noted an allegation that had been made against a staff member regarding their conduct, a robust and appropriate procedure was followed by the organisation that was in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the centre's child safeguarding policy. All relevant professionals were contacted and collaborated with in respect of managing the specific child protection incident. A review for learning purposes was also conducted and shared with the staff team along with recommendations for action. Policies and risk assessments were updated accordingly. The allocated social worker said they were very satisfied with the prompt response by the centre which also included training on boundaries being provided to staff and the child involved with the allegation. The social work department involved in the management of the allegation had also made recommendations to the centre in respect of changes to the centre's supervision processes. This advice had been considered by the centre. Where it was deemed to be appropriate, parents and guardians were informed of any incidents or allegations of abuse.

There was a protected disclosures and whistleblowing policy in place which staff were aware of at interview.

Standard 3.2

Centre staff had received training in a recognised model of behaviour management and all refresher sessions had been provided as required and within appropriate timescales. The behaviour management policy in place was child-centred in focus and guided the staff team on the best approaches to use in practice so that they could respond effectively to any behaviour that caused challenges. At interview, staff had a very good understanding of the solution-based interventions being implemented with children and had access to clinical advice on a monthly basis. Inspectors saw

evidence across centre records where these consultations provided support to the team in their management and responses to the various behaviours of concern that presented themselves and aided in the identification of any underlying causes from the child's perspective.

There were individualised programmes for each child that addressed issues such as self-regulation, management of feelings and an understanding of the impact their behaviours had on other residents. These were in line with their needs identified in their placement plans. Praise and recognition was given by staff to children in the context of a trusting relationship when improvements were evident. Extensive key-working was completed on the negative impacts felt by children from other's behaviours, whether this happened in school, online or within the centre. Behaviour management plans took account of the specific risks and potential triggers for each child and contained details of the corresponding actions that were to be put in place by the team. Where significant event notifications (SENs) were completed, life space interviews were consistently undertaken with each child.

When inspectors met with children, they outlined how in the past they had felt unsafe in the centre from another child's challenging behaviours. Inspectors noted from centre files that these interactions had been closely monitored by staff and management and residents were listened to about their rights and concerns. Safety plans were in place for each child in respect of the incidents and updated regularly as were the individual crisis management plans. Staffing was also increased. Communication between management and the team regarding the behaviours and escalating risks were evident at team meetings and other fora and there was a close working partnership between the centre, placing social workers and children's families about the use of alternative strategies at this time. Where children were attending mental health services, they were corresponded with, in how best to support the child's emotional wellbeing. Social workers informed inspectors that they had noticed significant improvements in the children's behaviours since admission to the centre and were very satisfied with the care practices implemented by the staff team and management.

Arrangements were in place where a compliance and complaints officer had responsibility for regular auditing of the centre. This quality assurance system had been aligned to the National Standards for Children's Residential Centres, 2018 (HIQA) and included monitoring of the centre's approach to managing children's challenging behaviours. Action plans were in place identifying specific tasks that

needed to be completed in order for improvements to be made to behaviour management techniques and strategies already in operation in the centre.

Restrictive practices that were in use in the centre were recorded on a dedicated file outlining the purpose, outcome and stating a review date. The practice of alarming children's doors had been deemed a necessary procedure in accordance with risk assessments previously conducted for one child where it was required due to safety and welfare concerns. However, the service director and centre management told inspectors that the necessity for this intervention would now be reviewed in consideration of its original purpose, risk assessments and current needs of the children.

Standard 3.3

Inspectors found strong evidence of a culture of accountability and openness being operated in the centre which encouraged staff and children to raise concerns and report incidents. This was noted particularly from key-working and individual work, where children discussed issues that worried them and where the staff team responded to these within the context of trusting relationships. This contributed to the provision of safe care and protection in the centre. Regular children's meetings were also in place with agendas being set by the children.

Staff at interview told inspectors that if they had any issues of concern that these could be brought to forums such as supervision, team meetings or alternatively, discussed in a confidential way with management at any time.

The centre had a complaints register in place and there was ample evidence to show that children were encouraged to make complaints with resolutions being sought in a prompt way by the staff team and management. There was also evidence of changes being made to specific centre policies along with the development and implementation of new ones, as a consequence of learning from complaints that had been made. A complaints officer had been appointed by the organisation and complaints made by children could be communicated to a staff member of their choice.

There were some mechanisms in place such as exit questionnaires where children, families and significant people in the children's lives including social workers, could provide feedback for improvements in the centre. There was also an invitation for participation in this process included within the parent's information booklets.

Inspectors recommend that some additions in this area are made so that it is clear how feedback from this source is analysed and informs service development.

The centre had a system in place for the notification and management of incidents. A sample of SENs were observed by inspectors and these were found to have been submitted to the appropriate professionals without delays. A monthly SEN review group was in operation and shared learning from this took place at the team meetings with all centre staff and interventions were reviewed and updated as a consequence. Complaints, along with all serious concerns, formed part of the review of incidents at this meeting. There was also further oversight of incidents evident on centre records by the service director.

There was an SEN register in place and there had been a significant reduction in the number completed for the previous three months. Centre management informed inspectors that this was as a result of improvements in behaviours that challenged within the centre. Social workers stated at interview that the centre had a procedure in place of alerting them about serious incidents immediately before a SEN was completed. They stated that the communication with the centre was of a very high standard and there were opportunities for them to provide guidance and advice in relation to de-escalation of incidents if necessary.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.2 Standard 3.3
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	None identified

Actions required

- Centre management must ensure that further additions are made to the centre’s child safeguarding policy so that it is fully aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and that staff become familiar with the terminology of the centre’s updated policy including the mandated reporting procedure.

- The centre manager must ensure that all mandated persons are registered on the web portal system so that they can report abuse as per their legislative requirement and that this statutory duty is not delegated to one person only.
- The centre must maintain a list of persons who are mandated person under the Children First Act 2015.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The service director and deputy service director had overall responsibility for ensuring that the centre operated in compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA) and relevant legislation. All centre policies and procedures including child safeguarding, had been reviewed and updated and inspectors saw evidence of discussions having taken place at team meetings and management meetings in respect of this revision. As mentioned above, inspectors identified one specific gap in compliance in relation to the use of the web portal by all mandatory staff and the necessity for them to be registered on the centre’s portal in order to fulfil their statutory obligations to report incidents of harm to Tusla.

At interview and through questionnaires, staff showed good competency in their knowledge of the National Standards for Children’s Residential Centres, 2018 (HIQA) and regulations and a very good understanding of how Children First: National Guidance for the Protection and welfare of Children, 2017 was being implemented in every day practice within the centre.

Standard 5.2

Although, the person in charge in the centre had recently taken up the position of acting manager from their role as deputy, evidence of good leadership was very well demonstrated which included learning, quality, safety and support for the staff team. This was observed on daily logs, handovers, collaboration with allied professionals, oversight on centre records, monthly progress reports and the completion of self-audits. They were also in attendance at weekly team meetings, monthly incident reviews and a monthly managers meeting. The position of deputy manager had been taken up in an acting capacity and interviews had also occurred to fill the social care leader position left vacant by the newly reconfigured management structure. The

acting deputy manager will take on the duties of the acting centre manager when they are on leave.

Governance arrangements in the centre were very strong and this supported an environment of clear authority and accountability across the staff team. A transition plan had been implemented by the service director in preparation for the alternative management arrangements. This was an extremely comprehensive document which was evidenced based and outlined the support that would be provided to the acting manager from once they took up their position. It included the provision of more regular supervision for the initial stages of their tenure. The plan identified a number of delegated tasks to be completed as part of the acting manager's new function and contained specific timeframes for the achievement of these actions. Details of the communication to the staff and children on the management changes that were going to take place was also recorded. The staff team had an excellent knowledge of their individual roles and responsibilities in relation to their work with children and also as team members.

The service director had responsibility for ensuring that service level agreements were in place with the funding providers and they prepared all necessary reports and audits along with evidence of the centre's compliance with relevant legislation and national standards if required. They maintained a regular presence in the centre and inspectors noted that they had a robust overview of centre files. They also met with the company directors on a weekly basis and attended the manager's monthly meetings held between senior management and centre management teams. They were part of the significant incident review group which met at these monthly meetings and also on a quarterly basis in the centre. They undertook unannounced audits within the centre that were ancillary to those carried out by the compliance and complaints officer. They also provided supervision to the centre manager.

As part of their function, the deputy service director, reviewed and updated operational policies and procedures within the centre taking account of regulatory requirements, national standards and guidelines. Policies were reviewed annually.

Inspectors found that there were very robust risk management practices in operation that identified, monitored and managed risk. This structure included the development of risk assessments and safety plans, the maintenance of a comprehensive risk register, the provision of collective risk assessments in collaboration with social work departments and a monthly incident review of significant events and complaints. Details of all risks, both for the centre and for each

child were comprehensively recorded and supported with clear plans for their management and review. The service director was the designated person for risk in the centre and all new risks were notified to them.

Standard 5.3

The statement of purpose for the centre clearly described its aims and objectives, its range of service being provided, the day to day operation, the management structure with roles and functions for each position being outlined, the staffing arrangements and the model of care that was currently in use. It was communicated to children and to families in an accessible format and social workers understood the aims of the care practices being provided in the centre and had an awareness of any further service provision that supported the model. Social workers stated that they were very satisfied with the care that children were receiving in the centre and the way in which their individual needs were been managed by staff. They said that children had progressed well in the time they had spent there and that they trusted staff to listen to them and protect them.

At interview, staff were very competent in their knowledge and understanding of the current model of care and could describe how it was being delivered in every day practice and the outcomes it sought to achieve for each child. At the time of inspection, the model was being reviewed and updated by the organisation and inspectors were provided with a staff training pack which was being used as a resource for its implementation within the centre. The training was scheduled for the team for April 2020.

Standard 5.4

Mechanisms were in place to assess the quality, safety and continuity of care being provided to children. As stated previously, the audit tools in use were benchmarked against the National Standards for Children's Residential Centres, 2018 (HIQA). Regular auditing in the centre was undertaken by the compliance and complaints officer who was external to the centre. These audits were both announced and unannounced visits. A report was completed after each audit was finalised, along with an action plan for implementation by centre management. This system informed the various improvements to be made in care practice in the centre.

Inspectors observed the audits and found that a comprehensive review of centre documentation had taken place in a timely way. Responses by centre management

were also on file and had been completed with timeframes outlined. There was consistent oversight by the service director and they also had a role in conducting spot audits within the centre at various times throughout the year.

Inspectors found that there was very strong evidence to show that information regarding complaints, concerns and incidents were recorded and acted on. This was noted across the spectrum of children’s files, complaints, SENs and child protection registers and review meetings. Monitoring, analyses and learning was observed at team meetings and other forums and on reports.

The service director stated that an annual review of compliance will be conducted by the deputy service director with actions outlined which will inform service improvements.

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.1 Standard 5.2 Standard 5.3 Standard 5.4
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	Centre management must ensure that further additions are made to the centre's child safeguarding policy so that it is fully aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and that staff become familiar with the terminology of the centre's updated policy including the mandated reporting procedure.	Further additions will be made to the centre's safeguarding policy to ensure is fully aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017. Completed by 20 th of April 2020 All staff will receive training during a team meeting on the updated policy. The safeguarding policy and its specific terminology will be incorporated in team meetings, training and individual supervision to ensure all staff are familiar with the terminology of the centre's updated policy including the mandated reporting procedure. Timeline for this has to be confirmed.	The safeguarding policy will be reviewed yearly with the service director, centre manager and compliance/complaints officer. The centre manager will ensure to engage in regular discussion regarding this policy during team meetings and supervision to ensure the care team are aware of the specific terminology regarding mandated reporting.

	<p>The centre manager must ensure that all mandated persons are registered on the web portal system so that they can report abuse as per their legislative requirement and that this statutory duty is not delegated to one person only.</p> <p>The centre must maintain a list of persons who are mandated person under the Children First Act 2015.</p>	<p>All mandated persons have registered on the web portal system as per their legislative requirement. Completed: 01/04/2020.</p> <p>A list of mandated persons under the Children First Act 2015 has been compiled and is attached to the centre's child safeguarding statement. Both documents are placed in the office on the staff notice board. Completed: 03/04/2020.</p>	<p>The centre manager will ensure that all newly appointed staff have completed the Children First Training and will be supported to register on the web portal system.</p> <p>The organisations corporate induction program and training will ensure that all new team members are fully aware of their statutory duty in relation to the reporting protocol.</p> <p>The list of persons who are mandated person under the Children First Act 2015 will be maintained and reviewed yearly with the centre's child safeguarding statement.</p> <p>The centre manager will update the list of mandated persons if a new staff member is appointed to the centre and regularly liaise with HR to ensure that staff training remains valid and updated for all staff.</p>
5	No actions required		