



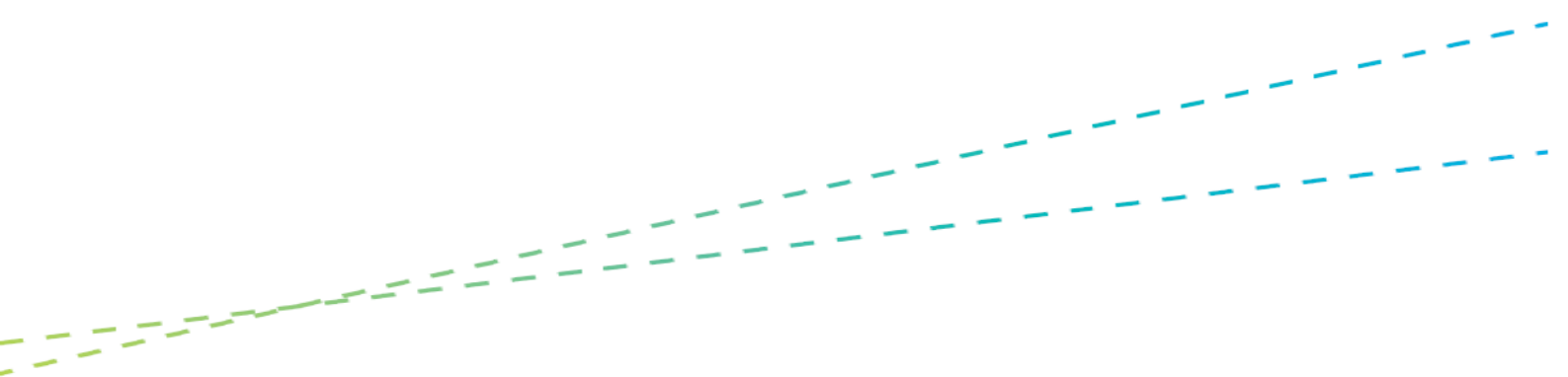
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 063

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Pathways Ireland
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	03rd and 4th November 2020
Registration Status:	Registered from 30th January 2021 to 30th January 2024
Inspection Team:	Cora Kelly Eileen Woods
Date Report Issued:	4th December 2020

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
Theme 5: Leadership, governance and management	
4. Corrective and Preventative Actions	14

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 their first registration in January 2015. At the time of this inspection the centre was in their second registration and was in year three of the cycle. The centre was registered without attached conditions from the 30th January 2018 to the 30th January 2021.

The centre's purpose was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Exceptions outside of this age range are permitted for young people under thirteen in line with the derogation process governing same. At the time of this inspection there were two young people aged under thirteen residing in the centre and two other young people between the ages of 13 and 17. Their model of care was identified as competency and relationship based which was described in centre documentation as promoting effective and accountable professional practice and a client-centred approach.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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 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 senior management, the centre manager and to the relevant social work departments on the on the 12th November 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 19th November 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: 063 without attached conditions from the 30th January 2021 to the 30th January 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

**Regulations 5 Care Practices and Operational Policies
Regulation 6 (1 and 2) Person in Charge**

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The service director held responsibility for ensuring that the centres operational policies and procedures were in compliance with legislation, regulations, national policies and standards. The centres operational policies and procedures were updated in January 2020 and were found to comply with the National Standards for Children’s Residential Centres, 2018 (HIQA). The policy document was being further reviewed and updated at the time of the inspection to incorporate the organisations newly developed model of care and to align to the layout of the national standards to allow for a more accessible document for management and staff.

Improvements are required with regard to the centres child protection policy. The inspectors found from the review of the document that the it did not comply with the reporting requirements outlined under Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The reporting procedures contained in the centres policy document related solely to staff holding statutory mandated responsibilities. It did not include reporting procedures for those with non-mandated responsibilities and further did not include guidance for responding to concerns that did not reach the threshold for reporting. The service director must review and update the centres child protection policy to ensure that the reporting procedures meet the statutory requirements under Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.

In interview and through questionnaires staff demonstrated a good understanding of the relevant legislation, regulations, policies and standards for the care and welfare of young people in the centre that was evident in all aspects of their practice.

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

Inspectors found that the centre manager demonstrated good leadership and management abilities. Their leadership style was focused, with clear direction being provided to the staff team. This was found to have been effective in ensuring that effective quality, child-centred and safe systems were in place as evident to the inspectors from the review of centre records, young people's files, questionnaires and interviews. Management arrangements in place included the centre manager monitoring and overseeing the implementation of the centres policies and procedures through the forums of team meetings, supervision, audit of centre and young people's records and observations through ongoing presence in the centre. Staff in interview and through questionnaires spoke positively of the support, leadership and guidance provided by the centre manager. Young people stated through questionnaire that the centre manager was someone they could speak to. Social workers expressed in interview their satisfaction with the care being provided to the young people and good communication between the two bodies.

The service director was charged with overall executive accountability, responsibility and authority for the delivery of the service for the centre and ensuring that operational policies and procedures were developed, reviewed and updated in line with regulatory requirements, taking account of national standards and guidelines. The centre manager, as designated person in charge of the day-to-day running of the centre reported directly to the service director. Governance arrangements included the centre manager providing the service director with weekly reports and completing monthly audits that were followed up by the organisations compliance officer.

The internal management structure was found to have been appropriate to the size and purpose and function of the centre. The centre manager was supported by a deputy manager, three social care leaders, six social care workers and two relief staff. Staff in interview were aware of the governance arrangements and structures in place. The deputy manager stepped up in the centre manager's absence. A written

record was kept of when, and to who, centre manager's duties had been delegated to and the key decisions made. This included the deputy manager and team leaders and was part of their professional development.

The centre had a policy on risk management that was being updated at the time of the inspection to incorporate into a framework the risk management system that was already operational. Corporate, health and safety and operational risk identification, assessment and management processes were in place. For young people these included for example individual crisis management plans, absence management plans, pre-admission risk assessments and impact risk assessments. The centre and corporate risk registers had been consistently updated to manage risks associated with the Covid-19 pandemic. Despite discussions on risk assessment not being regularly recorded on the minutes of team meeting records staff had a good understating of the risk management system. The inspectors recommend that the service director considers incorporating a risk matrix system that is used to define levels of risk during the risk assessment process into the overall risk management framework.

There was a service level agreement in place with the Child and Family Agency. A new tender process was applied for earlier this year.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a statement of purpose that was last reviewed in September 2020 and was displayed in the staff office. It contained the criteria outlined under 5.3.1 in the National Standards for Children's Residential Centres, 2018 (HIQA) including the day-to-day operations of the centre. An accessible format of the statement was available for young people and their families.

The model of care was outlined in the centres statement of purpose and staff in interview and through questionnaires demonstrated a good understanding of the competency and relationship based model of care. A new model of care had been developed by the organisation with the process of implementation taking place at the time of the inspection. The development of the model was clinically led by a systemic psychotherapist. As the statement had not been evaluated as part of the auditing process to date the inspectors recommend that the statement of purpose is reviewed and evaluated to ascertain whether services are being delivered in line with the centre's statement of purpose when the new model is rolled out.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The inspectors found that internal and external systems were in place to ensure that consistent quality and safe care was being provided to the young people. These included for example weekly team meetings, monthly senior management meetings, regular supervision, weekly governance reports, daily handovers, significant event review meetings and audits. The compliance and complaints officer held responsibility for conducting monthly themed audits that were aligned to the national standards. From the review of actions plans that accompanied each audit there was evidence of a clear focus on quality and improvement and they worked in partnership with centre management. Actions were found to have been tracked and completed within an agreed timeframe.

The centre had in place separate registers to record complaints, concerns and incidents. The inspectors found from the review of team meeting and management meeting minutes that discussions relating to complaints, concerns and incidents were not always recorded. The service director advised that new templates had been developed to include these as standing items for discussion at such meetings. The centre was part of the organisations significant event review group where meetings were held monthly and topics related to concerns, formal complaints and incidents were analysed. Following a recent inspection of a sister centre by the Alternative Care Inspection and Monitoring Service a more structured template had been developed and implemented to ensure that emerging trends could be identified and learning outcomes achieved. The centre manager was aware of their responsibility to ensure that learning from this forum was fed back to the staff team.

The compliance officer had completed an annual review of compliance for the centre that reflected the National Standards for Children’s Residential Centres 2018 (HIQA) and was based on the audits completed during the year.

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

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

Actions required

- The service director must review and update the centres child protection policy to ensure that the reporting procedures meet the statutory requirements under Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The service director must review and update the centres child protection policy to ensure that the reporting procedures meet the statutory requirements under Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.	The service director and policies and procedures working group met on Thursday 19/11/2020 to review and update the centres child protection policy to ensure that the reporting procedures meet the statutory requirements under Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The service director and the working group will meet again on Thursday 26/11/2020 to finalise and disseminate the updated child protection policy to all centres within the organisation.	The child protection policy will be reviewed annually or as required by the service director, centre management team and the policies and procedures working group. The management and care team will continue to attend annual training and/or when the child protection policy is updated.