



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 107**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland Limited</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>18<sup>th</sup> &amp; 19<sup>th</sup> July 2023</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> November 2021 to 30<sup>th</sup> November 2024</b>
<b>Inspection Team:</b>	<b>Lisa Tobin Sharon Mc Loughlin</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> August 2023</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality 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 30<sup>th</sup> November 2015. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 30<sup>th</sup> November 2021 to 30<sup>th</sup> November 2024.

The centre was registered as a multi-occupancy service. It aimed to provide medium to long term care for up to four children of all genders between the ages of thirteen and seventeen years on admission. One young person was outside the age range of the purpose and function of the centre. An extension was in place for this young person for three months. The centres statement of purpose and function described the model of care as client centred and needs led involving collaboration with children, their families, and professionals, in a homely and nurturing environment. There were three young people living there at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.3
7: Use of Resources	7.1

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 2<sup>nd</sup> August 2023. There were no issues requiring action identified during this inspection across the standards examined therefore no requirement for the registered provider to submit a corrective and preventive actions (CAPA) plan to the inspection and monitoring service.

The findings of this report 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: 107 without attached conditions from the 30<sup>th</sup> November 2021 to the 30<sup>th</sup> November 2024 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 10: Health Care**

**Regulation 12: Provision of Food and Cooking Facilities**

**Theme 4: Health, Wellbeing and Development**

**Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

Inspectors found that the young people were provided with educational and training opportunities relevant to their individual needs and abilities. Both the care plans and the placement plans had identified educational goals for each young person as per centre policy on education. The centre had an educational plan in place for each young person which highlighted their routine and details for their educational programmes.

Inspectors found that one young person had recently been supported in completing the Leaving Certificate and had plans in place for a post leaving certificate course (PLC) or a college course pending results. Inspectors found that there were supports in place to facilitate transport to and from school daily for two of the young people. Another young person used a bus service to attend school. Staff ensured that extra supports such as grinds were made available to the young people should they require it for their exams. Inspectors found that all young people were supported by the staff with their routines for school and in completing their homework. Educational assessments were sought where necessary for the young people and social workers were involved with this process. When there were difficulties with school attendance, inspectors saw that the young people were supported by staff in completing work at home and staff linked with the school to ensure the young people were kept up to date with their work.

During the file review, inspectors found that educational reports and contacts with the schools were kept on file for each young person. Positive achievements were acknowledged within the centre and were when appropriate reported as positive significant events. Social workers reported that they received regular updates from the centre which included an educational update with how the young people were getting on. The social workers and the aftercare worker spoke of positive communication between them and the centre around identifying and fulfilling the

goals/actions required to meet the educational, learning and developmental goals for the young people.

It was evident to inspectors that the centre supported the young people in their educational endeavours as identified through the file review and from the interviews with staff and social workers. Supporting the young people emotionally and preparing them socially was also part of the work undertaken as identified through the key working sessions completed with the young people. Inspectors reviewed the team meeting minutes and saw that education was part of the weekly agenda where staff were updated on any changes or developments in the young people's lives.

Inspectors saw that the young people were supported in participating and joining new clubs and sports activities. An activity folder was in place which showed pictures and details of all activities, holidays and days out undertaken with the young people and the staff.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards were assessed during this inspection</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards were assessed during this inspection</b>

**Actions required:**

- None identified.

**Theme 7: Use of Resources**

**Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.**

Inspectors found that the centre had plans in place to manage the resources available to ensure the young people received child-centred, safe and effective care and support. Inspectors looked at different areas during the inspection process and found that the availability of resources was happening daily where the young people were being provided with what they needed to enhance their time in the centre. Decisions and plans around the use of resources was organisational based including input from human resources, maintenance, clinical support, line management support and financial support.

Inspectors reviewed the petty cash system in place in the centre and found that the centre was adequately resourced with appropriate funding to ensure the needs of the young people were met. The young people received pocket money, clothing allowances, chore money and activity money weekly. There was sufficient finance available for the weekly shopping and to purchase any required items needed by the young people. When larger financial supports were required, there was a purchasing order (PO) system in place where management sought this from Head Office, and it was received by the centre soon after. There were no occasions where this was refused or delayed. Recent examples where finance was arranged outside of the weekly budget included a centre holiday and glasses for one of the young people.

Inspectors reviewed the maintenance register and found that each action was completed by staff and had dates attached for when it was entered onto the register and when the task was completed. There was a maintenance manager who completed any works required in the house. The majority of tasks were completed in a couple of days unless a part was required to be ordered for the job.

There was a full staff team available which included the centre manager, deputy manager, two social care leaders, one acting social care leader and five social care workers. There was experienced relief staff available to the centre to cover all types of leave when needed. Extra staffing arrangements were required due to a medical procedure for one young person and this resource was facilitated for that period.

The staff team were available to the young people daily, and they had the appropriate experience and skills to meet the needs of the young people. Mandatory training was provided to the staff and some staff were completing First Aid responder (FAR) training at the time of inspection. Inspectors reviewed the training needs analysis document and found that some staff required policies and procedures training which had been scheduled as part of the training needs for next month. There was a staff support and retention policy in place which highlighted what the organisation offered

the staff members. During interviews with inspectors, staff spoke positively of their experience of working in the centre. Staff named their supervision, support from management, roster scheduling, the centres environment, the young people and having access to clinical services if needed as reasons why they remained working in the centre.

Each young person had a keyworker to support them with addressing their goals as identified in their care plan, aftercare plan & placement plans. All young people had access to specialist therapeutic services and resources were made available to ensure the young people were facilitated with their appointments. The centre had the use of three house cars to support the young people with access to education, extracurricular activities, family access and house activities.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 7.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards were assessed during this inspection</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards were assessed during this inspection</b>

**Actions required:**

- None identified

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	None identified.		
7	None identified.		