



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: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Four children</b>
<b>Type of Inspection:</b>	<b>Remote inspection</b>
<b>Date of inspection:</b>	<b>24<sup>th</sup> and 25<sup>th</sup> August 2020</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> November 2018 to 30<sup>th</sup> November 2021</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Cora Kelly</b>
<b>Date Report Issued:</b>	<b>5<sup>th</sup> November 2020</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
Theme 5: Leadership, governance and management	
<b>4. Corrective and Preventative Actions</b>	<b>14</b>

# 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 the 30<sup>th</sup> November 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 the 30<sup>th</sup> November 2018 to the 30<sup>th</sup> November 2021.

The centre was registered to provide medium to long term care for up to four children of both genders between the ages of thirteen and seventeen years on admission. In exceptional cases the centre takes children outside of this age group under derogation. In line with this process, one child under thirteen years was residing in the centre. The centre's model of care was based on the 'Competency and Relationship Framework' which was described as being in accordance with evidence based best practice and ensures each child's safety and wellbeing. There were three children living in the centre at the time of the inspection.

## 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 and allocated social workers. 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. Due to the emergence of Covid-19, this review inspection was carried out remotely. This inspection was conducted through a review of documentation and a number of telephone interviews. 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 children, 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 relevant social work departments on the 21<sup>st</sup> September 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 5<sup>th</sup> October 2020 whereby further revisions were required by the inspection and monitoring service. A final updated CAPA was subsequently submitted on the 29<sup>th</sup> October 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: 107 without attached conditions from the 30<sup>th</sup> November 2018 to the 30<sup>th</sup> November 2021 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulations 5 and 6 (1 and 2)

#### 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 had responsibility for ensuring that the centre was in compliance with regulations, legislation, national policy frameworks and standards. The organisation had updated their policy and procedures in February 2020 to reflect the National Standards for Children’s Residential Centres, 2018 (HIQA). A working group was currently in place to review policies on an ongoing basis. Post inspection, the organisation confirmed to inspectors that the estimated time for the completion of the documents was the second quarter 2021. Despite this, some practices regarding mandated reporting procedures and the notification of significant events were not in line with the national standards. This will be discussed below. There were systems in place to audit practices within the centre and address any gaps in implementation and adherence to policy.

As referred to above, from a review of documentation, inspectors found that specific child safeguarding protocols operating within the centre were not compliant with the Children First Act, 2015 or Children First: National Guidance for the Protection and Welfare of Children, 2017. These related to the statutory obligation of mandated persons. There was evidence to support the finding that a local arrangement was in place between a social work department and the centre when making certain child protection referrals. Further, there were deficits in the centre’s own child safeguarding policy pertaining to the mandatory reporting procedure and the reasonable grounds for concern process. External management must ensure that the centre adheres to their statutory requirements under Children First legislation and national policy in respect of mandated reporting and that the centre’s child safeguarding policy is updated in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and implemented in practice.

Inspectors observed irregularities in the significant event notification system (SEN), where a number of incidents were notified cumulatively on a weekly basis rather than



individually to the relevant professionals. This was not congruent with the centre's own SEN policy and was not in line with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 where regulation 16 requires the prompt notification by the centre of any significant event occurring in relation to a child. The centre manager must ensure compliance with child care regulations and the centre's own policy so that all significant events are notified promptly to the relevant professionals.

At interview and from an evaluation of the questionnaires, staff in the centre had knowledge of relevant legislation, regulations and policies that informed their practice. They demonstrated a good understanding of the centre's complaints processes. However, there were notable deficits regarding staff awareness of the mandated reporting procedure as per legislation and national guidance. In general, from the sample of team meeting minutes reviewed by inspectors, there was an absence of centre policy and procedures and national standards being discussed at these fora. External management must ensure that on review of the centre's child safeguarding policy that staff are provided with training on the updated procedures.

**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-centered, safe and effective care and support.**

The centre manager was experienced, appropriately qualified and was in post for more than two years in the centre. Good leadership and authority was observed on documentation across various levels, including supervision, attendance at team meetings, completion of audits, action plans and communication with allied professionals. However, there was an absence of centre management oversight on some records reviewed and inspectors recommend that this is addressed through the use of digital signatures. There was evidence that a strong focus on meeting the care needs of children was encouraged by management amongst the team. Effective direction and guidance to staff was also noted on centre records. Staff members and senior management who were interviewed indicated that they were satisfied with the leadership and support shown to them by the manager. Social workers noted that they experienced a staff team that were very committed to the care of children and that the service provision in the centre was of a high standard.

There were clearly defined governance and management structures in place that provided accountability in the centre. The manager reported to the service director

and received consisted supervision and support from them. Regular senior management meetings were also occurring. Staff understood their roles and responsibilities and that of senior management. The manager was supported in their post by the deputy manager and the internal management structure was appropriate to the size and purpose of the centre. As referred to above, an agency-wide policy review had been conducted by the organisation earlier this year, however specific policies require further revision and amendment in order to be in line with regulatory requirements, national standards and guidelines.

There was a service level agreement in place with the Child and Family Agency with meetings taking place on a bi-annual basis. A new tender for services was completed earlier this year.

Risk assessment and management policies were in place and staff were familiar with the procedures in practice to identify risk and follow appropriate processes in line centre policies. However, inspectors reviewed the centre and corporate risk registers and found that the system used for entry of each risk was not clear. Specific risks were not identifiable and it was difficult to see how risks associated with individual children were managed through the framework. Further, risk management was not noted as being discussed at handover meetings, team meetings or senior management meetings. Despite this, inspectors observed through centre records that robust risk management was taking place for children through supportive structures including risk management plans and behaviour management and safety plans. There was also an emergency management plan in place for the centre. Inspectors recommend that the risk management framework in place is clear in how it reflects risks to young people across its recording systems.

Alternative management arrangements were in place in the centre at times when the manager was absent. This included the delegation of responsibilities to the deputy manager. It also incorporated all divided internal management duties on an on-going basis. There was also a separate list of tasks assigned to the social care leaders to assist their professional development and training.

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

From a review of the centre's statement of purpose, inspectors found that it clearly defined the model of service provision in line with the criteria set out in the National Standards for Children's Residential Centres, 2018 (HIQA). It had been updated in

September 2019 and there were arrangements in place to revise the statement annually or sooner if required. The centre manager and service director were responsible for reviews.

There was an accessible version of the statement available to children and families and in general, allocated social workers were well informed of its aims and objectives and stated that they were very satisfied with the model of care being provided to children in placement.

The staff team had good knowledge and understanding of the model of care which was relationship and competency based and was underpinned by a needs-led approach to care provision. They gave clear examples of how it was implemented in every day practice and described some of the outcomes it sought to achieve with children. There was an on-going plan in the organisation since the beginning of the year to modify the current model, however its development was delayed and new timelines for implementation have yet to be decided. Centre management stated that training for staff would be provided as soon as this revision had concluded.

**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.**

Inspectors found that there were internal and external systems established to evaluate the quality, safety and continuity of care provided and inform improvements for children. Regular centre management meetings were occurring along with team meetings, supervision, handover meetings, senior management meetings, and a serious incident review group. Recording of this documentation was of a high standard with a strong focus on the tracking of agreed actions, the needs of children and improvements in outcomes for them.

A compliance and complaints officer assessed service provision by conducting consistent audits both on an announced and unannounced basis. The audits were aligned to the national standards. Action plans were prepared by the centre manager based on the recommendations from the audits. In general, inspectors found that the quality assurance system in place was comprehensive and the responses by centre management to the deficits identified were clear and mostly achieved within set timelines. Where actions were not met, they were reviewed at the subsequent monitoring visit to ensure compliance was attained.

Inspectors found that complaints, concerns and incidents were regularly discussed at team meetings by staff to enable learning. However, from a review of senior management meetings, there was a deficit in the assessment of complaints and concerns at this forum. Further, while significant event review meetings were in operation, improvements were needed regarding the recording of recommendations for some incidents that were being discussed. The service director must ensure that more thorough recording of the analysis of incidents takes place at the significant event group (SERG) so that learning and trends can be communicated to the staff team to promote improvements.

There was an annual review of compliance in place for the centre that reflected the National Standards for Children’s Residential Centres 2018 (HIQA). This incorporated an action plan which was aligned to the audits being conducted throughout the year.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.2 Regulation 6.1</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1 Standard 5.2 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>None Identified</b>

### **Actions required**

- External management must ensure that the centre adheres to their statutory requirements under the Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children in respect of mandated reporting.
- External management must ensure that the centre’s child safeguarding policy is updated in line with Children First: National Guidance for the Protection and Welfare of Children and implemented in practice.
- The centre manager must ensure compliance with regulation 16 of the Child Care (Standards in Children’s Residential Centres) Regulations, 1996 and the

centre's own significant event notification policy so that all significant events are notified promptly to the relevant professionals.

- External management must ensure that on review of the centre's child safeguarding policy that staff are provided with training on the updated procedures.
- The service director must ensure that more thorough recording of the analysis of incidents takes place at the significant event group (SERG) so that learning and trends can be communicated to the staff team to promote improvements.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>External management must ensure that the centre adheres to their statutory requirements under the Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children in respect of mandated reporting.</p> <p>External management must ensure that the centre's child safeguarding policy is updated in line with Children First: National Guidance for the Protection and Welfare of Children and implemented in practice.</p>	<p>External management will ensure that all child protection concerns are reported in accordance with mandated reporting procedures outlined in Children First: National Guidance for the Protection and Welfare of Children. External management will ensure that the centre's care team are provided with additional training on mandated reporting. The training and activities co-ordinator will complete the training via Zoom on the 16/10/2020.</p> <p>External management will review that centre's safeguarding policy to ensure that it is updated in accordance with Children First: National Guidance for the Protection and Welfare of Children by 21/10/2020. The team will receive training on the updated policy and procedure by</p>	<p>The centre manager will regularly revisit the team's responsibility to make mandated reports at the team meetings and through individual supervision. All care team members attend mandatory Children First Training. External management will ensure that the centre's care team are provided with on-going training on mandated reporting. The training and activities co-ordinator will complete the training via Zoom on the 16/10/2020.</p> <p>External management will be overseeing regular reviews of the centre's policies and procedures and will ensure that this policy is reviewed and updated as required.</p>

	<p>The centre manager must ensure compliance with regulation 16 of the Child Care (Standards in Children’s Residential Centres) Regulations, 1996 and the centre’s own significant event notification policy so that all significant events are notified promptly to the relevant professionals.</p> <p>External management must ensure that on review of the centre’s child safeguarding policy that staff are provided with training on the updated procedures.</p>	<p>29/10/2020.</p> <p>The centre manager will ensure that all significant events are notified individually in accordance with Regulation 16 of the Child Care (Standards in Children’s Residential Centres) Regulations, 1996 and the centre’s policy on notification of significant events. All significant events will be notified promptly to the relevant professionals. This was discussed at the team meeting on 02/09/2020 with all members of the management and care team. The centre’s responsibility under the policy on notification of significant events and Regulation 16 was discussed again at the team meeting on 16/10/2020 to provide further guidance and compliance.</p> <p>All care team members attend mandatory Children First Training. External management will ensure that the centre’s care team are provided with training on</p>	<p>All significant event notifications (SENs) will be notified individually and going forward all significant events’ records will be notified promptly to the relevant professionals. Centre audits on the NNS will be updated by 12<sup>th</sup> November 2020 to include full oversight of SENs to ensure this issue does not recur. Further, the significant event register will be featured in the SERG meeting to ensure compliance and prompt notification. Notification and dissemination of significant event records has been added to the manager’s weekly checklist. All notifications will continue to be forwarded to the relevant professionals internal and external to the organisation to ensure compliance and prompt dissemination of paperwork.</p> <p>The training and activities co-ordinator will ensure that all CP training modules includes any adjustments to the centre’s safeguarding policies as part of the</p>
--	---	---	---

	<p>The service director must ensure that more thorough recording of the analysis of incidents takes place at the significant event group (SERG) so that learning and trends can be communicated to the staff team to promote improvements.</p>	<p>the updated procedures. The training and activities co-ordinator will complete the training via Zoom by 26/10/2020.</p> <p>The service director is currently overseeing the development of a policy and procedure on Significant Event Review Groups. A particular emphasis will be placed on disseminating the findings of the review group to ensure learning and trends are communicated to each of the centres. The centre managers and all members of the SERG were informed of the requirement for more detailed analysis and shared learning from significant events on 01/10/2020 at the manager's meeting. This improvement is being supported by a more structured format of minute taking at SERG meetings. The compliance &amp; complaints officer will modify the current SERG feedback form in consultation with the group to provide evidence of these developments by 16/10/2020.</p>	<p>mandatory training programmes delivered in Pathways.</p> <p>The compliance &amp; complaints officer for Pathways is the chairperson for the SERG. The compliance and complaints officer will assume responsibility for the dissemination of minutes and for ensuring that learning and trends from SERG meetings are advised to each centre and considered in practice.</p>
--	--	--	--