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: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Pathways Ireland**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**24th, 25th & 26th October 2022**
Registration Status:	**Registered from 30th January 2021 to 30th January 2024**
Inspection Team:	**Sinead Tierney** **Anne McEvoy**
Date Report Issued:	**12th December 2022**

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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 in January 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 the 30th of January 2021 to the 30th of January 2024.

The centre was registered as a multi occupancy centre for four young people of all 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. The work of the centre was underpinned by an outcomes-based model of care that ensures each young person's safety and wellbeing and enables them to access the supports and interventions necessary to successfully address the identified aims of their placement. At the time of inspection, there were four young people living in the centre; three young people between the ages of 13 and 17 and one young person aged under thirteen. The centre had applied for a derogation to the registration status for this young person and this had been approved by the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.2

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 22nd of November 2022. 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 29th of November. 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 of January 2021 to the 30th of January 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

A culture was in place that recognised the rights of young people, including their right to be listened to and participate in decisions about their lives. There was a focus on developing committed, trusting relationships with the young people, and supporting them to participate in an age-appropriate manner. A range of policies were in place that supported young people's rights, diversity, and inclusion in their care. Two of the four young people living in the centre completed questionnaires as part of the inspection process. All young people were encouraged to partake in the consultation process facilitated by Tusla for the recently published 'Our Guide to Help You', a Tusla information booklet for young people living in residential care, written by young people.

Weekly consultative sessions and house meetings with young people were embedded into practice. Young people engaged positively in these informative forums and were provided with opportunities to attend or add agenda items to team meetings. Decisions made in team meetings were relayed back to young people and recorded as part of the house meeting record. Records demonstrated that young people were encouraged to raise any area of dissatisfaction and reassured that no adverse consequences would arise. Advocacy was a field of good practice by the care team and preparation of the young people and involvement in their child in care review meetings and reports was evident. Team members interviewed spoke passionately about the rights of young people and promoted these rights.

A review of one young person's care record who was admitted to the centre since the previous inspection, demonstrated that a child-centred approach to providing them with relevant information was in place. This approach was evident from the transition plan to a number of planned key working sessions that took place after admission that explored young people's rights, safety in the centre and the complaints procedure in detail.

The young person's social worker informed inspectors that the transition was well facilitated, considering the young person's circumstances at the time and they were extremely satisfied with how the young person's needs had been met since admission. A booklet was provided to all young people and parents that detailed the above and also provided information on external support agencies and key people who were available to young people should they be dissatisfied with any aspect of their care.

The centre had a complaints policy that outlined both non-notifiable and notifiable complaint procedures. Changes to the recording of non-notifiable complaints had been made in August. The complaints register for 2022 recorded eleven complaints, nine of which were recorded as non-notified. All bar one of these had been archived outside of the centre prior to the inspection taking place and therefore limited records were available to inspectors. One social worker interviewed recalled how a young person made a complaint about another young person using vapes and this had been managed very well by the centre with mediation taking place to resolve the complaint and repair the relationship.

A working relationship had been established with Empowering Young People in Care (EPIC) that benefited the young people. However, inspectors noted that contacting EPIC was the only action recorded on a young person's complaint regarding non-allocation of a social worker. Inspectors found two instances where complaints by young people about the actions and decisions of social workers were not correctly categorised as notifiable. Where a young person expresses their dissatisfaction regarding the quality of Tusla social work provision or decisions directly related to their care arrangements, these must be deemed as notifiable and involve the social work department from the outset.

Team meetings minutes evidenced discussion on the views of young people as shared at house meetings and in general. Complaints were also discussed, and the policy recently reviewed. Two separate audits completed in 2022, one by the compliance and complaints officer (CCO), and the second by the CCO and development manager assessed the centre's compliance with this standard. The audits were well conducted, detailed in nature, and highlighted positive areas of care practices and areas for improvement.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 1.6**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that the threshold for notifiable complaints is clearly understood and applied.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had robust policies and procedures to guide the management of behaviour that challenges. Policies and practice were influenced by both the model of care, the behaviour management system and a range of theoretical approaches and resources. Staff and management were all appropriately trained and knowledgeable in interview in behaviour management and support. Additional training had been provided in line with the young people's needs and supports required. Young people spoke of feeling safe in the centre and identified members of the care team they could talk to and trust.

A range of documents were in place to support the management of behaviour. These included individual crisis support plans (ICSP), behaviour support plans (BSP), risk assessments and safety plans.
Overall, these were well constructed and provided insight and direction to the team on how best to prevent and manage behaviour that challenges.

There was space for improvement with the ICSP and associated risk assessments in that they did not always reflect the young people's current behaviours or state when physical restraint was not permitted. Although referral information for one young person named behaviours of concerns, some of these behaviours had not been evident in the ten months they lived in the centre yet remained recorded as behaviours of concerns on their ICSP with active risk assessments in place. Although the risk assessments had been reviewed each month, the outcome of these reviews was not clearly recorded. Given that no significant events had occurred in relation to the behaviours, it was difficult for inspectors to assess why the behaviours remained as active concerns and not something that the young person had progressed from. The centre manager must therefore ensure that the review of risk assessments clearly records the changes that are occurring, ensure that ICSPs reflect potential high-risk behaviours and that physical restraint when not an appropriate strategy is named.

Notwithstanding the above, the team members interviewed and a review of a sample of significant event notifications demonstrated the team had a good understanding of the underlying causes of behaviours and were utilising the agreed interventions laid out in support plans. Social workers interviewed by inspectors felt the young people's needs were well understood by the team. Further to this, the guidance from internal and external specialist supports were incorporated into the young people's care and day to day interactions. The collaboration between the team and external specialist supports was evident from the records and the young people were benefiting from engagement with these services.

Significant events reviewed were recorded to a high standard and there was a strong focus on supporting and teaching young people through life space interviews. There was a culture of safety and learning in place and all significant events were reviewed by the team on shift, during team meetings and at significant events review groups (SERG) meetings. Quality leadership was evident in the SERG meetings with learning outcomes and trends identified. Social workers confirmed they were notified of significant events in a timely manner and felt that the team responded well to the young people.

A number of restrictive practices were in place and recorded for all young people. These included practices such as keeping cleaning products safely locked away, ensuring a seatbelt was worn in the car and locking a young person's bedroom when they were out of the centre to protect their privacy. However, these are not generally considered restrictive practices.

A review and observation of other practices demonstrated that they were restrictive however there was a lack of evidence they were required. For example, during the daytime bedroom doors were alarmed for all young people as well as the main doors to the centre. Whilst a risk was present in relation to two young people and a practical and concise safety plan was in place, no risk was identified for the other two young people. Social workers interviewed stated they were notified of restrictive practices however not all were aware that alarms were being set during the daytime. Similarly, one young person had engaged in throwing glass jars during an outburst several months previously, yet all glass jars remained locked in the staff office rather than in the kitchen. Whilst it was evident that restrictive practices were reviewed regularly at team meetings, inspectors did not find that the reviews or audits focused on alternative practices or using the least restrictive procedure for the shortest duration necessary. The centre manager must ensure that restrictive practices are in place only when assessed in conjunction with social workers as required due to a serious risk to safety and welfare and where required, the least restrictive procedure is used for the shortest duration necessary.

In encouraging and responding to behaviours, the team used both incentives and consequences. An annual audit undertaken in September by the organisation's compliance and complaints officer (CCO), and the development manager had established an opportunity for learning and adjustment in the over-reliance of one particular consequence. Inspectors found that the team were open and receptive to this feedback and adopted the change in a timely manner. Aside from this annual audit, the CCO had assessed the centre's compliance in the provision of positive behavioural support in March 2022. A review of this audit and associated records, found that it highlighted many areas of good practice and also identified opportunities for improvements. These improvements were completed in a timely manner by the centre management team.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure that the review of risk assessments clearly records the changes that are occurring, ensures that ICSP's reflect potential high-risk behaviours and that physical restraint when not an appropriate strategy is named.
- The centre manager must ensure that restrictive practices are in place only when assessed in conjunction with social workers as required due to a serious risk to safety and welfare and where required, the least restrictive procedure is used for the shortest duration necessary.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

All young people had up to date statutory care plans on file and inspectors found young people's health and overall development was discussed and well planned for. Current placement plans were in place and in line with care plans goals. They were written to a high standard with individualised short and medium-term goals. Young people reported that they were involved in their goal setting and social workers confirmed that the centre was proactive in meeting young people's needs. There was thorough oversight and analysis from the centre manager and evidence that key working was actively planned and completed in conjunction with young people.

Other key documents within the care records provided comprehensive and relevant details on health professionals and others within the young person's life.

The centre had a number of policies relevant to the promotion of young people's health and developmental needs. A culture was in place that promoted healthy living, encouraging young people to be involved in cooking and maintaining good sleep and hygiene patterns. All young people had access to a general practitioner (GP) and had attended dental and ophthalmic services. A review of records evidenced that the care team were proactive in ensuring that young people attended GP and specialist services when required. As previously mentioned, there was a strong partnership approach in place with allocated social workers and young people were supported to avail of the specialist supports in place.

One young person who was admitted to the centre in January 2022 did not have details of their immunisation history on file and this was not identified in audits completed. Recent communication with the social worker demonstrated that these had now been requested.

Young people with the support of key workers and the care team had completed work on smoking cessation, online safety, drugs and alcohol, sexual and mental health with the aim of supporting their development. There was an excellent standard of key working and one to one work carried out in line with placement plan and care plan goals.

In supporting the progress of young people, they each had a therapeutic care plan (TCP) and a person-centred progression log (PCPL) that illustrated developments in identified areas of need. The PCPL was underpinned by the model of care and was outcomes focused. It was completed weekly by team members with a quarterly review by both the centre manager and the organisation's clinical specialist. Due to the number of draft versions of both the PCPL and TCP on file, inspectors found the filing system onerous, and the actual progression of the young person was lost within the large volume of additional paperwork maintained. Therefore, the inspectors recommend that the centre manager review the volume of paperwork and draft versions maintained on file.

A medicine management policy was in place and all staff were appropriately trained in the safe administration of medication. Team members interviewed were clear on the procedures to follow and medicine management was a formal task during handover and systems in place for secure storage and labelling. Each young person

had a detailed medication folder that was well maintained and contained all relevant information necessary to safely administer medication.

Overall, inspectors found that the health, wellbeing, and development of the young people was prioritised by the centre and supported by a partnership approach with the young people, their families, and social workers.

Compliance with Regulation	
Regulation met	**Regulation 10**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 4.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider must ensure that the threshold for notifiable complaints is clearly understood and applied.	The registered provider will review thresholds for notifiable complaints as part of the annual policy and procedure review in January 2023. All updates will be communicated to the centre and reviewed at the centre's team meeting.	Thresholds for complaints will form part of the annual policy and procedure review going forward. The CCO will review complaints on a regular basis during internal audit of the centre. Complaints will continue to be reviewed at the SERG and manager's meetings to ensure that any complaints that have met the threshold are notified to relevant persons.
3	The centre manager must ensure that the review of risk assessments clearly records the changes that are occurring, ensures that ICSP's reflect potential high-risk behaviours and that physical restraint when not an appropriate strategy is named.	The centre manager will ensure that any changes in risk management plans are recorded during the review process. All ICSP's will be updated to reflect potential high-risk behaviours and whether physical restraint is indicated or contraindicated for each young person by 25/11/2022.	Risk assessments and ICSP's are reviewed by management on a regular basis. The CCO and service manager review the named documents as part of the auditing process.

	The centre manager must ensure that restrictive practices are in place only when assessed in conjunction with social workers as required due to a serious risk to safety and welfare and where required, the least restrictive procedure is used for the shortest duration necessary.	The centre manager will ensure that only restrictive practices that are required due to serious risk of safety and welfare are in place for the shortest duration necessary. All restrictive practices recorded are reviewed on a monthly basis.	A review of restrictive practices will form part of the annual policy review in January 2023 and any updates will be effectively communicated to the centre.
4	None required		