



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: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</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>, 19<sup>th</sup> &amp; 20<sup>th</sup> October 2021</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> January 2021 to 30<sup>th</sup> January 2024</b>
<b>Inspection Team:</b>	<b>Sinead Tierney Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> November 2021</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 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 in January 2015. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 30<sup>th</sup> of January 2021 to the 30<sup>th</sup> of January 2024.

The centre was registered to provide care for 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. 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 reviewed and approved on an ongoing basis.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 person 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 5<sup>th</sup> of November 2021. 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 15<sup>th</sup> of November 2021. 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 30<sup>th</sup> of January 2021 to the 30<sup>th</sup> of January 2024 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Theme 2: Effective Care and Support

#### Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection, all four young people had been living in the centre for over one year and were progressing well. Supervising social workers interviewed by inspectors reported that young people's needs were being met, strong relationships had been built with young people and they were satisfied with the quality of care provided.

Three of the four young people had up to date care plans. All young people were provided with opportunities to attend and participate in their child in care reviews. Some young people attended and where they did not, the outcome of the meeting was shared with them as records viewed by inspectors demonstrated. One young person was aged under 13 years and under derogation. Monthly child in care reviews (CICR) had taken place and the centre maintained their own minutes of these meetings on file. The most recent care plan for this young person was April 2021. Although no significant changes in circumstances had arisen for the young person, no further care plans or statutory CICR minutes had been provided to the centre. This had been escalated to the service manager and further to the director of services who at the time of inspection was liaising with the social worker team leader.

All young people had up to date placement plans. Plans evaluated by inspectors were found to be in line with care plans and CICR minutes. Plans detailed specific achievable goals and there was evidence of ongoing review and discussion in team meetings. Inspectors reviewed a range of individual work relevant to placement plan goals and emerging needs carried out with young people by staff members and found these of high standard. This work evidenced the significant relationships young people and staff had built with each other. There was evidence of a team-based approach to providing care and support to each young person to enhance their development.

One young person who was shortly due to turn 18 years of age had completed a significant amount of work in preparation for leaving care with the support of the key

worker and staff team. This work was guided by an aftercare needs assessment and plan developed by the centre with the young person. Although a statutory aftercare needs assessment had been completed by the allocated aftercare worker, an aftercare plan had not been developed. At the time of inspection, this had been escalated to the aftercare manager. Inspectors recommend that the centre continue in their efforts to ensure that the young person receives their aftercare plan prior to their discharge from the centre.

Inspectors noted that ongoing consultation took place with young people in relation to their preferences, plans and goal setting. Relationships with, and involvement of family members, was evident from records and observed by inspectors whilst in the centre. Feedback provided to staff from one parent expressed their gratitude for the care provided and the progress their child had made whilst living in the centre.

A range of specialist services were identified for young people, and they were supported to engage with these services. The staff team were supported by the organisation's systemic psychotherapist who chaired regular therapeutic planning meetings and was involved in the development and review of plans. Some young people had additional therapeutic plans to support their needs and behaviours. Inspectors recommend that the purpose and procedure for the development of therapeutic plans is included within the centre's placement planning policy. Resources related to the needs and care of all young people were created and shared with the staff team by the psychotherapist. The added value of this support for staff and consequently young people was evident from both interviews with staff and the inspectors review of records.

Communication structures were in place between the centre and the social work department regarding the care of young people. The social workers interviewed by inspectors reported that they were notified of significant events in a timely manner, received copies of plans and reports and overall communication was to a high standard. Records viewed by inspectors of communication with the centre, social workers and other key partners in the lives of young people showed that communication was effective and efficient.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None required

### **Regulation 5: Care Practices and Operational Policies** **Regulation 6: Person in Charge**

#### **Theme 5: Leadership, Governance and Management**

**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.**

The centre manager was the named person in charge with overall accountability and responsibility for delivery of the service. They had worked with the organisation for seven years and held the post of centre manager for three years. Throughout the inspection process, inspectors found the centre manager demonstrated effective leadership and management qualities and skills. They had a sound understanding of the needs and goals of each child and had established a positive culture and environment within the centre. Social workers interviewed spoke of the centre manager as flexible and an effective communicator. There was a service level agreement in place with the Child and Family Agency and meetings took place as required.

There were clearly defined governance arrangements and structures in place. This structure included the roles and responsibilities of all staff, the complaints and compliance officer, the service manager, and the director of services. Governance arrangements in place were found to be effective and responsive.

A comprehensive compliance and governance folder was reviewed by inspectors that contained weekly oversight of care practices and records by the centre manager, monthly thematic audits and action plans completed by the compliance officer, bi-monthly service manager reports, significant event review group meetings, delegation records and an annual compliance report for 2020. These records were found to support a culture of safe and effective care for young people, learning and development of staff and an overall focus on creating and sustaining a child-centred service.

There was an internal management structure appropriate to the size and purpose of the centre. The manager was supported with their leadership responsibilities by a deputy manager and three social care leaders. All staff in these roles were appropriately qualified and experienced. The deputy manager had been in post for two years and during interview and through observations by inspectors, demonstrated their commitment to the young people and the development of staff members. There was an appropriate delegation record in place that guided the deputy manager and social care leaders in their roles.

The centre had a risk management policy that recognised three stages in the risk management framework as risk identification, assessment, and management. The elements of the risk framework included a centre risk register, individual risk assessments, individual crisis support plans, absence management plans, pre-admission risk assessments and impact risk assessments. Individual risk assessments were completed for young people where necessary and control measures put in place to minimise the impact of the risk and the likelihood of it occurring.

During interview, the centre manager explained that risks for individual young people were added to the risk register when the control measures previously identified were not decreasing the risk or when additional resources or training were required to address the risk. While staff interviewed demonstrated their overall understanding of the risk framework, they were less confident in explaining why and when individual risks for young people as described above were added to the register. This step in the management of risk process was not named in the risk policy and the staff team may benefit from its inclusion.

Similarly in the management of risk process, inspectors found that the monitoring of individual and active risk assessments was not clearly recorded, nor was the outcome. One young person had two active risk assessments on file, yet these were not discussed at the team meeting attended by an inspector.

Previous team meetings minutes did not consistently discuss risk management and where it was named insufficient information was recorded in terms of monitoring ongoing risks, escalation of risk to the register or the outcome of risks no longer considered active. The director of service in conjunction with the centre manager must review the risk management stage within the risk framework and ensure that the monitoring of risk takes place, and the outcome is recorded.

The organisation had recently completed a comprehensive review of the policies and procedures that governed the centre with the documents operational from September 2021. On review of policies relevant to the inspection, inspectors found they took account of legislative requirements and the National Standards for Children's Residential Centres, 2018 (HIQA). A programme of training to support the implementation of the new policy document had been completed by all staff members in the centre. This training programme was reviewed by inspectors and covered each policy alongside how policies aligned with national standards, the centre's model of care and online recording system. In interview staff demonstrated their understanding of policies and procedures and a review of centre records evidenced that they were discussed in team meetings. A review had been set for January 2022 that aimed to seek feedback from all staff on the applicability of the policies to date and identify if further additions were required.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The director of service and centre manager must review the risk management stage within the risk framework and ensure that the monitoring of risk takes place, and the outcome is recorded.

## **Regulation 6: Person in Charge**

## **Regulation 7: Staffing**

### **Theme 6: Responsive Workforce**

#### **Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

The centre had a range of policies and procedures in place to support the planning and management of staff. The inspection found sufficient numbers of staff in place and a stable team who were all appropriately qualified and experienced. There was a strong focus on continuous learning and development of staff and a training co-ordinator had responsibility for this function in partnership with the centre manager. A wide variety of training had been undertaken by the staff team throughout the year and their practice of the centre's model of care was evident from their interactions and connections with young people. Three relief staff members worked as part of the team and were suitably experienced.

A sample of supervision files were reviewed, and supervision had taken place in line with the centre's policy. Annual staff appraisals had been completed with staff and the centre manager. Follow up meetings with individual staff, the centre manager, and the director of services to review all appraisals were planned.

A sample of personnel files were reviewed by inspectors. All required documents were on file for all permanent staff members. Verification of a relief staff members qualifications were on file however a copy of the qualifications awarded was not. The centre manager must obtain a copy of all qualifications verified for one relief staff member. Inspectors noted that the centre's reference request template used in the recruitment process of new staff did not ask the referee to name what position/job that person held in their previous employment. This information allows employers to verify information within a person's curriculum vitae. Inspectors recommend that the centre amend the template to gather this information.

Regular workforce planning was evident from team meeting and management meetings minutes. Staffing was a standing item on management meeting agenda's and included discussion on the progress on new staff and probation periods, internal promotions, vacancies and recruitment procedures, staff on leave and relief staff.

The centre had arrangements in place to promote staff retention. Supports available to staff included access to an employee assistance programme, training, supervision, debriefing and annual appraisals. A policy led on-call system that included procedures for on-call at evenings and weekends was in place.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 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>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- The centre manager must obtain a copy of all qualifications verified for one relief staff member.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The director of service and centre manager must review the risk management stage within the risk framework and ensure that the monitoring of risk takes place, and the outcome is recorded.	The service director and centre manager reviewed the risk management stage of the risk framework on 09/11/2021. Active risk assessments will be reviewed by the care team at team meetings to ensure that monitoring of risk takes place. Additionally, the outcomes of risk management interventions will be recorded by the centre manager on the risk assessment document.	Active risk assessments will be monitored and reviewed at the centre's team meetings. Additionally, the centre manager will record the outcome of risk assessment interventions on the risk assessment document.
6	The centre manager must obtain a copy of all qualifications verified for one relief staff member.	The centre manager contacted the relief staff member on 09/11/2021 and requested a copy of all qualifications that have been verified. This will be completed by 30/11/2021.	The centre manager will undertake quarterly audits of staff files. Additionally, staff files, including qualification documents, will be reviewed by the Compliance and Complaints Officer during Theme 6 audits.