



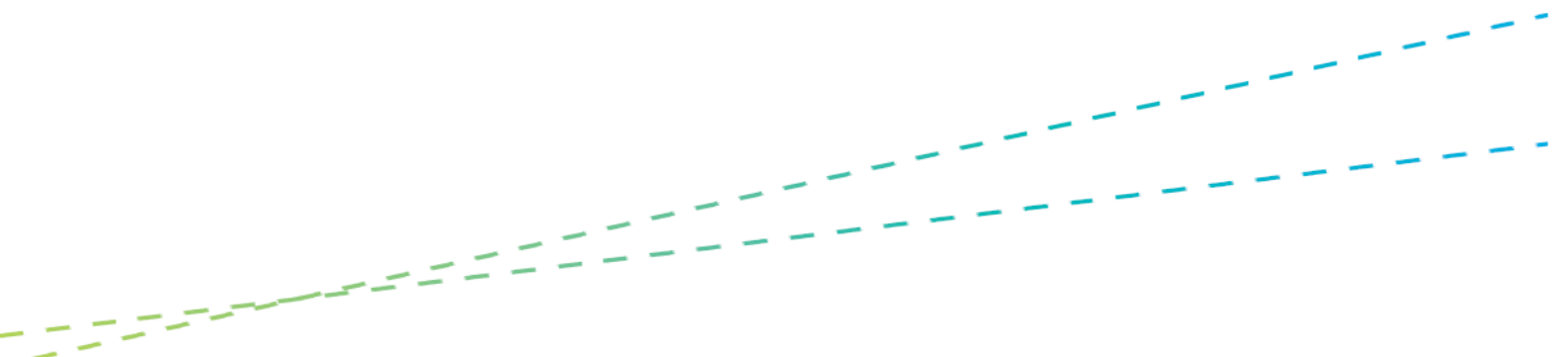
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 168**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of Inspection:</b>	<b>07<sup>th</sup>, 08<sup>th</sup> and 9<sup>th</sup> December 2020</b>
<b>Registration Status:</b>	<b>Registered from 24<sup>th</sup> January 2020 to 24<sup>th</sup> Jan 2023</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>12<sup>th</sup> January 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 24<sup>th</sup> January 2020. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without attached conditions from the 24<sup>th</sup> January 2020 to the 24<sup>th</sup> January 2023.

The centre's purpose and function was to accommodate three young people of both genders from age thirteen to seventeen on admission on a medium to long term basis. Exceptions outside of this age range were permitted for young people under thirteen in line with the derogation process. At the time of this inspection there were two young people aged under thirteen residing in the centre. The centre had applied for derogations to place both young people. These derogations were approved and one was subject to on-going review due to the age of the young person. 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, 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 centre manager, director of services and the relevant social work departments on the 14<sup>th</sup> December 2020. The centre provider was required to review the report for any factual inaccuracies and return it to the inspection service. The centre manager returned the report confirming there were no factual inaccuracies on the 17<sup>th</sup> December 2020.

The findings of this report deem the centre to be continuing to operate in adherence to the 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: 101 without attached conditions from the 24<sup>th</sup> January 2020 to the 24<sup>th</sup> January 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**  
**Regulations 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, national policies and standards to protect and promote the care and welfare of each child.**

The centre's operational policies and procedures were found to comply with the National Standards for Children's Residential Centres, 2018 (HIQA). At the time of the inspection the suite of policies used by the centre were being reviewed to incorporate the organisation's 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. Inspectors found that this was a very inclusive process with staff at all levels involved in the design and review of the suite of policies. Inspectors found discussions at team meetings and management meetings demonstrated a continuous flow of communication regarding the revision process.

Staff in the centre were familiar with the centre's child safeguarding statement. Inspectors found from the review of the document that it was in compliance with the reporting requirements outlined 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 were knowledgeable about the legislation and standards that guide their practice in the centre and document reviews demonstrated references to current legislation.

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

There was evidence of strong and confident leadership in the centre by the managers. In interview staff stated they were confident in the management of the centre and

found all levels of management to be approachable and knowledgeable. Inspectors found a strong emphasis on quality and safety in care practice. There was a culture of learning which was evident across a range of records including team meetings and supervision records which were of a high standard.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. The manager and staff confirmed they were aware of their roles and responsibilities and job descriptions had been issued to staff at all levels and grades. This was evidenced on the personnel files of new staff members. There was evidence on records that the director of services and complaints and compliance officer had visited the centre to review records, conduct audits and meet with staff and young people. They had access to all information generated in the centre on the organisation's information technology system and had attended team meetings. The young person who met with the inspectors confirmed that they were aware of the role of the centre manager. In interview and questionnaires, social workers expressed their satisfaction with the care being provided to the young people and good communication with the centre.

There was a service level agreement in place and it was confirmed to inspectors that the service provided regular reports to the funding authority.

The centre had developed a risk management policy and there was a risk management system in place. Inspectors found comprehensive risk assessments on file covering all individual, centre and service risks. Risk assessment forms identified the risk and control measures in place, additional controls required, the person responsible and due date. Inspectors found that risk was managed well in the centre. The centre held a risk register. From an oversight and governance perspective inspectors recommend placing a list of risks at the front of the register for ease of reference. In interview all staff were familiar with the risk management system and the risks held on the risk register in relation to individual risks, centre specific risks and environmental risks. There was evidence of oversight of risk by senior management in monthly meetings, audits and their visits to the centre.

Inspectors found that there was an internal management structure appropriate to the size, and purpose and function of the residential centre. There was an on call policy in place to assist staff in dealing with any crises or emergencies. In interview staff confirmed that the on call system was responsive and effective. There were also arrangements in place to provide adequate cover when the manager took periods of

leave. There was evidence of a written task list operating within the centre which detailed tasks assigned to the staff members.

The Covid-19 pandemic and issues of risk infection were being managed within the centre. This was included on the risk register. Staff reported feeling safe in their work environment and having adequate access to personal protective equipment. Inspectors found that as restrictions were eased the centre realigned their risk assessments in line with guidance and advice from the National Public Health Emergency Team and government guidelines.

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

The centre's statement of purpose had been updated prior to inspection and was compliant with the standard. The statement of purpose was reflected in the day-to-day operation of the centre. It included the aims, objectives and ethos of the service and detailed the organisational structure describing the management and staff employed in the centre. There was a child friendly version of the statement of purpose and function and this had been provided to both young people. Inspectors found that these booklets had been individualised to reflect the age and developmental stage of both resident young people. A parent's copy and a professionals copy of the statement of purpose was also available.

In interview and through questionnaires, staff demonstrated a good understanding of the competency and relationship based model of care that was operating in the centre. A new model of care had been developed by the organisation with the process of implementation due to take place in the next quarter. Inspectors found that all staff were aware of the new model of care being implemented in the coming months and the majority of staff had received initial training with a cohesive plan to provide refresher training at the time of implementation. The development of the model was clinically led by a systemic psychotherapist, employed by the organisation with staff from across the organisation involved in its implementation.

**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 centre had well developed audit systems in place to monitor, improve and evaluate the quality, safety and continuity of care provided to the young people. Inspectors found written evidence that the centre management had oversight of all documents produced in the centre and provided written and verbal feedback to staff. This was evidenced in team meeting records examined by inspectors. The centre manager used a self-assessment tool to measure centre performance and to ensure compliance with legislation and relevant standards. The organisation had employed a compliance and complaints officer whose primary function was to conduct audits and assess compliance with the organisations policies and procedures and the National Standards for Children’s Residential Centres, 2018 (HIQA) and to review complaints made. They reported directly to the service director and provided feedback reports to both senior management and centre management. Inspectors found evidence that the compliance and complaints officer revisited previous reports to ensure that actions had been completed. There was an additional layer of oversight conducted by the service director who also reviewed documents to assure themselves of the care delivery and practice within the centre.

The centre had arrangements in place to ensure compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA) and policies and procedures were subject to on-going review. In interview, staff members referenced that they discussed audit feedback, the policy and procedure revision process and the implementation of the new model of care at team meetings. This was further referenced in team meeting minutes.

Inspectors found that information relating to complaints, concerns and incidents was recorded, monitored, acted on, and analysed. This was evidenced in minutes from supervision records, team meetings, management meetings and significant event review group meetings. The young people resident were both under derogation and there were records to demonstrate the individual work done with both young people regarding complaints in an age and developmentally appropriate manner.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance and inspectors saw evidence to support the completion of this document.

### Compliance with Regulation

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

### Compliance with standards

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

### Actions required

- None identified.

## 4. CAPA

<b>Theme</b>	<b>Issue Requiring Action</b>	<b>Corrective Action with Time Scales</b>	<b>Preventive Strategies To Ensure Issues Do Not Arise Again</b>
5	None identified		