



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 186

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Pathways Ireland
Registered Capacity:	One young person
Type of Inspection:	Announced themed inspection
Date of inspection:	27th, 28th and 29th September 2021
Registration Status:	Registered from the 12th January 2021 to the 12th January 2024
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	12th November 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.2 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	14

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 12th January 2021. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without conditions from the 12th January 2021 to the 12th January 2024.

The centre was registered to provide single occupancy of either gender from age thirteen to seventeen years on admission on a medium to long term basis. At the time of inspection, there was one young person living in the centre aged under thirteen. Application for derogation against the purpose and function of the centre had been made in respect of the young person and was approved. The work of the centre was underpinned by a therapeutic model of care built on a foundation of core values, principles, and theoretical approaches. There was a focus on attachment and trauma informed care, and the inclusion of the voice of the child.

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. Due to the emergence of Covid-19 this review inspection was carried out with a blend of an onsite visit and through a review of documentation and telephone interviews. 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 on the 22nd of October 2021 and to the relevant social work departments on the 22nd of October 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 4th 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: 186 without attached conditions from the 12th January 2021 to the 12th 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.

Inspectors found copies of up-to-date care plans on file for the young person in placement and evidence of reviews occurring on a monthly basis in line with the National Policy in relation to the Placement of Children aged 12 years and under in the care or custody of the Health Service Executive. In interview the allocated social worker and guardian ad litem told inspectors that the staff team were committed to implementing the goals of the care plan and achieving the outcomes noted. The young person in placement did not attend their child in care review but inspectors were provided with records demonstrating how the voice of the young person was ascertained and presented to the participants at the review.

Inspectors found up to date placement plans on file with evidence that these were regularly reviewed and evaluated. A review of team meeting minutes as well as supervision records demonstrated that the placement plan was a working document and was discussed regularly with all staff members. Inspectors reviewed the placement plans on file and found them to set out clear goals in line with the young person's care plan. There was good evidence on file of the key worker working with the young person to meet the goals in their placement plan. The young person's parent was also provided with opportunities to input into the placement plan through weekly visits and communication with centre staff.

Inspectors found identified external supports for the young person in placement. These supports were appropriate and were utilised fully by the staff team in providing care for the young person. In addition, the organisation had a systemic psychotherapist who chaired regular clinical therapeutic planning meetings and was involved in the development and review of therapeutic plans to support the centre staff. These external and internal professionals provided clinical guidance and support to the centre focussing on a number of areas such as placement planning and key working. Inspectors reviewed care files, social work questionnaires and spoke with the management and staff in the centre and found there to be effective communication between all parties.

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

Compliance with standards	
Practices met the required standard	Standard 2.2
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

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.

There was an organisational structure in place which clearly outlined the governance arrangements and stipulated individual accountability. This structure specified the roles and responsibilities of all staff within the centre. From interviews with staff, the social worker, guardian ad litem and a review of centre files, it was evident that the centre management demonstrated good leadership and support. There was evidence of a focus on the safety of the child placed in the centre and this was confirmed by the supervising social work department. There was evidence on records that the complaints and compliance officer, service manager and service director had each visited the centre to review records, conduct audits and meet with staff and the child in placement. They had access to all information generated in the centre on the organisation's IT system and they had attended occasional team meetings. A review of team meeting records and supervision records evidenced a focus on learning from significant events, complaints, previous inspection reports and inspections in other centres. There was evidence of learning being shared across the organisation's

centres. Staff and senior management were confident of the centre manager's abilities and found them to be approachable and competent.

The social care manager was appointed to the position just prior to the inspection having held the role in an acting capacity since the centre opened and they were the person in charge with overall accountability. They were supported in their role by a deputy social care manager and three social care team leaders. The social care manager reported to the service manager who had been in their role since February 2021. Inspectors reviewed compliance reports that were completed on a monthly basis. These were forwarded to the social care manager and the service manager for issues to be addressed as appropriate. Inspectors found these documents to be comprehensive in identifying issues.

There was a service level agreement in place and there was evidence of reports being provided to the funding body.

The centres policies and procedures presented for inspection were updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of an on-going review of policies and procedures and a training programme was in the process of completion to inform staff of the newly updated policies. The registered provider must ensure that prior to finalisation of these new policies that they are dated and a review date incorporated. In interview staff were aware of the updated policies and procedures and a review of centre records evidenced that they were discussed with staff on an ongoing basis.

There was a risk management framework and supporting structures in place for the identification, assessment and management of risk. Training had been provided in the risk management framework and staff were knowledgeable about the framework in interview. The company held a corporate risk register and a centre specific risk register which appropriately identified risks within the centre. Inspectors found evidence of risk assessments and registers being discussed in supervision as well as management meeting and team meeting records. Inspectors found that there were effective systems in place to manage the risk of the Covid-19 pandemic and robust cleaning schedules and access to personal protective equipment was available. There were protocols in place for staff who presented with any symptoms of Covid-19 and risk assessments undertaken for visitors attending the centre.

The internal management structure was appropriate to the size and function of the centre and the young person placed there.

There were arrangements in place for the deputy social care manager to provide managerial cover when the person in charge took periods of leave. There was evidence of a written task list to assign duties to staff members in the centre. Inspectors were provided with the on-call register which documented the queries forwarded to on call and the responses provided. This allowed for oversight and accountability.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- The registered provider must ensure that prior to finalisation of the new policies that they are dated and a review date incorporated.

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 inspectors found that senior management were aware of the need to ensure the workforce was planned and managed to meet the young person's needs. The centre had a written policy on the recruitment and retention of staff. The inspectors found that the organisation regularly undertook workforce planning to ensure they had sufficient numbers of staff with the necessary skills and competencies to meet the needs of the child. Minutes of senior management meetings evidenced that staff recruitment was a standing item on the agenda of each meeting. The inspectors

found there was a system in place to undertake exit interviews with staff and information from such interviews informed the service's on-going development of recruitment and retention practices.

At the time of inspection there was an appropriate number of staff in the centre taking into account the needs of the child placed and the centre's statement of purpose and function. A review of personnel files evidenced that more than 50% of centre staff had social care qualifications and the qualifications of other staff were deemed relevant given the complex needs of the young person placed in the centre.

The centre had access to its own relief panel to cover any gaps required, however inspectors were advised that relief staff were usually sourced from a pool of staff members already known to the young person from other centres. This was to limit unnecessary trauma for the young person given their complex needs.

The centre also had a retention policy that included training, employee assistance, supervision and support as a means to retain staff. In interview staff discussed the self-care policy and this was also evidenced in supervision notes reviewed by inspectors. The centre had a formalised procedure for on-call arrangements at evenings and weekends.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
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 identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	The registered provider must ensure that prior to finalisation of the new policies that they are dated and a review date incorporated.	A review date of 18 th -22 nd of January 2022 inclusive has been set for the review and finalisation of the new policy and procedure document by senior management. Additionally, dates have been incorporated into the policy and procedure document. Following the finalisation of the document, reviews will occur on a yearly basis.	The registered provider will ensure that senior management review policies and procedures on a yearly basis once they are finalised on 18 th -22 nd of January 2022.
6	None identified		