



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: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Single Occupancy</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>17<sup>th</sup>, 18<sup>th</sup> &amp; 19<sup>th</sup> May 2022</b>
<b>Registration Status:</b>	<b>Registered from 12<sup>th</sup> January 2021 to 12<sup>th</sup> January 2024</b>
<b>Inspection Team:</b>	<b>Sinead Tierney Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>6<sup>th</sup> July 2022</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 on the 12<sup>th</sup> of January 2021. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 12<sup>th</sup> of January 2021 to the 12<sup>th</sup> of 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
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
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 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 9<sup>th</sup> of June 2022. The registered provider was not required to submit corrective and preventive actions to the inspection and monitoring service as no shortfalls were identified in the inspection. The findings of this report were used to inform the registration decision.

The findings of this report 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 12<sup>th</sup> of January 2021 to the 12<sup>th</sup> 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.**

Inspectors found that a child-centred culture and approach had been well established and this laid the foundation in recognising and realising the rights of the young person to be listened to and involved in their care. The centre had up to date policies on children's rights, recognising diversity, consultation with young people and complaints. The complaints policy and procedures were consistent with legislation, regulations, and best practice guidelines.

Inspectors reviewed records that demonstrated the young person's active involvement in decisions related to their daily and weekly plans. The team enabled this involvement using a range of developmentally appropriate visual and interactive tools. During interview, team members displayed a sound understanding of the needs of the young person and the policies and procedures that guided their practice.

The centre had adjusted the complaints procedure in accordance with the young person's age and stage of development. This adjustment allowed staff to appropriately identify, review and respond to trends in the young person's communication style and any potential complaints. There was oversight of this procedure by the centre managers and external management. There was evidence of the team focusing on what was important for the young person and communicating with and providing information to them in a manner that enhanced their ability to participate.

The team used the term 'worry' rather than complaint with the young person and a 'worry board' had been created by the young person and team members. The worry board was a picture collage of key people in the young person's life who they could share a worry with. These included the young person's social worker, guardian ad litem, key worker, social care team and an EPIC representative. The young person stated in their recent child in care review questionnaire that they felt safe and knew

who to discuss their worries with. The young person also met with an inspector who noted significant improvements in their ability to communicate their likes and dislikes since the inspector met them during a previous inspection. They named staff that they liked and would go to if they had a worry. The inspector also observed warm interactions between staff and the young person and noted the skills of the staff to engage and distract them when required.

The booklet provided to parents as part of their child's admission to the centre outlined the complaints procedure and details for external bodies such as EPIC and the Ombudsman for Children's Office. The young person's mother relayed their feedback to inspectors via the centre manager and stated their child was being well looked after, happy and doing well. The young person's social worker was interviewed by inspectors and stated that a good partnership approach was in place with the young person's mother. They further stated that the team were doing an incredible job in caring for the young person, showing empathy and sincerity in their interactions.

Inspectors found that all worries/complaints were appropriately recorded and responded to by team members and centre management with evidence of oversight at management meetings and significant event review group meetings. An annual governance report for the centre was issued in April 2022 following an unannounced audit by the organisation's Compliance and Complaints Officer (CCO), and the Developments Officer. The audit examined the centre compliance with the National Standards and focused on both improving the care provided to the young person and service improvements. An action plan had been developed in a timely manner by the centre management team and inspectors reviewed records that evidenced several actions had already been completed.

Overall, inspectors found that the centre placed the young person at the centre of all decisions, focused on what was important from the child's perspective and staff were continually looking for ways to improve how they cared for and supported the child.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16 Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.6</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 16: Notification of Significant Events**

#### **Theme 3: Safe Care and Support**

**Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

The centre was fully operating in compliance with their statutory obligations as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and The Children First Act, 2015. All policies related to safe care, safeguarding and the protection of children were up to date. A child safeguarding statement was displayed in the centre and was deemed compliant by the Tusla child safeguarding statement compliance unit. A list of mandated and non-mandated persons within the centre was also displayed alongside procedures for reporting concerns.

A child protection and welfare reporting register was in place that allowed for the tracking of child protection and welfare referral notifications and responses by the social work department. Inspectors found that procedures enacted to manage an allegation of harm by a staff member were fully in line with best practice procedures for reporting and investigating such allegations. Records showed the centre manager maintained good communication with the social worker on the status of these child

protection referral notifications. There was also evidence of oversight of the register by the social worker, external service manager and service director.

All staff had completed Tusla's Children First e-learning training and training in the centre's child protection policies as part of their induction. Additional training in the organisation's policies and procedures reinforced this knowledge and had been completed by all the team with the exception of two team members. Training dates were scheduled for those staff members. This training programme 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 safeguarding policies including the centre's whistleblowing policy and were clear on their reporting obligations and the associated procedures. Staff interviewed were confident that any practices of concern would be challenged and were confident that the management and leadership style in place facilitated the raising of any such concerns.

A bullying policy was in place that addressed all forms of bullying in line with Children First and procedures to minimise its occurrence. As the young person did not live with other young people, there was no peer bullying and a safe environment had been created that minimised the risk of bullying or harassment by staff or visitors to the centre.

A strong partnership approach was in place between the centre, the social worker, parent, Guardian ad Litem, the centre's clinical specialist and other external specialists in promoting the safety of the young person and planning for their changing needs to be met. Monthly child in care review (CICR) meetings and three monthly multi-disciplinary meetings supported this partnership. The young person's mother was informed of an allegation of harm and updated on the outcome of that investigation.

The young person's individual needs and vulnerabilities were identified, and a range of individualised safeguards were in place. These included an intimate care policy and plan, a behavioural support plan, an individual crisis support plan and a therapeutic plan. Plans were developed with input from a number of key people in the young person's life, were aligned and had a focus on achieving outcomes and change for the young person as well as maintaining safety. Plans were detailed in the level of intervention required by the team to promote a safe environment and also focused on re-assuring the young person during episodes of behaviours that challenge that they

were safe and loved. This re-assurance evidenced the organisation's values, ethos and model being lived out even in the most challenging of circumstances.

Inspectors reviewed a sample of significant event notifications and found that the team utilised and followed the interventions strategies laid out in the plans.

There was evidence of ongoing review and learning from significant events at team meetings, significant event review groups and management meetings.

The needs of the young person resulted in behaviours that were very challenging for the team. A specialist service that completed some work with the young person and wrote a report which stated they were consistently impressed by the quality of work, care and concern provided by the team. They were however struck by the levels of behaviours the team were exposed to on a daily basis. Therefore, in order to adequately support and protect the team and afford them the emotional availability to provide the quality of care in place, a number of measures were recommended.

From interview with staff, centre management, the service manager, and the social worker, all reported that these recommendations had been incorporated into practice. The team were also due to commence coaching sessions and training with a behavioural psychologist that would act as an additional protective factor.

Whilst all the team played a role in developing the young person's understanding and knowledge of self-care and protection, their key worker was interviewed by inspectors. They demonstrated a sound understanding of the young person's needs and the planning in place. A range of quality key working records were reviewed that utilised visual and creative ways of engaging the young person. The key working record also noted some of the young person's actual words during these sessions and this allowed for insight into their world view. Short term key working goals were also incorporated into the therapeutic plan.

Overall, it was the findings of inspectors having considered a range of evidence sources, that the young person was provided with a safe, caring, nurturing environment from a highly committed and passionate team. The centre focused on safe care and support and had a values-based culture that was open and accountable.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.1</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 10: Health Care**

#### **Theme 4: Health, Wellbeing and Development**

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

The young person had CICR meetings as required and their most recent care plan had been requested by the centre manager. On review of their care record, inspectors found that in some instances statutory minutes were on file instead of an updated care plan. This was discussed with the supervising social worker who stated that both a care plan and statutory minutes will be sent following each CICR.

The health and developmental needs of the young person were clearly laid out in the minutes of the last CICR. There was evidence from the up-to-date placement plan, key working records, team meeting minutes and multi-disciplinary meeting minutes that identified needs had translated across to these structures and forums. Staff interviewed were very knowledgeable on the young person's health and developmental needs and had precise knowledge of the recent specialist support plan put in place.

There was ample evidence of supporting the young person in preparation for appointments such as physiotherapy, dental, ophthalmology and with their general practitioner. Both staff and the social worker interviewed acknowledged the

complexities of the young person's needs and a recent specialist support plan had been put in place and was due to shortly commence. This specialist plan would support both the young person directly, provide direction for future specialist support and coach and train the social care team in their ongoing provision of care.

The centre had recently introduced 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. Inspectors recommend that the PCPL is aligned to the other plans in place and the team agree a baseline for each area of need in order to accurately track developments.

Since admission to the centre over one year ago, the young person had not been provided with a place in a school despite a number of applications and continued to receive tutoring within the centre. An Educational Welfare Officer and a Special Educational Needs Organiser attended CICR meetings and were in regular communication with the centre and social worker. The inspectors raised the young person's right to an education in discussion with both the centre and the social worker. The social worker felt that the new specialist support plan in place may achieve some positive outcomes that would support the young person in transitioning back to school. Nevertheless, the inspectors recommend that the centre and the social worker continue to strongly advocate for the young person's right to an education and for such a setting to meet his needs.

A medicine management policy was in place and all staff were appropriately trained in the safe administration of medication. A hospital passport was created to take to hospital should the young person require admission and would assist the medical teams to understand the young person's needs. The medication folder was reviewed and contained relevant consent forms, medical card, medication stock records and administration of medicine records. There were no gaps or omissions observed by inspectors.

An audit on the centre's compliance with this standard was completed in November 2021 by the CCO and the findings of that audit were in line with what inspectors observed. The inspectors found that the team were working in partnership with all key people to improve the young person's health, wellbeing, and development.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.2</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

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
3	None identified		
4	None identified		