



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 201**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>16<sup>th</sup>, 17<sup>th</sup> and 18<sup>th</sup> May 2022</b>
<b>Registration Status:</b>	<b>Registered from the 26<sup>th</sup> of November 2021 to the 26<sup>th</sup> of November 2024</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Joanne Cogley</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 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 on the 26<sup>th</sup> November 2021. At the time of this inspection the centre was in its first registration and was in year one the cycle.

The centre was registered as a multi occupancy. It aimed to provide a specific bespoke tailored service for two children between the ages of four and nine years. The approach to service delivery was determined by the Pathways model which identifies fundamental characteristics that collectively underpin the model of care. It aimed to be person centred, attachment and trauma informed and held the children at the centre of interventions offered. There were two children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
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 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 on the 1<sup>st</sup> June 2022 and to the relevant social work departments on the 1<sup>st</sup> June 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 16<sup>th</sup> June 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed on the 23<sup>rd</sup> June 2022.

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: 201 without attached conditions from the 26<sup>th</sup> November 2021 to the 26<sup>th</sup> November 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.

There were two children living in the centre. Inspectors found that both children had an updated care plan forwarded to the centre by the allocated social worker and these care plans were updated following each child in care review. Given the registration status and defined age range for the centre, both children were aged under twelve years and both had monthly child in care reviews as per the *National Policy in Relation to the Placement of Children aged 12 and under in the Care or Custody of the Health Service Executive* (OMCYA, 2009a). In interviews with the respective social workers, both stated that the centre worked in collaboration with the social work departments and external professionals to implement the goals of the care plan.

Both children had updated placement plans devised by their respective key working team. These placement plans were in line with the goals of the care plan and were updated as necessary following the receipt of the updated care plan. Inspectors reviewed key working records and found that staff worked with each child to achieve the goals named on the placement plan. A review of centre records evidenced good discussion of the placement plans for each child and how staff could work on a daily basis towards achieving those goals.

There was evidence that each child was consulted in an age-appropriate way and fitting to their respective level of comprehension around placement planning and providing input into their own care planning. The social workers for both children stated that communication with extended family members took place through the social work department but that the centre provided photographs and updates to the social workers so that they could keep the parents and extended family members apprised of the progress being made by the two children.

Both children were involved with multi-disciplinary teams for comprehensive assessments. They had access to external professionals with specific expertise around the needs being presented by each child. Inspectors found that the staff team were provided with guidance from both these external professionals and also from the



centre's own internal clinical team on how best to support the children and adhere to the care plan and placement plan. Recommendations from a range of expert clinicians were incorporated into the children's placement plans and discussed regularly in team meetings and handover meetings.

In interviews, both social workers noted that their respective allocated children were making progress in their placements. Inspectors observed both children in the centre and both appeared to be happy and engaged with staff members. Likewise, staff appeared attuned to their needs and spoke with the children in an age appropriate and child friendly manner.

There was evidence in the children's care records of good communication between the centre and the social workers in the form of physical visits to the centre, email correspondence and updated progress reports and other relevant documents being forwarded to the social work department. In interview both social workers confirmed that they were satisfied with the communication from the centre.

<b>Compliance with regulations</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 identified

**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.**

A positive approach to the management of behaviour that challenges was promoted within the centre and this was supported by updated policies and procedures. The centre had an anti-bullying policy and a managing behaviour policy in place. In interview staff noted the age and developmental stage of the children and referred to the use of natural consequences in favour of sanctions. Social workers stated that an empathetic and trauma informed approach is taken in managing any presenting behaviours or challenges by the children.

The centre employed a behaviour management model that allowed for the physical restraint of children where necessary, however it was noted on the individual crisis support plan (ICSP) for both children that physical restraint was not to take place with either child. A review of training records in the centre evidenced that all staff were updated in the behaviour management model and refreshers were occurring in line with the model framework. Staff interviewed were familiar with the model of care employed within the centre and inspectors found the model of care framework and how it was to be applied to the care of the children referenced throughout centre documents.

Staff members within the centre were provided with the child-centred assessments undertaken and completed by external professionals and findings and recommendations from these assessments were implemented into the individual crisis support plans, behaviour support plans and therapeutic support plans for the children. These documents were found to be reviewed regularly in line with the centre's policies and procedures. The staff team were also guided in their practice by the centre's clinical team with monthly meetings held to advise on both new and escalating behaviours. Inspectors also found good discussion with staff members in supervision around being aware of how neglect and abuse can impact on the behaviour of children.

The ICSP documents were clear and concise and clearly identified triggers for both children and outlined for staff the approved and recommended intervention

methods. Inspectors found that individual work was being done with both children around managing their behaviours and communicating their needs and feelings in an appropriate way. Given the complex needs presented by both children this work was undertaken in an age appropriate and individualised way, through the use of social stories and visual aids.

Inspectors found that the registered provider had implemented a number of auditing and monitoring systems within the company to ensure the provision of positive behavioural support. Significant events were regularly reviewed at team meetings within the centre, as well as monthly significant event review group meetings attended by centre management from different centres within the company to ensure learning was shared across the company. In addition, there were regular self-audits conducted by centre management, as well as audits undertaken by the compliance and complaints officer and service manager separately. Inspectors reviewed a sample of these audits and found them to be comprehensive in nature with feedback provided to the staff team on how improvements could be made.

Inspectors noted that the individual absence management plans (IAMP) for the two children were updated quarterly. Although inspectors acknowledge that given the ages of the two children all absences would be referred immediately to An Garda Síochána, the protocol states that IAMP's are reviewed at least once per month. The centre manager must ensure that moving forward the IAMP's for both children are reviewed monthly in line with *Children Missing From Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012*.

Inspectors were provided with a list of restrictive practices in place at the centre for both children. Most of the restrictive practices in place were to prevent the two children from harming themselves, or being harmed, based on their age and stage of development. Inspectors recommend that the centre management conduct a review of the named restrictive practices as there were two practices which inspectors did not deem to be restrictive by virtue of the fact that these practices were legislated for in law. The use of restrictive practices was communicated to the allocated social workers, they were risk assessed and regularly reviewed.

Compliance with regulations	
Regulation met	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 moving forward the IAMP's for both children are reviewed monthly in line with *Children Missing From Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012.*

### 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.**

Inspectors found that there were clearly defined governance structures and arrangements in place within the organisation and the roles and responsibilities of staff at senior management and in the centre were clearly outlined. The structures were established with the intention of providing the relevant and necessary supports at each level as well as ensuring clear accountability in specific roles.

Following a review of centre records, interviews with staff and external professionals the inspectors found there was strong leadership in the centre. The centre manager was the appointed person in charge and was appropriately qualified and experienced to undertake the role. They were based in the centre from Monday to Friday and they regularly attended handover meetings and chaired team meetings. They held the

overall executive accountability for the delivery of service, and it was evident through the inspection process that they had general oversight on all areas of practice.

The service manager confirmed that the centre had a service level agreement in place with Tusla, the Child and Family Agency and reports, both written and verbal, were provided to the funding authority on a regular basis.

All operational policies and procedures for the residential centre were developed, reviewed and updated by the registered provider in line with regulatory requirements. All policies and procedures were easily accessible and understood and based on the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of these being discussed with staff in team meetings.

There was a risk management framework and supporting structures in place for the identification, assessment and management of risk. The centre had individual risk assessment for the children and they also held a centre risk register for centre based risks. The company had an organisational risk register for organisational risks held within the company. Inspectors noted that the risk matrix was not applied to the children's risk assessments, it was clarified by management that the risk matrix is applied to centre and organisational risks and not to individual young people's risks unless they remain unresolved and need to be escalated. Inspectors recommend that the policy regarding the application of the risk matrix is amended to reflect this and this policy is discussed with staff to avoid any confusion.

At the time of inspection, the internal management structure comprised of a manager, deputy manager and two social care leaders. Inspectors noted that the two social care leaders were in an acting capacity until they acquired the relevant experience to hold the role in full. The third social care leader was identified to take up their position in the weeks following the inspection. The deputy manager provided leadership to the staff team and was delegated duties to carry out for when the person in charge was absent.

<b>Compliance with regulations</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>Standard 5.2</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 identified.

### **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.**

A review of centre and senior management records evidenced effective workforce planning in action within the company. As noted under Standard 5.2, at the time of inspection, the centre was operating at below the minimum required number of contracted staff. However, inspectors were advised of the plans underway to remedy this situation. Prior to the completion of the draft report, the centre manager provided an updated staffing list that listed three social care leaders, one moving across to the roster on the 15<sup>th</sup> June 2022, five social care workers and two relief social care workers for use within the centre. A review of rosters since the centre opened showed consistency in the availability of staff known to the two children. While there were some staff members who provided additional cover from another centre, these were staff with specific training suitable to the needs of the children and the same staff were utilised when needed. Inspectors noted that there were a limited number of occasions when the centre did not have a third staff member to provide day shift cover. This appeared to be a result of Covid-19 infection within the centre. On some of these occasions, the centre arranged for the activities co-ordinator to take

one of the children to do activities. The activities co-ordinator was fully social care trained and had the necessary Garda vetting to perform these tasks.

All staff were qualified with social care qualifications and were deemed to have the necessary experience and competencies to meet the needs of the children living in the centre.

Inspectors found that there were numerous initiatives within the company to promote staff retention and continuity of care. Staff have access to an employee assistance programme, a work pension, health insurance and there was a good focus within the company on self-care and promoting a good work/life balance.

Inspectors found that there were formalised procedures for on-call arrangements at evenings and weekends. The members of management on call were identified on a regular roster and were members of management known to the staff team, who had a knowledge and understanding of the children placed in the centre.

<b>Compliance with regulations</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 provide an updated staffing list and rosters that demonstrate that the centre has the required numbers of staff by Friday 24<sup>th</sup> June 2022.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
3	The centre manager must ensure that moving forward the IAMP's for both children are reviewed monthly in line with Children Missing From Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012.	The centre manager will ensure that IAMP's for all children living in the centre are reviewed on a monthly basis.	IAMP's will be reviewed by the centre manager on a monthly basis. IAMPs will also be reviewed by the CCO and service manager during compliance and governance visits to the centre to ensure full compliance with <i>Children Missing From Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012</i> .
5	None identified		
6	The centre manager must provide an updated staffing list and rosters that demonstrate the centre has the required numbers of staff by Friday 24 <sup>th</sup> June 2022.	The centre manager will provide the updated staffing list and roster to ACIMS by Friday 24 <sup>th</sup> of June 2022 to demonstrate that the centre had the required number of staff.	The centre manager will provide the updated staffing list and roster to ACIMS by Friday 24 <sup>th</sup> of June 2022 to demonstrate that the centre had the required number of staff.