



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Pathways Ireland
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	17th & 19th April 2023
Registration Status:	Registered from the 26th of November 2021 to the 26th of November 2024
Inspection Team:	Joanne Cogley Sinead Tierney
Date Report Issued:	12th June 2023

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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 26th November 2021. At the time of this inspection the centre was in its first registration and was in year two the cycle.

The centre was registered to provide care for two young people. 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
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1

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 10th May 2023 and to the relevant social work departments on the 10th May 2023. 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 19th May 2023. 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: 201 without attached conditions from the the 26th November 2021 to the 26th November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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 overall in this centre, the children were listened to and they were actively involved in decisions around choice of activities, food and daily living arrangements. There was a culture of openness and transparency working with the children in the centre and inspectors observed the children to present as comfortable in their home. There was an information booklet available for the children and parents which outlined what living in the house would look like, rules and boundaries, daily planning and complaints. There was a visual board, which was age appropriate, located in the playroom which contained pictures of key people and social stories for the complaint process.

The organisation had a policy on complaints in place, but at the time of inspection this was a work in progress. The overarching policy had been reviewed and updated in January 2023; however, it was found this had not been effectively rolled out within the centre. The updated policy included a number of processes to be followed in relation to the recording of complaints and this was not occurring within this centre. The non-notifiable complaints forms were not being utilised with the only record of these complaints being maintained in a register. This register did not show the discussions that occurred, the outcome, changes to practice (if relevant) or how the child was informed of the outcome. This was addressed by the inspectors, and it was confirmed by staff interviewed on the last day of inspection these had been implemented since the inspectors visited the centre. In addition to this updated policy the service manager had identified that the overarching organisational policy did not fully fit with this centre's purpose due to the age of the children and they were in the process of reviewing this with the service director and centre manager to make it more child friendly. During interview staff were familiar with the organisation's policy on complaints but weren't familiar with the purpose of Tusla's *Tell Us* Complaints and Feedback Procedure and this should be reviewed with the team.

The organisation had a complaints and compliance officer who received copies of all complaints and completed reviews on same. In the absence of processes not being followed there were some complaints that were not notified to the complaints officer. It was also noted from audits reviewed that the absence of follow through of the rollout of the updated policy was not identified by senior managers during visits to the centre.

Despite the absence of a follow through of processes, it was evident from review that the children's voices were being heard. Inspectors observed both children during the course of inspection and it was clear they felt comfortable and cared for in their home. Inspectors met with one child who was able to point to pictures of staff they would talk to if they had issues and another child who told inspectors about their favourite staff in the centre and how they help them. The allocated social workers for both young people confirmed they were satisfied complaints were being actioned and followed up on and that the young people's voices were being listened to. They confirmed they had seen action taken where young people had expressed dissatisfaction. Social workers confirmed there was a high level of verbal communication from the centre manager and deputy manager in relation to consultation on the young people's voices.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards were assessed

Actions required:

- The service manager, compliance officer and centre manager must ensure effective roll out of policies within the centre and that deficits are identified and addressed through the auditing process.
- The centre manager must ensure staff members have a working knowledge of the purpose of Tusla Tell Us procedure for feedback and complaints.

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was an end of terrace two storey house with access to local amenities. Each child had their own bedroom and access to bathrooms, the number of which were sufficient and allowed for privacy of staff and children. Inspectors saw the bedrooms and they were nicely decorated with the children's input. There were several photos on display throughout the house of the staff and children. The children had photos of family on display in their rooms. There were communal areas including a kitchen, sitting room, playroom and reading corner. There were lots of outdoor play items available including swings, slide and trampoline. There was a communal green area next to the house which inspectors observed one child playing with other children within the housing estate. The centre was adequately lit, heated and ventilated during the course of inspection. The house was well decorated and clean during the visit. Social workers commented on how homely the house was and that it allowed the children to be at ease and view it as their own home as opposed to a residential unit. They highlighted due to the age of the children that they visited regularly in line with regulatory requirements, and the centre was always clean with food readily available.

Inspectors reviewed fire safety records and found these to be up to date and accurate. Fire drills were occurring regularly, and the children participated in them. It was noted the records did not include the time of the drill and a section to record the names of those who participated, and these should be included in the current records. As a result, inspectors could not determine if a drill had occurred during the hours of darkness within the last twelve months. Those interviewed confirmed one had occurred in January 2023.

There was a site-specific safety statement in place with corresponding environmental risk assessments that were reviewed on an annual basis. Those interviewed were not

familiar with the safety statement nor the associated risks and control measures and this should be refreshed with the team.

A register of maintenance was maintained and from review it was evident issues were being addressed in a timely manner. The manager confirmed they were allocated adequate resources to always ensure the upkeep of the house.

The centre had one car available to them and this was taxed, insured and had a certificate of roadworthiness. Inspectors saw evidence of driving licences on personnel files reviewed. Inspectors met with one staff member who held a provisional driving licence, and they were aware of the policy in relation to provisional licenced drivers not being permitted to drive organisations vehicles.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards were assessed

Actions required:

- The service manager must ensure the management and staff team have a working knowledge of the site-specific safety statement and associated risks.
- The centre manager must ensure fire drill records include the time of drill and a section to record those who participated.

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 organisation had a number of policies in place to safeguard the children in placement. These included: managing challenging behaviour, safe practice and working alone, mandated reporting, child protection. There was also a child safeguarding statement in place that had been reviewed in December 2022 however no one interviewed through the inspection process was familiar with the purpose and contents of same and did not highlight the associated safeguarding risks within the centre. This should be refreshed with the team and management as a matter of priority. There were a number of risks active in the centre at the time of inspection that were supported by appropriate risk assessments. It was evident through interview that staff members could not relay some control measures in place and there were inconsistent approaches being taken to risk management by different staff, this should be revisited with the team. Inspectors explored this with the allocated social workers and they were confident despite the above findings that the safeguarding risks within the centre were being appropriately managed. Social workers commented that there was regular and ongoing review of risk with the centre manager and deputy manager and that there was clear future planning by the centre in an attempt to minimise risk. There were also increased staffing ratios within the centre to help safeguard one child and the social worker confirmed this funding would continue with no risk of it being reduced in the foreseeable future. Social workers confirmed they received risk assessments in relation to safeguarding issues and had partaken in joint safety planning meetings to ensure the children and staff team were supported.

Given the age and presentation of the children, at times it was necessary for the staff to assist in areas of intimate care. Inspectors noted there was a clear policy in relation to same, supported by risk assessments and all staff interviewed were aware of the requirements around supporting the children with intimate care and how to keep all parties safe. Allocated social workers were satisfied appropriate measures were being maintained to keep the children and staff safe.

Inspectors interviewed members of staff and management and found them to be clear on the process for reporting disclosures and had their own access to the Tusla portal for reporting child protection and welfare concerns. The centre maintained a register for concerns that didn't meet the threshold and it was evident that these were being monitored and where there were recurring themes these were escalated through the child protection and welfare reporting process. Inspectors did note in one instance a staff member was confused between the processes for complaints, whistleblowing and child protection and this was notified to the service manager and centre manager during the inspection process and should be addressed through training. The centre had a policy on bullying. At the time of inspection, while there were noted relationship issues between the two children, these had been appropriately risk assessed and it was the opinion of the staff and social workers this did not amount to bullying. Any dynamic issues were reported appropriately through the significant event notification system and were being monitored through significant event review group meetings. Social workers informed parents, where appropriate of any incidents or allegations of abuse.

There was a high standard of individual work occurring with the children. This included areas such as stranger danger, road safety and age-appropriate self-care. Social stories and workbook resources were being utilised with the children to support them in understanding and developing the skills for self-care and protection. It was evident that significant progress had been made with both children in the area of language development since the last inspection and this was confirmed by social workers. One social worker noted that their allocated child had begun making significant disclosures recently and attributed this to them feeling safe, secure and comfortable in their placement and viewed this as significant progress with the support of the staff team.

Inspectors reviewed personnel files for three staff who started since the last inspection in May 2022 and found vetting and references to be in place. Training in child protection e-learning and the organisations child protection policies were up to date for all staff members. It was also noted there had been a potential data breach within the centre that related to one of the children's social history. This potentially made the young person vulnerable in their school setting. Inspectors noted this was investigated by a senior manager within the organisation, professionals responsible for the care of the children were notified of same and provided with copies of the final report and appropriate action was evident. There was also evidence of follow through at team and management meetings.

The organisation had a policy on protected disclosures in place and staff were clear in identifying the service manager and service director as people they could report a protected disclosure to.

Compliance with Regulation	
Regulation met /not met	Regulation 5 Regulation 16

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards were assessed

Actions required:

- The service manager and centre manager must ensure all staff are aware of the risks and control measures associated with the child safeguarding statement.
- The service manager and centre manager must ensure all staff are aware of risk management related to safeguarding and that approaches to working with the children and managing risk are consistent.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The service manager, compliance officer and centre manager must ensure effective roll out of policies within the centre and that deficits are identified and addressed through the auditing process.	The service manager, compliance and complaints officer and the centre manager will ensure effective roll out of policies in the centre. All management and care team members will receive full training on policies and procedures on the 8 th of June 2023. The compliance and complaints officer will continue to audit the centre and review all new/updated policy practices in the centre through the themed audit process.	Policies and procedures will be reviewed annually and/or required and will be communicated to centre managers in the managers meeting before disseminated to the centres. All care teams will receive annually policy and procedure training presented by the compliance and complaints officer. The compliance and complaints officer will continue to audit the centre and review all new/updated policy practices in the centre through the themed audit process.
	The centre manager must ensure staff members have a working knowledge of the purpose of Tusla Tell Us procedure for feedback and complaints.	All care team members received training on Tusla Tell Us procedure presented by compliance and complaints officer on 11/05/2023.	The care team will receive annual training on the Tusla Tell Us procedure and the centre manager will ensure this procedure is reviewed regularly in the team meeting to ensure all members of the care team have a working knowledge of the Tusla Tell

			Us procedure.
2	<p>The service manager must ensure the management and staff team have a working knowledge of the site-specific safety statement and associated risks.</p> <p>The centre manager must ensure fire drill records include the time of drill and a section to record those who participated.</p>	<p>The service manager attended the centres team meeting on 18/05/2023 to review the site-specific safety statement and associated risks to ensure the management and care team are aware of same.</p> <p>The centre management team completed a fire safety and document review with the care team during the team meeting on 18/05/2023 The centre manager will ensure the fire drills records includes the time of fire drills and all participants engaging in same during their weekly/monthly managers checks and their themed self-audits prescribed by the compliance and complaints officer.</p>	<p>The site-specific safety statement is reviewed between senior and centre management teams on an annual basis. Thereafter the centre manager will review same in the centres team meetings in the first quarter of the new year.</p> <p>The centre manager will ensure the fire drills records includes the time of fire drills and all participants engaging in same during their weekly/monthly managers checks and their themed self-audits prescribed by the compliance and complaints officer.</p>
3	The service manager and centre manager must ensure all staff are aware of the risks and control measures associated with the child safeguarding statement.	The service manager attended the centres team meeting on 18/05/2023 to discuss and ensure all care team members are aware of the risks and control measures associated with the child safeguarding	<p>The service manager and training officer will ensure this training is completed annually as part of the child protection training and annual policy review.</p> <p>The centre manager will complete regular</p>

	<p>The service manager and centre manager must ensure all staff are aware of risk management related to safeguarding and that approaches to working with the children and managing risk are consistent.</p>	<p>statement.</p> <p>The service manager attended the centres team meeting on 18/05/2023 to review the risk management framework and individual practices within the centre to ensure all care team members are aware of risk management related to safeguarding and ensuring risks are managed consistently within the centre.</p>	<p>reviews of same in the centre team meetings.</p> <p>The care team will receive annual policy and procedure training to ensure they have good working knowledge of the risk management framework related to safeguarding. The compliance and complaints officer will continue to assign policies in the SERG meeting and whilst in the centre during audit visits, interview care team members on shift to ensure safeguarding risks are understood and consistent.</p>
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