An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 214

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Pathways Ireland**
Registered Capacity:	**2 young people**
Type of Inspection:	**CAPA Review**
Date of inspection:	**25th & 27th of November 2024**
Registration Status:	**Registered from 6th January 2023 to the 6th of January 2026**
Inspection Team:	**Catherine Hanly**
Date Report Issued:	**23rd December 2024**

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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 6th of January 2023. 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 as a dual occupancy service. It aimed to provide medium to long term care underpinned by the services own PATHWAYS model of care that stresses the importance of a client centred and needs-led approach, working collaboratively with all relevant person's and with high accountability from the care team. There were two young people living in the centre at the time of the CAPA review inspection.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 4th, 5th & 6th of December 2024. The inspector requested that the centre management submit all relevant documentation that would demonstrate their progress in implementing the CAPA they committed to. A range of records were submitted, clearly indexed and ordered, including care and placement planning documents for individual young people, audit reports, team meeting minutes, minutes of significant event review meetings, risk assessments and the centre risk register, behaviour support-related documents, safety plans, individual work with young people, and the centres policy and procedure document, inclusive of policy updates since the last inspection. These were reviewed remotely by the inspector and a subsequent formal interview was convened with the centre manager via Ms teams to gather further information.

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 and to the relevant social work departments on the 9th of December 2024. The findings of the CAPA review were used to inform the registration decision.

The findings of this CAPA review have determined the centre to have fully implemented the required actions and therefore 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: 214 without attached conditions from the 6th of January 2023 to the 6th of January 2026 pursuant to Part VIII, and 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.

Issue Requiring Action:

- Centre management must ensure that there is adequate appropriate information sharing to support the core staff team in planning for and responding to presenting behaviours of young people. The plans must be representative of all ongoing interventions necessary to achieve identified placement goals.

Corrective Actions:

- The centre management team have completed a review of the young people's records during the team meeting on Thursday 4th of January 2024, this review included, current behaviour support plans and relevant referral information to support the care team in planning for and responding to presenting behaviours of the young people.

Review Findings:

This CAPA review inspection found that the above-named action had been responded to and achieved in full by the centre. The team meeting minutes of January 4th did, as had been committed to reflect the sharing of appropriate information with the entire staff team that had not previously been shared in this full manner. The minutes, in addition to behaviour support planning documents, reviewed by inspectors reflected that an in-depth discussion had been had with the team to support their understanding of the interventions in place for that young person.

Subsequent team meetings throughout the year reflected a similar open and detailed approach to discussing individual behaviour support and safety plans, as well as placement plans and risk assessments. The behaviour plans notably contained detailed information identifying the basis for and aim of the interventions listed for staff. Individual work records evidenced that these interventions were realised in practice.

Since the centres' last inspection in December 2023, there had been one young person discharged, and another admitted. The comprehensive pre-admission process for the most recent admission enabled the centre manager and deputy to provide the care staff team with information on the young person – including interests, family situation, and education status. In addition, the information available and the process undertaken by centre management enabled a thorough discussion on risk identification and management as well as supportive interventions that were aimed at making this a successful placement for the young person.

Neither young person had an updated statutory care plan on file at the centre at the time of this inspection process. Inspectors contacted both social workers for an update on the respective plans. A dearth of information in one young person's statutory care plan at the time of the last inspection had been subsequently addressed by the social work team and now contained relevant information that supported the care teams' understanding of the ongoing intervention and supports required. This young person had experienced significant delays in being provided with access to appropriate specialist intervention services – a matter that had been highlighted in the inspection in December 2023. Although the staff team and centre management had consistently advocated for them, including supporting their complaint through the Tell Us portal, delays in funding meant that this proposed intervention was not going to commence until February 2025.

The last inspection report had included a recommendation related to how best to reflect the views of young people in their own planning documents. This was further echoed in an audit report of an unannounced internal audit at the centre in May 2024. The report recommended that "*the centre must complete a full review of placement planning and risk management within the centre and ensure that YP and family input is included in placement planning*". During this review process, the centre manager acknowledged that individual work with young people reflected their views being sought on their own placement goals but that it is not consistently transferred to placement plans. They committed to overseeing the implementation of this.

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**

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.

Issue Requiring Action:

- Centre management must work with the social work department to secure guidance from the external service in implementing appropriate behaviour interventions at the centre.

Corrective Actions:

- The centre management team have escalated the need for an external service for a young person to the Service Manager and Service Director. The Service Manager escalated this concern to the Social Worker and Team Leader on the 15th of November 2023 and the Service Director escalated the need for external supports services to the Principal Social Worker on the 4th of January 2024.
  The Centre Management team will continue to work with the social work department to support the young people in placement and continue to advocate for the young people to have access to specialised services required to support them and the care team to implement appropriate behaviour interventions in the centre.

Review Findings:

As committed to in their action plan following the inspection of the service in December 2023, the centre management team continued to highlight the deficits in specialist service provision for one young person residing in the centre at that time. In addition to highlighting the matter through regular communications with representatives from the social work team and in the statutory care planning meeting, the care team also advocated for the young person, as stated earlier, through the Tusla formal complaints mechanism. At the time of this inspection process,

funding had been secured for the young person to access a specialised external service provider in 2025.

Since the last inspection, the staff team continued to engage with other external professionals involved in the delivery of care to all the young people in the centre. This approach, reflecting the centre's 'Working in Partnership' aspect of their model of care, was evidenced across all information presented to inspectors. There was a proactive and positive approach to partnership work delivered in the best interests of the young people. One young person that had moved on successfully to an aftercare placement at eighteen, had been supported in the process by the partnership approach taken by the care team and the aftercare worker. The manager and staff team had engaged with other external services this young person had engaged with through their placement to support the best outcomes for them. There was post-discharge contact between the young person and the centre as they settled into their aftercare placement reflecting the attachment aspect of the centres' model of care.

For the current residents, there was evidence that the input of external professionals contributed to plans and interventions at the centre level. Various external services were working with the staff team and directly with the young people at the time of this inspection process. There was evidence that this was well coordinated and delivered to respond to the individual presenting needs and to aim to achieve positive outcomes for young people. In addition, the staff team utilised the expertise and input of the organisations own clinical support person to support interventions named in behaviour support planning documents. This inspection process found that this action had been successfully implemented.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 3.2**
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**

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.

Issue Requiring Action:

- Centre management must undertake necessary improvements to ensure that the risk management framework and supporting structures at the centre are appropriately and robustly responsive.

Corrective Actions:

- The centre management team conducted a review of risk in the centre and plans were updated accordingly on the 2nd of January 2024. The escalation policy has been updated to reflect the escalation of risk from the risk register to the Service Manager and Service Director.
  The centre management and care team will review the updated policy on Thursday 18th of January 2023 in the weekly team meeting.

Review Findings:

Inspectors were provided with a copy of the centres updated and amended policy document including that on risk management. The revised policy included a mechanism of escalating risks to ensure appropriate interventions and responsiveness to risks rated as high based on the associated risk matrix. Individual risk assessments were on file for each young person and safety plans to guide staff practice and intervention related to presenting risk. In addition, individualised behaviour support plans were developed and contained comprehensive information that was updated regularly to inform appropriate staff responses and interventions with young people. There were clearly identified responses to risk and evidence that the approach was both person-centred with the input of the relevant professionals involved, in line with the centre's model of care. Inspectors noted that the level of detail contained within the centre risk register was individually relevant and unnecessary. The risks had been appropriately identified, rated and plans of response to and management of correctly recorded on young peoples' files and communicated to relevant parties. The service manager committed

to a review of the centre risk register, in conjunction with the policy, to ensure that both are aligned and that the centre risk register accurately records risk related to the centre and not to individual young people.

A young person had been admitted to the centre in September 2024 and their referral and admission process had been subject to the Tusla children's residential services collective risk assessment process. In line with this process, an escalation meeting had been convened between senior centre management and the Principal Social Worker. The purpose was to discuss in greater detail the potential risks involved in the placement and the supports required to ensure an appropriate and safe placement for the young person inclusive of the management of presenting risk. The process undertaken by centre management was thorough and it enabled the care team to have a full understanding of the known behaviours and risks of the young person and to plan accordingly. There was a clear commitment given by external services already working with the young person to continue to engage with them and the care team at the centre towards a successful placement outcome.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 5.2**
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**