



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 063

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Pathways Ireland
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	15th and 16th January 2024
Registration Status:	Registered from 30th January 2024 to 30th January 2027
Inspection Team:	Anne McEvoy Paschal McMahon
Date Report Issued:	22nd February 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 30th January 2015. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 30th January 2024 to the 30th January 2027.

The centre was registered as a multi occupancy centre for four young people of all genders from age thirteen to seventeen years on admission. Exceptions outside of this age range were permitted for young people under thirteen in line with the derogation process governing same. The work of the centre was underpinned by an outcomes-based model of care that ensures each young person's safety and wellbeing and enables them to access the supports and interventions necessary to successfully address the identified aims of their placement. At the time of inspection, there were four young people living in the centre; three young people between the ages of 13 and 17 and one young person aged under thirteen. The centre had applied for a derogation to the registration status for this young person and this had been approved by the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5.

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 and to the relevant social work departments on the 31st January 2024. There was no corrective and preventive actions document (CAPA) to be submitted to the inspection and monitoring service. The centre manager returned the report with a signed factual accuracy on the 06th February 2024.

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: 063 without attached conditions from the 30th January 2024 to the 30th January 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 2.1 Each child's identified needs informs their placement in the residential centre.

The centre had a written policy governing admission to the centre which took account of the rights of children, the National Standards for Children's Residential Centres (HIQA) 2018, current regulations and standards and the centre's statement of purpose and function. Inspectors specifically reviewed the admission process for the most recent young person admitted as the other young people had all been resident in the centre for a number of years. Due to the individual circumstances of the most recent young person admitted there was a requirement for the registered provider and centre management to conduct the referral and admission process within a limited timeframe. Inspectors were satisfied that the centre policy for admissions took account of such situations and that the centre followed their policy.

The registered provider worked with the allocated social worker for the young person, prior to their admission, and there was a consensus that the centre was suitable to meet the needs of the young person. Inspectors reviewed the care records for the admission process and found that all relevant documents including a comprehensive social history and all completed assessments for the young person were provided to the centre to ensure that relevant up-to-date information was available to the management and staff prior to the young person being admitted.

In interview the allocated social workers for the other young people confirmed that they were consulted prior to the new young person being admitted and they were satisfied that the matching process was effective and that there were no subsequent concerns following the admission. A comprehensive collective pre-admissions risk assessment was completed and forwarded to all allocated social workers for consideration.

Inspectors reviewed individual key work documents that evidenced that each of the other young people were spoken to both prior to the young person being admitted and subsequent to admission to determine if they had any worries or concerns regarding the interactions in the house. This work was carried out in a child friendly and age-appropriate manner. The parent of one young person commented that the admission of the newest child was a positive influence on their child and they were happy with how this transition was managed.

A review of key work with the young person who was admitted evidenced that they were provided with an age-appropriate booklet outlining the living arrangements within the centre, they were given all relevant information on how to make a complaint and their rights as a young person living in the centre.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors reviewed the care records for each young person in the centre and found that only one young person had an up-to-date care plan on file. Child in care reviews had taken place in accordance with statutory timeframes, however the care plans had not been updated following the reviews. There was ample evidence that this issue was identified and escalated in accordance with the centre's policy. Inspectors reviewed emails correspondence sent to the allocated social workers, team leaders and principal social worker requesting that an up-to-date care plan be provided. These emails were sent from the centre manager, the operations manager, the service manager and the service director accordingly.

In the absence of an up-to-date care plan, the staff attending the child in care reviews recorded the minutes of the reviews and used these as the basis for the placement plans. In interview, the allocated social workers were satisfied that the placement plans accurately recorded the goals identified in the reviews and highlighted that the work undertaken with the young people were in accordance with the discussions and agreements at the reviews. Allocated social workers noted that the centre communicated effectively with them around their relevant young person and they were advised of any concerns as they arose.

The placement plans were drawn up by each young person's key worker and were reviewed monthly to assess the progress being made around each identified goal. The

grandparent of one young person expressed their support for the individual work undertaken with their grandchild and noted that the staff members kept them updated with regards to progress made. Inspectors reviewed individual work with each young person where they were consulted around goals and encouraged to participate in the placement planning process, their own child in care review and where possible they were encouraged and facilitated to attend the child in care review and have their views and opinions heard. Where they chose not to attend, there was evidence of staff members speaking with the young person after the review to inform them of decisions made.

There were external supports identified for the young people and they were encouraged and facilitated to attend. In addition, the centre had access to their own clinical support psychotherapist who met with the staff team monthly and provided resources and interventions to them to support each of the young people in their individual journey. In interview staff stated that these meetings were beneficial and allowed them to more fully understand the best ways to support the young people. Where young people had specific diagnoses, training on that topic was provided to staff members.

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

Inspectors found that the layout and design of the residential centre was suitable for providing safe and effective care for the four young people living there and was suitable to meet the needs of each child. The centre was located in a rural setting, was a two storey house and had a large garden to facilitate the young people in play and recreation. Each young person had their own bedroom with ensuite to facilitate privacy. One young person brought inspectors to view their room and it was tastefully decorated as per the young person's wishes and suitable for their age and stage of development. The storage facilities were sufficient to accommodate all the young person's belongings in a homely way.

The centre had two large communal areas with soft furnishings, appropriate seating, board games and recreational activities suitable for the varied age range within the centre. Externally, the grounds were large and spacious with a trampoline, swing set and ample space for young people to play football and other outdoor activities as they wished.

On arrival the large entrance hall was in the process of being painted and inspectors noted a variety of re-decorating tasks that needed to be done including changing the carpet on the stairs, revarnishing internal doors and the repair or replacing of the external door. Inspectors identified these issues and were provided with a programme of works that the centre had been approved by management to carry out over quarter one and quarter two of 2024. In interview, senior management confirmed that there was funding approval granted for the completion of these works.

The centre was warm and clean and had a very homely “lived in” appearance to it. Inspectors observed interactions within the centre between young people and the team and found that the staff members were attuned to the young people’s needs and that they were invested in forming trusting relationships with the young people. Three of the young people spoke to inspectors and they spoke of being well cared for and were happy living in the residential centre. One young person stated that when they moved in they were facilitated to paint the room they were staying in and decorate it according to their wishes. There were photos of the young people, where they wished for these to be displayed, and care team members visible in the main living areas of the centre.

Inspectors reviewed fire safety and health and safety records and found these to be in compliance with the requirements of fire safety legislation, building regulations and health and safety legislation. There was good evidence that fire drills took place regularly and all young people participated in the drills. A review of records and audits showed that there was appropriate oversight of the fire and safety checks completed. There was a site-specific safety statement in place for the centre.

The centre maintained an accident and injury logbook and all incidents were appropriately recorded. No accidents met the criteria for referral to the Health and Safety Authority. The service provided evidence of adequate insurance.

The centre had three vehicles for the young people to be brought to and from appointments, school and activities. Each of these vehicles was taxed, insured and appropriately tested for road worthiness. The centre had a policy that only those care team members over the age of 23 years could drive centre vehicles. This was a consideration when the staff roster was compiled, and a review of personnel files evidenced that each staff member over the age of 23 years had a valid and in-date driving licence suited to the type of vehicles they were driving.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

There was an established care record for each young person living in the centre. These records were well maintained, easily accessible and easy to navigate. All records were up to date at the time of the inspection and apart from the care plans referenced under standard 2.2, all pertinent documents including birth certificates care orders and voluntary consent records were on file and easily located. The care records were stored in a suitable lockable cabinet in the staff office which was also locked. Records older than six months were removed to an archive site and held in accordance with legislative, regulatory and best practice guidance. A review of care records evidenced that the young people were regularly given access to their care records should they wish to read them. Each care record had a log of those professionals who accessed the record and the reason for accessing it.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Inspectors found that there was good communication between the centre and the allocated social workers and other professionals involved with each of the young people. This was confirmed by the allocated social workers in interview and by email correspondence held on the care records. Child in care reviews were attended by centre staff and relevant professionals and issues discussed as appropriate to achieve better outcomes for each young person.

Interviews with the parent of one young person and the grandparent of another evidenced that family input, where possible and beneficial, was given significant effort and staff were conscious to involve family members in progress reports and placement planning.

Since the last inspection in October 2022, there was one young person discharged from the centre. In interviews with centre management, it was evident that although the discharge was unplanned, the young person and their family was supported for a considerable time following the young person's decision to leave their care placement.

It is centre policy to seek feedback from each young person when they are discharged and although the discharge was unplanned and formal feedback was not provided,

the young person subsequently told staff that they were grateful for the care they received.

Inspectors found evidence on each of the current young people's care records that they were regularly consulted around the care they received. Their views regarding menu planning, activities they wished to engage in and placement planning were regularly sought. Following the admission of a new young person, each of the residents were asked their views and if they had any worries or concerns regarding interactions in the centre.

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	Standard 2.1 Standard 2.2 Standard 2.3 Standard 2.4 Standard 2.5
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

- No actions identified.