



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Pathways Ireland
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	20th, 21st and 22nd May 2025
Registration Status:	Registered from 30th January 2024 to 30th January 2027
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	7th July 2025

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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 fourth registration and was in year two 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 however, exceptions outside of this age range for children under thirteen years could be applied for through the derogation process. 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; two young people between aged between 13 and 17 years and two young people under the age of thirteen which was agreed by ACIMS as part of the derogation process.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
4: Health, Wellbeing and Development	4.2
5: Leadership, Governance and Management	5.4

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 9th June 2025. There were no identified shortfalls to be addressed.

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

The home was located outside a small rural village and was presented as warm, homely and clean. It was maintained to a good standard and was adequately lit, heated and ventilated. On arrival both days to the centre the inspectors observed a bustling and respectful atmosphere among the staff team and young people which created a homely environment within the centre.

The layout and design of the centre was suitable for the four young people living there. It was clear that staff, management and external management took pride in the home to create a homely environment for staff and young people living there. The internal space was tastefully decorated and there was adequate communal space to cater for the two different age ranges of young people. The inspectors found that the staff were very attuned to the young people's needs and ensured that their voice was heard within the décor of the centre which was evident in the communal areas and the young people's bedrooms.

The staff team had creatively developed a sensory room for the young people who required support in line with their assessed needs. This room was child friendly and used various stimuli to engage and develop an individual's senses. It included a range of equipment and materials designed to stimulate sight, sound, touch, smell, to support them while living in the centre. There was a large amount of activity based equipment including games and toys available to all young people in the communal areas and these were of a good standard. Inspectors observed interactions between the staff and one young person throughout the day and it was evident that the use of stimulating play and visual aids formed a large part of communication between the

staff and young people. The centre had a large range of visual aids displayed prominently within each room to support the young people. These were child centred and appropriate to meet the needs of the young people.

The communal areas also contained a large sitting room for the older age group to relax together or spend time on their own. Personal items which included photos, personal achievements and paintings were on display throughout.

Each young person had their own bedroom which contained an adjoining ensuite bathroom. There was also two additional bathrooms within the main communal areas. The inspectors found that each bedroom was age appropriately decorated and contained sufficient storage facilities for personal belongings. The inspectors found that young people were included in the decorating of their rooms, through the colour chosen for their walls and their personal items were clearly displayed within. It was clear that the staff team understood the individual needs of each young person and were respectful of how these were catered for within their own bedroom.

On arrival to the centre the inspectors found that the outside of the centre was well kept. The outdoor area of the centre was safe and secure and contained age appropriate equipment such as a swing set, slide, outdoor sand pit and various play equipment for the children. There was also a greenhouse for the older young person who had recently started growing flowers.

The inspectors found that the centre was in compliance with the requirements of fire safety legislation, building regulations and health and safety legislation. The organisation had completed a review of fire safety records in line with the collating of information for the organisation annual report following recommendations highlighted by the ACIMS from previous inspections and internal audits completed in 2024. Following this review the organisation had implemented a new fire register to ensure compliance in this area. The inspectors reviewed this register and found that it was consistently completed with no issues noted. The organisation had an external company contracted to service the fire extinguishers and alarms in the centre. These had been completed in line with requirements.

The organisation had an emergency management plan in place in the event of loss of heat, electricity or significant damage to the premises. This was appropriate and contained the necessary measures to guide the team should this happen. There was also an emergency bag in the centre that contained specific equipment in the event of

a fire. All young people had individualised personal evacuation emergency plans in place with appropriate measures to support them in evacuating the centre. Fire drills took place regularly and all young people participated in these drills.

There was a centre specific health and safety statement in place which identified key roles and responsibilities of staff. This was signed by the staff team. In interview with the centre manager and staff team they confirmed that they were clear of their roles and responsibilities to ensure the centre was a safe place. Roles identified by staff included health and safety representatives, fire safety officers and first aid officers. Inspectors were provided with evidence to show the premises and building contents were adequately insured.

All staff members had up to date fire training completed. On a review of a sample of a sample of personnel files for five staff members the inspectors found that they had up to date training in medication management and first aid also. Additionally, two staff members had completed fire warden training in recent months.

Fire, health and safety concerns were discussed in a range of forums including management meetings and team meetings. A range of internal and external audit mechanisms were in place which took account of health and safety concerns. There was appropriate oversight of these checks by centre and external management.

The centre had a maintenance system in place in which requests were documented and emailed to the maintenance department. This new system had been recently implemented and the inspectors found that it was effective. In interview with the social care manager they confirmed that maintenance personnel was very responsive, and requests were acted on in a timely manner.

The centre had clear procedures in place for the management of risks in relation to health and safety of children, staff and visitors. The centre maintained a log book of any accident or injury that occurred. The inspectors found from a review of this log and associated significant event that there was two recorded incidents in the past six months. These were appropriately reported and recorded within the associated child's care record.

The centre had three vehicles to transport all young people to their educational placements, medical appointments and activities outside of the centre. These vehicles were insured, taxed and serviced when required. The centre had a weekly auditing system in place that ensured that these vehicles were checked. Should any issues be

identified these were reported through the centre's maintenance system and were responded to in a timely manner. The inspectors found that the cars did not contain safety equipment should the vehicle break down and in line with best practices and the Road Safety Authority (RSA) guidelines this must be sourced. The inspectors were informed during the course of the inspection, by the Service Director that this had been sourced for all vehicles in the organisation.

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 2.3
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

- None

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

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

From a review of the young people's care files and centre records the inspectors found that all young people's physical and mental health needs were outlined within their individual care plans and placement plans. The staff team were consistently promoting the health and development needs of the young people through healthy

eating menu planning, engagement in extra-curricular activities and through individual work.

All young people were engaged in a range of external support services when necessary. Specifically, two young people under the age of twelve years had a range of identified needs which were assessed appropriately and within a timely manner. The inspectors found that staff and management placed great value on the importance of continuous training and all staff were supported to attend specific training relevant to the needs of the young people. It was evident from the newly created sensory room developed by the staff team that they were using their knowledge and skills to design materials and create plans to improve the children's language and cognitive development, sensory experience and to help them meet their growth milestones. The centre valued the importance of continuous training for staff, and they received opportunities to attend courses specific to children's diagnosis.

Additionally, the staff team were also supported by the internal clinical team and external services where information was shared and discussed at team meetings and following specialist appointments. The team had developed a good working relationship with all professionals to ensure that all interventions were being regularly reviewed, updated and implemented. In interview with staff and management the inspectors found that they were very clear of each young person's individual needs, and they ensured that each young person was treated uniquely when interventions were being developed.

The young people were supported in their health and development plans through a range of key working, individual work or through visual worksheets and materials. The staff team ensured that each young person's placement plan goals were reflective of their physical, mental and health needs and that these goals were realistic, achievable and age appropriate. Two young people over the age of 16 years were supported to improve their mental health and wellbeing through good diets, routines and educating them around health needs relevant to their age. For the two younger children they were supported by consistency in routines, hygiene, sleep routine and through visual aids. The centre had an intimate care plan in place for two of the young people which supported staff to manage the identified needs for these young people. There was ongoing discussion at team meetings in relation to health and development and where actions were identified these were followed up in a prompt manner to achieve a positive outcome for the young people.

All young people had an allocated social worker and for two young people monthly reviews were taking place in line with statutory requirements. For the other two young people child in care reviews occurred within the statutory timeframes. At times care plans were not always received from the relevant social work department in a timely manner however, the centre had taken minutes from the CICR meetings and these were then used to inform the planning for the young person's health and development needs. In interview with the centre manager, they were clear on the escalating procedure to follow when they did not receive a care plan and acted on this promptly.

The care records contained health and medical information upon admission to the centre which included recent assessment, medical and immunisation records. However, for two young people the vaccination and immunisation records were not on file following admission to the centre. The inspectors found that the team had attempted to gain access to these records through various sources however they were unsuccessful. The inspectors found evidence that the team had followed their escalation procedure appropriately and had escalated this within the social work department. In interview with the relevant social worker they confirmed that the centre was continually seeking these records and that they were continuing to follow up on same however, more active follow up was required on their behalf and this was outside the control of the centre.

Each young person had access to a local general practitioner. For one young person they maintained their own family GP in a different county until the local GP was available to admit them to their service. All young people had a medical on admission to the centre and they attended all appointments with the dentist, opticians or doctor when needed.

From a review of the centres training register the inspectors found that all staff were trained in the organisations medication management policy. The inspectors reviewed each young person's individual medication folder and found that all medication was appropriately administered, audited and signed off by all professionals. There was signed medical consent for all young people on file. The inspectors found that there was no medication errors over the previous 12 months reviewed. However, the medication prescriber sheet on each person's file did not contain the prescriber's signature which was not in keeping with the organisations medication management policy. This must be reviewed to ensure that it is in line with the organisations policy.

On review of the centre's handover log the inspectors found that the recording of medication for one young person who was self-administering was inconsistent and improvement is required in relation to this.

In interview with one parent, they confirmed that they were updated regularly on their child's progress and were consulted in relation to decisions being made about their child's health and daily care. They spoke highly of the centre and were satisfied that the staff team were committed to meeting the needs of their child.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
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

Actions required

- None

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The organisation had a range of mechanisms in place to review the quality, safety and continuity of care provided in the centre to achieve better outcomes for the young people. This included weekly audits completed by the staff team, monthly governance audits completed by centre management and external audits completed by the compliance and complaints officer (CCO) and the compliance and

development manager (CDM). Additionally, the operation manager completed observation reports following their visit to the centre. The self-internal audits are completed by the manager on a monthly basis and during the year they cover the eight themes of the National Standards for Children's Residential Centres, 2018 (HIQA).

External audits were completed every quarter by the CCO and the CDM and these were aligned to the national standards. The internal audits were reviewed by the CDM who identified any required actions and monitored how these were being addressed and implemented. The CCO conducted visits to the centre every 4 to 6 weeks or more frequently if required in which they ensured that all actions recommended in previous audits had been implemented. They also escalated any non-compliances to the CDM if needed. They inspectors found that the internal and external audit system in place was effective to ensure that where deficits are identified that these were reviewed and implemented in practice to achieve better outcomes for all young people.

Team meetings were in place on a weekly basis with extensive discussions occurring in relation to the young people's care. The records were of a good standard, and they evidenced discussions in relation to key aspects of the care practices for example child protection concerns, complaints, risk assessments, audits, staffing, teamwork, policies and procedures and young people's meetings.

The organisation had a complaints policy which was updated in January 2025. The organisation had also created a child friendly version to support young people in their understanding of this policy. The centre had seven complaints reported in the previous twelve month period. These were all notified and responded to within the organisations complaints policy timeline. All young people were provided with an outcome and were given an opportunity to appeal the outcome to external management or external services such as Empowering People in Care (EPIC). Staff in interview were clear on what constitutes a complaint and were able to describe how they would identify a complaint for one young person given their level of needs. There was evidence that the complaints procedure was discussed at handover meetings, team meetings and at management meeting. There were systems in place to monitor and track complaints to identify any patterns or trends internally and externally by senior management.

Significant events were reviewed monthly as part of the regional significant review group meeting (SERG). This group reviewed incidences from the previous months and discussed presenting behaviours, trends and patterns identified and where interventions were implemented that these aligned to the young person's behaviours management plans. Any learnings identified within this forum were then discussed as part of the staff team meeting. The SERG also identified four key policies monthly which were to be reviewed as part of the centre's team meetings which promoted continuous learning among the staff team. The inspectors found that this practice was consistent from team meeting minutes reviewed.

The inspectors found that the staff team were good at advocating for each young person and young people were promoted to be involved in decisions about their care. Young people attended their CICR review meetings and when they did not attend a feedback form was completed with them. The centre also ensured that young people had access to advocacy agencies external to the centre and arranged for young people to engage with EPIC or for EPIC to visit the centre. The young people were also consulted in creating a "Young People's Charter" for the organisation which was developed in May 2025.

An annual report of compliance had been completed for the year 2024. This report provided a comprehensive overview of the organisation's achievements through the year and areas of improvement required for the coming year which were already underway in the service. This report provided a clear analysis under each theme of National Standards for Children's Residential Centres, 2018 (HIQA). Areas such as organisational structure, staffing, policies, inspection findings, safeguarding, and governance were reviewed and discussed and the report included comparison diagrams to show statistics in relation to particular trends or patterns. In interview with staff they were not always clear of the contents of this report, and this should be shared and discussed with the staff team to promote improvement in care provided.

From interviews with the social work department and one parent there was no formal feedback mechanism in place to provide feedback on the quality of care in the centre outside of the CICR process or weekly updates. The inspectors recommend that a formalised feedback mechanism is considered within the organisation to support the organisation to continually assess the safety and quality of care provided in the centre against the National Standards for Children's Residential Centres, 2018 (HIQA).

Inspectors were satisfied that robust arrangements were in place to ensure continual improvement in the safety and quality of care to all young people. The staff team were

committed to the young people and were striving to provide the best possible care for each young person. The organisation identified the importance of retaining staff within the company and during the 2024 focused on staff recruitment and retention. The inspectors found that within the centre that the team were valued which supported the continuity of care and ensure children experienced stability. This was observed through staff and management interactions with each other and the young people.

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

Compliance with standards	
Practices met the required standard	Standard 5.4
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

- Non