



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 104

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Pathways Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	23rd & 24th October & 4th December 2023
Registration Status:	Registered 03rd September 2021 to the 03rd September 2024
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	8th of 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.

This inspection initially commenced as a remote inspection under Theme 5 of the National Standards for Children's Residential Centres, HIQA (2018). However, the scope of the inspection was expanded during the inspection following receipt of a risk escalation in relation to one young person living in the centre. Given the nature and level of the risk, inspection activity to incorporate a visit to the centre and an assessment of care practices under Theme 3 of the National Standard's for Children's Residential Centres, HIQA (2018) was subsequently included. Information reviewed under Theme 3 was in relation to one young person only and compliance with the standard was assessed solely on information relating to that young person.

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 03rd September 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 03rd September 2021 to the 03rd September 2024.

The centre was registered as a multi-occupancy centre to provide medium to long term care for children aged thirteen to seventeen years on admission. Their aims and objectives were described as to provide a nurturing environment including support for children's emotional, physical, and spiritual needs. It was an outcomes-based model of care. There were three children living in the centre at the time the inspection commenced however one young person was discharged while the inspection activity was on-going.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2
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 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 09/01/2024.

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: 104 without attached conditions from the 03rd September 2021 to the 03rd September 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

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre presented with a warm, welcoming and homely environment. Inspectors observed the young people using the recreational facilities of the home and observed warm caring interactions between the young people and the team.

The centre had policies in place aligned to Theme Three of the National Standards for Children's Residential Centres, HIQA (2018). Policies were discussed within team meetings. The centre utilised a recognised framework for the management of behaviour that challenged, and team members were trained in this in line with the certification requirements. Documentation reviewed in relation to one young person indicated that the team had good knowledge of this framework and implemented it within their work with this young person. Staff had received training in all mandatory trainings in addition to some specific training for the needs of the young people in the centre, including suicide ideation and prevention, child sexual exploitation and ligature training.

Prior to the admission to the centre of the young person to whom the risk escalation pertained, a number of their current presenting behaviours and needs were unknown to all professionals involved with the young person and as such preplanning to mitigate these risks could not take place. Once these behaviours and needs began to emerge, inspectors saw evidence of the centre highlighting the concerns to the relevant professionals and strategy meetings were arranged as appropriate with the multi-disciplinary teams.

Agreements made within these meetings were reflected in a variety of care planning documentation available for this young person. The information contained within

these documents was detailed, it was easily accessible to the care team and it was up to date on the current presenting areas of need.

Safety plans were in place for all identified areas of concern. When it was evident that despite the measures being put in place to mitigate the risks, that the risk remained high, there was evidence of the centre advocating for and supporting the exploration of alternative care options for this young person.

Throughout team meetings, there was evidence of discussions around the presenting needs and behaviours of the young person and the plans in place to support the young person. The risks and needs of the young person were also reviewed on a monthly basis with the clinical support person for the organisation, and strategies and approaches to care were recommended for the team to work with.

Individual work with this young person during the period under review was limited. The young person was regularly absent from the centre for extended periods of time, which impacted the team's ability to engage them in work in relation to the risk they were at. However, when possible, opportunity led work was being done to support the young person developing relationships with the care team so that further work could be done in the future.

From a sample of significant event notifications reviewed, inspectors could identify that safety plans and agreed interventions were implemented by the care team. The records were detailed and contained clear timelines of events which made it easy to track the interventions in place. There was evidence of management oversight on these notifications, and they were notified to the relevant personnel in a timely manner. Significant event review group meetings were convened monthly to review a sample of significant events across the organisation. This is discussed further under Standard 5.4.

Child protection and welfare concerns were reported appropriately, and a log of non-notifiable child protection concerns was also maintained. Within these it was noted when concerns were present which were related to child sexual exploitation. Concerns in relation to this were reported through the appropriate referral pathway and staff were trained in this regard. The records available to inspectors indicated that the team were appropriately monitoring and identifying concerns of this nature.

The centre had a number of restrictive practices in place in respect of this young person and the other young people in the centre. These practices were appropriately

risk assessed, reviewed and were required to promote the safety and welfare of the young people in the centre in line with the National Standard's for Children's Residential Centres, HIQA (2018).

Overall, it was evident that the centre was responding to the presenting needs and behaviours of this young person to the best of their ability. They had appropriate risk assessments and safety plans in place and advocated with the relevant professionals for further supports when required.

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

Actions required

- None identified

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.

There were multiple mechanisms in place to review the care provided to the young people in the centre and ensure quality and safety. These included, but were not limited to, team meetings, staff supervision, managers meetings, clinical meetings, significant event review group meetings and policy review groups. Within these meetings, approaches to care were discussed and reviewed and changes to practices or care approaches agreed. Clear and concise records were maintained of meetings which made it easy to track decision making and actions taken.

Within the sample of Significant Event Review Group (SERG) meeting minutes reviewed, it was evident that the meetings included discussions of significant event notifications (SENs) and these were analysed for learning, trends and patterns. There was evidence of the feedback from these meetings being discussed at team meetings to ensure the learning was shared. Inspectors were advised that the SERG meeting format had recently changed and was now focused on specific themes within significant events each month, to enhance learning from the analysis of these trends across the organisation.

The centre was audited on a regular basis through a variety of different mechanisms. These included manager self-audits of the centre, operations manager audits and audits from the complaints and compliance officer. These audits contained consultation with young people and staff, a narrative around the evidence reviewed to support the findings and recommendations and actions for follow up. The associated action plans detailed the person responsible and timeframe for follow up or completion date.

The manager self-audits of the centre and the Complaints and Compliance officer audits were aligned to the National Standards for Children's Residential Centres, HIQA (2018).

The organisations complaints policy was reviewed in 2023 following findings of a previous inspection completed by Tusla within the organisation. Within the reviewed

policy a threshold for notifiable and non-notifiable complaints was included. Staff in interview appeared clear in regard to the updated policy and the thresholds around the type of complaints. From review of the records, complaints appeared to be categorised correctly and follow up was prompt and appropriate. Dates that complaints were closed were not noted within the register or the complaints form, and inclusion of this would be beneficial to demonstrate compliance with the organisations policy. Complaints within the organisation were also reviewed within the SERG meetings, this was to allow for tracking and analysis of any learning outcomes from complaints that could be applied across the centres within the organisation. All complaints were also notified to the complaints and compliance officer in line with policy, to provide additional oversight in the management of these.

The centre regularly engaged an external agency, Empowering People In Care (EPIC) to meet with the young people and inspectors reviewed documentation indicating that you people were offered various opportunities to engage with EPIC and events that they ran. Young people's meetings within the centre were convened regularly and young people were given feedback on requests made during these.

As mentioned above, young people's voices were considered in audits of the centre and social workers interviewed as part of this inspection advised that they were satisfied that the young people's voices were heard and advocated for within the centre. One young person advised inspectors that they always got an answer when they asked for something and spoke positively about their experience living in the centre.

The organisation completed an annual service audit. This reviewed the progress and performance of all the centres within the organisation. This audit was aligned to the National Standard's for Children's Residential Centres, HIQA (2018). This report contained both quantitative and qualitative data in respect of each centre and set goals to be achieved within the following year. A clear action plan was included and those responsible for the actions noted within the plan and the expected completion date. Inspectors did not see evidence of this being reviewed within team meetings, and staff in interview were not confident about the contents of this report. Learning from this audit will assist development within the centre and it would be beneficial to be reviewed with the staff team to assist in developing best practice within the centre.

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

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	None identified		
5	None identified		