



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	Pathways Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection.
Date of inspection:	4th, 5th and 6th May 2021
Registration Status:	Without attached conditions from the 03rd September 2021 to the 03rd September 2024
Inspection Team:	Anne McEvoy Michael McGuigan
Date Report Issued:	10th August 2021

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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 Assurance 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 03rd September 2015. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 03rd September 2018 to the 03rd September 2021.

The centre was registered to provide medium to long term care for children of both genders aged thirteen to seventeen years upon admission. Their aims and objectives were described as providing a nurturing environment including support for children's emotional, physical and spiritual needs. It was an outcomes-based model of care. The centre's capacity was for three children. There were three children living in the centre at the time of the inspection.

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, 2.6
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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 via teleconference with the relevant persons including senior management and staff, the allocated social workers and guardians ad litem as appropriate. 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 05th July 2021 and to the relevant social work departments on the 05th July 2021. 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 21st July 2021. 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: 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 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 inform their placement in the residential centre.

The centre had a written policy on admissions which took into account the rights of the children, the National Standards for Children's Residential Centres, 2018 (HIQA) regulations and legislation and the centre's statement of purpose. The young people placed in the centre were all admitted since the last inspection. The centre manager worked with the allocated social worker of each young person to ensure prior to admission that the centre was suitable to meet the needs of the young person. Social workers for the young people resident advised that they had provided comprehensive reports and records relating to the young people prior to their admission and this was evidenced on the young people's care files when reviewed.

The centre completed a pre admissions risk assessment prior to each admission and this document took into account the risks and vulnerabilities of the proposed young person being admitted and also the other young people already placed. It documented the probability and likelihood of the risk and the proposed mitigating interventions to be implemented.

The staff team advised that they were given an opportunity in team meetings to provide input and to discuss any concerns they had relating to new admissions. In interviews with staff and upon review of key work documents, there was evidence of consultation with the other young people prior to new young people being placed. In interview with one young person, they stated that they had visited the centre before they moved in and there was evidence of transition plans on each young person's file. A review of the transition plans demonstrated that where possible and unless it was contraindicated for the wellbeing of the young person, they visited the centre, ate lunch, met with staff and the other young people and conducted one overnight prior

to moving in. Each young person was provided with a young person's booklet on admission and this booklet discussed their rights, how to complain, as well as the day to day operations of the centre.

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

There was a copy of an up to date care plan on file for each young person. Where there was a delay in forwarding the care plan to the centre, there was evidence in the young person's care records that the centre manager requested care plans to be forwarded by the social work department. When interviewed social workers agreed that the centre worked in partnership with them to ensure that the goals of the care plan were agreed and implemented. The most recent care plan for one young person who was aged 16 years did not discuss aftercare and needs arising as a result of their age and requirements to become more independent prior to leaving care. The centre manager must ensure that they advocate for young people aged 16 years and over in their child in care reviews to ensure that aftercare needs are discussed in these forums. Inspectors noted that even though aftercare was not discussed in the care plan of this young person, the centre had commenced an aftercare needs assessment and implemented an aftercare plan with this young person. Inspectors were also advised that the social worker had completed a referral for an aftercare worker and those needs were being prioritised at the time of inspection. This topic will be discussed further in the report.

Inspectors reviewed the care records and found up to date placement plans on file for each young person. These were comprehensive and identified needs, goals and how these goals were to be achieved. The placement plans were devised by the young person's key worker and there was evidence that these documents and the goals were discussed with the broader care team in team meetings. Key work records reviewed evidenced that key work sessions were carried out in line with the placement plan and care plan goals.

In reviewing the placement plans inspectors found that the centre had a designated space within the body of the document to record the voice and opinion of the young person. This space was blank on each young person's placement plan. In interview staff and management noted that the young people were involved in discussing and adding goals to their placement plans, but at times it was hard to engage them in these discussions. The centre manager and key workers must ensure that

consultation and attempts at consultation with each young person regarding their individual placement plans is recorded on the space allotted within the document. Inspectors found that each young person was supported and facilitated to access identified external supports and specialist services. One young person was attending the child and adolescent mental health services as per their care plan and another young person was being supported by the social work team in identifying a suitable assessment to diagnose a specific learning disability.

In interviews, both staff and social workers advised that there was effective communication. Social workers stated that they were kept well informed, by telephone and email and were provided with regular updates in the form of significant event notifications and placement plans.

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 located in a secure housing estate within a town environment. Access to the property was restricted by electronic gates and a keypad. The centre was a two storey home. It had sufficient space within the house to comfortably meet the needs of the young people and staff. Each young person had their own bedroom with en-suite facilities. One young person interviewed stated that their room was small but nicely decorated and they were able to pick out new furnishings and bedclothes whenever they wished. They advised that they had sufficient space to store their personal belongings. There were photos of the young people visible where that was their wish and the centre presented with a homely atmosphere.

The centre had a kitchen and two separate living spaces for the young people to avail of, either individually or as a communal space. There was a garden to the rear of the centre and despite being located in an estate this was a comfortable space for outdoor recreational facilities. The centre itself was well maintained, clean and warm with adequate heating and lighting, both natural and artificial. Inspectors recommend that the centre manager request the maintenance team to conduct a spring clean on the outdoor space to ensure that it is free from weeds, grass is cut and nicely presented. In addition, inspectors recommend that the centre manager requests that the rubbish behind the outdoor laundry facility also be removed by the maintenance team.

Inspectors reviewed the maintenance records and found that issues reported were addressed efficiently and maintenance requests were overseen by the centre manager.

There were procedures in place for managing risks to the health and safety of staff, young people and visitors. Inspectors were provided with an up to date and comprehensive health and safety statement that was reviewed within the last five months. This outlined the duties and responsibilities of employers and employees in line with health and safety legislation. The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. There was evidence of daily and weekly fire checks being conducted by staff along with regular fire drills. Records of fire drills were maintained but these did not reference the time the drill was conducted. The centre manager must ensure that they record the time the fire drill was conducted and ensure in so far as is possible that a fire drill occur on some occasions during the hours of darkness. There were contracts in place with external fire companies for the maintenance of fire equipment and emergency lighting and evidence on file that they had been checked regularly.

In line with the centre's health and safety statement, inspectors found that accidents were recorded and documented in an accident log. Where an incident occurred to a young person, this was recorded in their care record. There were two vehicles on site used to transport the young people which were taxed and insured. Weekly checks were undertaken to identify if any actions or maintenance was required. These records were reviewed by inspectors and were found to be actioned within appropriate timeframes. This was overseen by the centre manager. Not all staff members were licensed to drive the centre vehicles. The centre manager ensured that there were always staff on duty with the requisite license to bring young people to and from appointments and activities.

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 a well maintained care record on file for each child that facilitated ease of access and effective planning. Staff in the centre maintained a care record for each child that was up-to-date and contained for the most part all the information as specified in the regulations. The care order for one young person was not up to date and upon request by inspectors the centre manager made representations to have the

up to date care order forwarded from the social work department. This has since been received.

Care records were stored securely in a locked filing cabinet. Records created by staff were comprehensive and up-to-date. Information about children was accessible to those who required it and record keeping was of a good standard. The inspectors found that records were signed by centre management and audits were conducted providing evidence of external oversight. All centre records were kept in perpetuity and were archived in appropriate storage facilities in the organisation's head office.

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

There was evidence of interagency meetings being held within and between services to deliver better outcomes for the young people resident. Inspectors found that the centre manager and staff had advocated for one young person to repeat a year in school as they had missed substantial time due to a recent bereavement. This advocacy was evidenced in strategy meetings between the school, social worker and centre staff.

There were two young people discharged from the centre since the time of the last inspection. Both of these discharges were in line with the care plans of each young person. Exit interviews were conducted with both young people and there was evidence that this feedback was further discussed in team meetings with the social care staff team and in senior management meetings to determine the effectiveness of the young peoples' experience of care.

One young person moved to return home to a parent and both the young person and parent were involved in the preparation for discharge. The second young person was discharged to an aftercare facility and they were supported to build the relationship with their aftercare worker. End of placement reports were completed and relevant information transferred when the young person was discharged.

Inspectors reviewed the centre policies in place to manage potential placement breakdown and noted that these were comprehensive and practice driven.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Inspectors found evidence of young people being involved in the decision making process in relation to their future plans. One of the young people placed was aged sixteen years and inspectors viewed the aftercare needs assessment that was completed by the young person supported by their key worker. Inspectors were advised that a referral for an aftercare worker had been submitted by the allocated social worker but there was no indication of when the aftercare worker would be appointed. Inspectors recommend that the centre manager continue to advocate for the young person on this matter when communicating with the allocated social worker.

A review of the young person's care record showed that an aftercare plan had been devised by the key worker based on the aftercare needs assessment completed by the young person in the centre. The aftercare plan was divided into different stages and took account of where needs were identified. Inspectors reviewed key working sessions, both formal and informal, which were underway to encourage the young person to solidify independent living skills. The young person was hesitant to engage in the independent living skills programme and this had been discussed in the centre at team meeting level and with senior management. Given the age profile of the young person, the intervention plan agreed was to continue to encourage their engagement by focusing primarily on informal key working sessions.

Centre management stated that young people were offered copies of birth cert, medical records and education records upon discharge in line with the new National Standards for Children's Residential Centres, 2018 (HIQA). In addition, upon discharge from the centre, the centre compiled a folder of relevant details and contacts in the area where the young person was to be residing, alongside a memory box from their time 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 2.4 Standard 2.5 Standard 2.6
Practices met the required standard in some respects only	Standard 2.2 Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that they advocate for young people aged 16 years and over in their child in care reviews to ensure that aftercare needs are discussed in these forums.
- The centre manager and key workers must ensure that consultation and attempts at consultation with each young person regarding their individual placement plans is recorded on the space allotted within the document.
- The centre manager must ensure that they record the time the fire drill was conducted and ensure in so far as is possible that a fire drill occur on some occasions during the hours of darkness.

Regulation 6: Person in Charge **Regulation 7: Staffing**

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence that the registered provider planned and managed the workforce to deliver child-centred, safe and effective care and support. Staff recruitment and retention was the responsibility of senior managers in conjunction with the

organisation's HR department. The service manager met regularly with centre managers and discussions on workforce planning and retention were part of these meetings. In the centre, workforce planning was the responsibility of the manager who developed rosters to ensure there were enough staff to meet the needs of the resident young people. The centre also had a retention policy that included training, employee assistance, supervision and support as means to retain staff.

There was evidence of workforce planning at team meetings and senior management meetings. Inspectors found that there were appropriate numbers of staff employed in the centre regarding the number and needs of the young people placed there and the centre's statement of purpose and function. There were eight full time staff available with a roster pattern of two overnights and one day shift each day. These staff were suitably qualified and experienced. Roster planning in the centre took account of various types of leave and there was contingency cover for emergencies. There was a panel of suitably qualified and experienced relief staff available to the centre who worked there regularly and were aware of the needs of the resident young people. There was an on-call system that supported staff outside of office hours and at weekends. Staff understood the system and used this when necessary.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

From a review of staff files and rosters for this centre, inspectors found that the registered provider had recruited staff with the necessary qualifications, skills and competencies to provide care and support to children placed there. The centre staff team was made up of three social care leaders and five social care workers with a dedicated pool of relief staff to supplement the team where necessary. Inspectors found that the centre manager was suitably qualified and had sufficient practice and management experience for this post. The centre manager was supported by a deputy manager.

There were up-to-date written job descriptions and copies of the terms and conditions of employment held on staff files. These files also held references and qualifications that had been verified, copies of training certificates, CVs and Garda vetting documents. Inspectors found these files to be up-to-date, accurate and in line with regulatory requirements.

Inspectors noted that there was a written code of conduct as part of the centre policy document and during interview staff demonstrated their knowledge of this document and their obligations under it.

The inspectors found from the review of these staff personnel files that vetting was in line with the National Vetting Bureau (Children's and Vulnerable Person's Act 2012 – 2016) and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994 and with centre policy.

Inspectors noted that newly recruited staff had been interviewed by two persons from the company and that the interview scoring system was not being used or completed on interview forms. Inspectors recommend that future interview panels are comprised of three persons, as is best practice and that the scoring system in place is utilised.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

From interview, inspectors found that staff in the centre understood their roles and had clear reporting lines. Staff were also aware of centre policies and procedures as well as national standards and policies. There was evidence on file that each staff member received centre specific and corporate inductions and that regular training was provided.

Inspectors noted annual appraisals for staff had occurred in early 2020 but had not occurred in 2021. In interview centre management advised that appraisals were conducted one year after a staff commenced their role. An outline of staff appraisal due dates for each member of staff was provided to inspectors and these were in line with centre policy. Inspectors found that of those appraisal forms carried out, Part 1 of the appraisal form (to be completed by HR) had not been completed in the forms that were reviewed. Inspectors recommend that this is completed moving forward.

Inspectors noted that improvements were required in some areas of staff supervision. The centre manager and deputy manager held supervision responsibilities for all staff and both had completed training in a recognised model of supervision. From a review of supervision records it was observed that supervisions were being conducted in line with best practice time frames and centre policy. However, inspectors found that quite often the actions recorded were not related to placement planning or the

care of young people. While the text of the supervision records evidenced discussions on young people, decisions and actions on key working and planning of care were not clearly recorded. Inspectors found that agreements made at supervision on work with young people could not be tracked and reviewed for delivery and follow through. These decisions and actions did not transfer onto the placement plan and did not then translate into key working. The service manager must review the processes for supervision in the centre to ensure that decisions and actions relating to placement planning and the care of young people are clearly recorded and translate into key working.

Staff were supported to effectively exercise their professional judgment at team meetings and handovers and also to exercise collective accountability while on shift each day. Staff were held individually accountable through supervision and there was evidence of professional development for staff members. Inspectors found that reflective practice was promoted and utilised within the centre.

There were procedures in place to protect and minimise the risk to staff. These included systems such as training in a recognised behaviour management model, on-call, supervision, risk assessments and individual behaviour management plans for young people. Further, inspectors found there was a culture of learning and support in the centre. This was evident not only in the centre but across the organisation. Staff team meetings, incident reviews and significant event review groups all identified learning for staff and this was incorporated into staff practice. The centre manager promoted reflective practice and there was evidence that this was discussed at team meetings and in supervisions.

Inspectors noted that there was an employee assistance programme available to support staff with the impact of working in the centre. Further, external supervision and support could also be provided if necessary following serious incidents.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

It was evident to the inspectors that core training and development opportunities were available to staff and that the registered provider had undertaken regular analysis of the training needs in the centre. Staff had up-to-date training in first aid, fire safety, suicide awareness, child protection and a recognised model of behaviour

management. Further training was provided across the organisation specific to the needs of resident young people.

Inspectors found evidence that staff were facilitated to avail of training suitable to their work in the centre. Some staff had also been supported to obtain further professional qualifications in social care. The centre held a record of all training undertaken by staff and reviewed their continuous professional development. As noted, there was a formal centre specific induction completed with each staff member as well as a corporate induction.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1 Standard 6.2 Standard 6.4
Practices met the required standard in some respects only	Standard 6.3
Practices did not meet the required standard	None identified

Actions required

- The service manager must review the processes for supervision in the centre to ensure that decisions and actions relating to placement planning and the care of young people are clearly recorded and translate into key working.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that they advocate for young people aged 16 years and over in their child in care reviews to ensure that aftercare needs are discussed in these forums.</p> <p>The centre manager and key workers must ensure that consultation and attempts at consultation with each young person regarding their individual placement plans is recorded on the space allotted within the document.</p>	<p>The centre manager during future child in care reviews for young people aged 16 and over will ensure that a discussion takes place with regards to aftercare plans and that the agreements made are reflected in the care plan once this is received from the Social Worker.</p> <p>This has been highlighted to the care team during the team meeting that took place on 12th May. Following on from this a consultancy piece takes place with each young person on a weekly basis where their goals as identified on the placement plan are discussed. The centre manager will ensure that the young person's input is recorded on the space allotted in the placement plan and should the young person not engage in this discussion this</p>	<p>Prior to future child in care reviews for young people aged 16 and over the centre manager will ensure that included on the agenda for the care review is the topic of aftercare. This will also be discussed with the young person prior to the child in care review meeting to identify what supports they feel are needed.</p> <p>The centre manager will ensure that at the end of every month when they are reviewing the placement plan document prior to sending it to each young person's Social Worker, the section allotted for young person's comment is filled in correctly and appropriately reflects the young person's views. A notification has been added to the NSS recording system to ensure that consultation and attempts at consultation with each young person</p>

	<p>The centre manager must ensure that they record the time the fire drill was conducted and ensure in so far as is possible that a fire drill occur on some occasions during the hours of darkness.</p>	<p>will also be recorded in the space allotted.</p> <p>This will be discussed at the team meeting due to take place on 15th July so that all the care team are aware that going forward the time of the fire drills are included on the fire drill log and also bi-annually the care team will ensure that a fire drill takes place during the hours of darkness.</p>	<p>regarding their individual placement plans is recorded</p> <p>The centre manager reviews the fire log on a monthly basis and she will ensure that the time of the fire drill is included in the appropriate place and also a schedule is set out with regards to when the fire drills need to take place during the hours of darkness.</p>
6	<p>The service manager must review the processes for supervision in the centre to ensure that decisions and actions relating to placement planning and the care of young people are clearly recorded and translate into key working.</p>	<p>During the Service Manager's monthly audits of the centre they will ensure that during supervision the SCM and DSCM are discussing with the care team the placement plans in relation to the young people. Any decisions that are made are reflected on their monthly goals and the identified IW/KW to be carried out with the young people. This will be completed on a monthly basis.</p>	<p>The supervision records of all care team members will be audited regularly by the Service Manager and the Compliance and Complaints Officer to ensure that placement planning for the young people is always discussed and the decisions agreed upon are reflected in the IW/KW carried out by the care team.</p>