



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Pathways Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	8th, 9th & 10th July 2024
Registration Status:	Registered 03rd September 2024 to the 03rd September 2027
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	6th August 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 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 of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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 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 12th July 2024. There was no requirement for a corrective and preventative action plan (CAPA). The centre manager confirmed in writing on 15th July 2024 that there were no factual inaccuracies. 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 2024 to the 03rd September 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

At the time of inspection, the centre had a full cohort of staff in place. There was an acting centre manager and deputy manager who both worked five days a week and participated in an on-call roster. There were three social care leaders who worked shift work along with participating in on-call and there were five social care workers. An additional social care worker was also in the onboarding process. The centre had access to two qualified relief social care workers for periods of annual leave / exceptional cover. The inspectors reviewed the centres rosters since January 2024 and found there to be a consistent and stable staff team caring for the young people. Rosters were also completed up to the end of August 2024 taking into account summer leave and ensuring alternative cover in place. This allowed staff members to forward plan in terms of events outside of work also.

Ten of the staff were qualified in social care whilst two were qualified in a relevant course. From a review of personnel files, most staff had limited to no residential experience prior to commencing in the centre however at the time of inspection the average length of service of staff was 25 months, allowing them to gain experience over this time.

Two staff members had left the centre since the last inspection in November 2023. One was promoted within the company and the other took up employment elsewhere. Inspectors reviewed the exit interview for the staff member who left and found the feedback to be positive. Senior managers completed an annual review of compliance for 2023 and this looked at turnover in the organisation as a whole. The findings showed that turnover had decreased by 2.7% on 2022 and pointed to retention initiatives contributing to this. There were a number of initiatives in place including pay scale increments, maternity benefit, PRSA contributions, health funds, a trainee team leader development programme and a peer to peer support group for deputy managers.

As mentioned, members of the management team partook in a rostered on-call system. A formal record was kept by both the care team and the management team and from review these records mirrored each other in terms of issues noted and guidance offered. The centre had gone through a turbulent time in the first three months of 2024 and the on-call process was utilised frequently and appropriately during this time.

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

Inspectors found that staff recruitment and retention was in line with relevant legislation and supported by a suite of organisational policies including policies on recruitment and workforce planning, staff recruitment, use of agency staff, student placements, staff support and retention and staff induction.

Inspectors reviewed a sample of seven personnel files and found all to be well maintained, up to date and accurate. These were securely stored in the organisations head office with limited access. There was a process in place that was followed in the event of disclosures being identified on garda vetting. All personnel files had a job description on file together with a signed contract of employment. Those interviewed demonstrated knowledge of their roles and duties.

A written code of conduct was in place and those interviewed were familiar with same. Boundaries formed an important part of this policy and separate ‘boundary’ training had been provided to all staff by the organisation. This was also addressed through supervision with staff members to ensure safeguarding for both staff and young people. Inspectors met with two of the young people who spoke positively about their experience in the centre and were complimentary of the staff and management team and spoke of the care and respect afforded by everyone. This was echoed by the social workers for the three young people.

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.

Those interviewed had an understanding of their roles and responsibilities and were clear on accountability and reporting lines. All were familiar with the various members of the senior management team and spoke positively about them. They found them to be approachable and available and were confident and comfortable to raise issues should they feel the need to do so. Roles and responsibilities had been reviewed at recent team meetings with all staff.

All staff members had completed organisational training in policies and procedures. There was evidence that policies had been discussed in team meetings with staff members taking the lead on delivering educational pieces around policies. Staff in the centre were supported to effectively exercise their professional judgement and were given the autonomy to make decisions and develop their professional knowledge. This was evident both through team meeting records and through interviews with staff members.

There were a number of mechanisms in place to ensure effective communication and oversight of progress. These included weekly team meetings, monthly management meetings, quarterly clinical 'person centred progression logs' (PCPL) and significant event review groups. It was evident from review of a sample of all these documents that the organisation promoted a culture of reflective learning and support. The centre had gone through a difficult period in the first quarter of 2024. Inspectors saw that following the discharge of a young person, a team meeting focused on a debrief and review in relation to this placement. This was attended by members of senior management. Learnings were shared and support offered to the team. Inspectors spoke with staff members in relation to this period of time and were informed that senior management were very present throughout and that despite the difficulties encountered they felt very supported as a team.

Inspectors reviewed the PCPL's and found these to be an effective document for reflective learning and tracking the progress of the young people in the centre. They showed areas where progress had been made, areas for improvement and also looked at the care team approach and any changes they may need to make to ensure the young person was getting the most out of their placement.

A clear supervision policy was in place that all interviewed were familiar with. All staff received training in the organisations supervision policy during their corporate induction and those that provided supervision had attended a course with an external college for training in the model of supervision. Inspectors reviewed a sample of supervision records and found these to be carried out in line with policy. They were well maintained and signed by both the staff member and the supervisor. There was an appropriate balance of accountability and support evident in records and supervision appeared to be addressing issues in a proactive manner. Professional development formed part of the discussion and staff were encouraged and supported to develop in their roles.

An appraisal system was in place at the time of inspection supported by policy. Appraisals were carried out by the supervisor with the supervisee contributing to the scoring system also. There was space for narrative in relation to reflective learning. Inspectors recommend reviewing the appraisal document to ensure that future planning for development is evident either through a professional development plan or supervision records.

There was a policy in place in relation to supports for staff, this included access to an employee assistance programme (EAP). Inspectors spoke with one staff member who had utilising the EAP and had found it to be beneficial for them. The centre also had a risk management system in place to protect staff and minimise the risk to their safety. This included regular review and updating of risk assessments and also ensuring all training was kept up to date.

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

Inspectors reviewed training records for staff working in the centre and found all to be up to date. Staff had completed all mandatory training along with a number of ancillary training courses to benefit them in the course of their work with the young people. Regular training needs analysis were completed by the centre manager to ensure all training was kept to date and identify any gaps in knowledge. A training needs analysis had been carried out in January 2024 that highlighted the need for substance misuse training. This was sourced externally and provided to the team. A further training needs analysis was carried out in April 2024 and all identified

training was provided by the organisations training and activities coordinator. All training certs were kept on staff personnel files.

A formal induction policy was in place and those interviewed spoke to their induction received at the time of starting their roles. The acting centre manager took up post in January 2024, however completed a full induction into the role in December 2023 and was afforded the time to familiarise themselves with the centre prior to stepping into the role.

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 6.3 Standard 6.4
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified