



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 107

Year: 2018

Lead inspector: Cora Kelly

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Pathways Ireland
Registered Capacity:	Four young people
Dates of Inspection:	Tuesday 2nd and Wednesday 3rd October 2018
Registration Status:	Registered from 30th November 2018 to 30th November 2021
Inspection Team:	Cora Kelly Sinead Diggin
Date Report Issued:	26th November 2018

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2015. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without conditions from 30 November 2015 until 30 November 2018.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium to long term basis. The centre implements the 'Competency and Relationship Framework' as their model of care to promote effective and accountable professional practice and a client-centered approach.

The inspectors examined standards 2 'management and staffing', 7 'safeguarding and child protection' and 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 2nd and 3rd October 2018. At that time three young people were residing in the centre.

1.2 Methodology

This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.

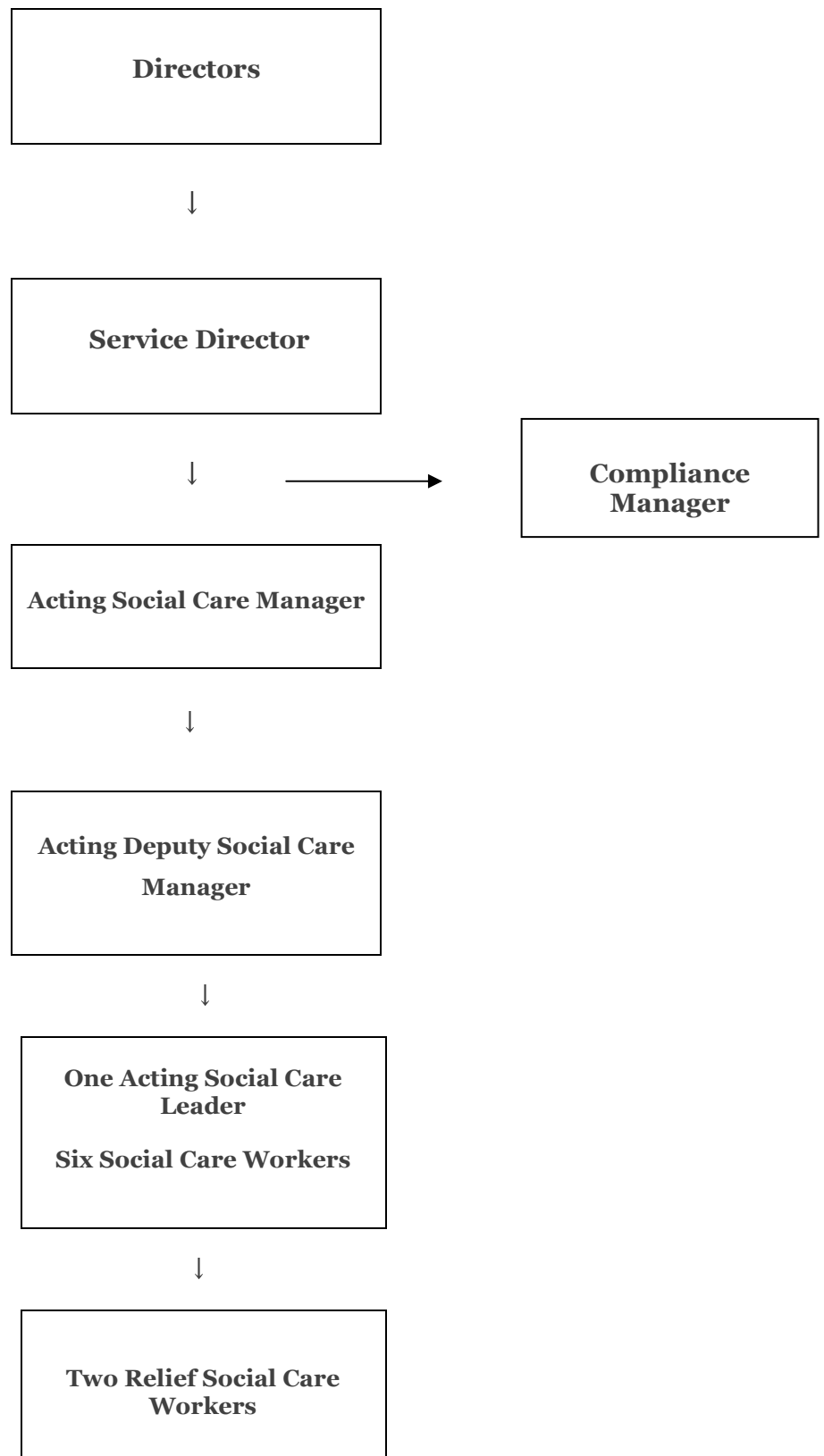
- ◆ An examination of questionnaires completed by:

- a) The acting centre manager
 - b) The acting social care deputy manager
 - c) The acting social care leader
 - d) Three social care workers
 - e) The director of services
 - f) One young person
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
 - ◆ An examination of the centre's files and recording process.
 - Centre care files and daily logs
 - Staff supervision records
 - Staff personnel files
 - Centre registers: admissions and discharges, significant events register, complaints
 - Maintenance log
 - Health and safety documentation
 - Fire safety documentation
 - Team meetings and external management meeting minutes
 - Internal compliance report
 - ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively.
 - a) The acting centre manager
 - b) The acting social care deputy manager
 - c) One social care worker
 - d) The director of services
 - ◆ Telephone interview with a social worker allocated to the one young person.
 - ◆ Observations of care practice routines and the staff/young person's interactions.
 - ◆ Inspector's observation of a staff meeting and shift handover.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 2nd November 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 13th November 2018.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 107 without attached conditions from the 30th November 2018 to 30th November 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

At the time of the inspection recent management changes had taken place in the centre due to the centre manager being on maternity leave. The acting centre manager, (who will be referred to as the centre manager from this point), was transferred to the centre from the post of manager in another centre within the organisation in a planned manner. Prior to the temporary changes in management structures the centre manager was aware of the young people in the centre mainly through discussions during the management handover and at the organisations forum of significant event review meetings. Inspectors found there was robust systems in place by the centre manager that ensured standards of care were being implemented, maintained and monitored. This included supervision, daily handovers, weekly team meetings, monthly monitoring self-audits and clear care planning procedures. There was evidence that the centre manager was aware of the needs of the young people and oversight of this was seen in care files, centre records, team meeting minutes and from interviews with staff and the service director. From the review of staff questionnaires, the centre manager was deemed supportive and provided direction to staff and was a good advocate for the young people in the centre.

The centre manager was supported by a deputy manager who was previously a social care leader in the centre and a social care leader. Both of these positions were in an acting capacity for the period of the maternity leave. Arising from observations and interviews it was clear to the inspectors that each individual was clear of their roles and responsibilities in fulfilling their duties.

The service director oversaw the day-to-day running of the centre, supported the centre manager and monitored the standard of care being delivered. This oversight included visits to the centre, ongoing daily contact with centre management,

attending some team meetings, providing on-call support and meeting with young people in the centre. There was evidence of the service directors oversight across a range of care and centre records.

In conjunction with the organisations other centres the service director chaired monthly management meetings. The inspector's review of the management team minutes showed that the areas of supervision, young people's placements, staffing issues, clinical support, staff training and maintenance were discussed. The minutes were found to be action oriented. The management meetings were followed by significant event review meetings where a sample of significant events for all centres was discussed for learning and reflective purposes. The centre manager was then responsible for bringing learning from these meetings to the staff in the centre. To enhance the professional development of centre staff namely the deputy manager and keyworkers allocated to the young people the inspectors recommend that the attendance at these review meetings is broadened to include these individuals.

Further meetings were also held between the service director and the organisations directors where discussions centred on the development of the organisation, referrals and budgets.

A further support to the centre was the organisations compliance manager who conducted quarterly internal audits to measure the centres compliance against the National Standards for Children's Residential Centres. The inspectors viewed the most recent compliance report and found that the report was used by centre management to inform and develop care practices in the centre. The compliance officer visited the centre frequently to meet with the centre manager and oversee care practices.

Register

The centres register was up-to-date and completed in full. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Staffing

The centre's core staff team comprised of one full-time centre manager, one acting deputy manager, one acting social care leader and six social care workers. Given the temporary management changes within the centre two social care workers were recently employed in the centre. Two relief staff also assisted the staff team. In line with the working time act centre management had recently implemented a new

rostering system that allowed for three staff on shift daily with two on an overnight basis. All staff were appropriately qualified and it was evident from the review of a sample of personnel files including those recently recruited, that qualifications were verified with the relevant awarding colleges. It was also clear from the review of personnel files and as confirmed by centre management that vetting requirements for staff were up-to-date and contracts of employment were held.

The centre had a policy on staff induction. The induction process included staff completing core training in the organisations head office prior to working in the centre and was later followed by a one-day induction in the centre where they were informed of the policies and procedures in place including the centres model of care. The inspectors viewed the induction checklists recently completed by the centre manager with the two new members of staff. Following this staff completed day shifts with experienced members of staff and then progressed to sleepover shifts. With the exception of the checklists, the inspectors did not find evidence of induction programme during the review of staff personnel files. The inspectors recommend that centre management develop a framework to reflect the induction process conducted in the centre and at corporate level and that is filed in staff personnel files.

Supervision and support

The centre had a policy on supervision and in general its implementation was in-line with policy. Supervision records were locked in a secure cabinet. There was evidence of the centre manager being supervised by the service director and that there was a supervision contract in place. The centre manager and deputy manager held responsibility for ensuring supervision was conducted for all staff. The review of supervision records confirmed this and also that supervision contracts were on staff personnel files. The inspectors found during interviews that all three supervisors had participated in professional supervision training. Certificates of training completed were held on personnel files of centre management. It was clear from the review of supervision records that each young person's development and needs were discussed in addition to areas of professional development, case management, and support. The sessions were action oriented and there was evidence of sessions being followed up.

Team meetings were held weekly in the centre and attendance by all staff was compulsory. The review of a sample of team meeting minutes showed that they were held regularly, the majority of the team attended, young people were discussed in detail and plans were made for the young people. The service director and compliance officer have regularly attended meetings. One of the inspectors observed a team meeting and found that there was good discussion around staff exploring ways

of supporting the individual needs of the young people, reference to placement plans and external clinical support and young people's requests were discussed. Daily handovers take place in the centre where young people's previous day and plans for the current day are discussed. One inspector attended a daily handover, inspectors observed proactive planning for young people and follow up on daily tasks. Petty cash was accounted by staff during handover.

Training and development

The inspectors found that staff had completed core training in a recognised model of behaviour management, Children's First including the 2017 e-learning programme, first aid and fire safety. Inspectors observed the certificates of staff having completed the required training during the review of a sample of personnel files. Further training completed by staff included medication administration and recording, managing self-harm and responding to child sexual abuse and sexualised behaviour. The service director informed the inspectors in interview that a training needs analysis is conducted every three months and additional training is facilitated if specific needs are arising for the young people.

As confirmed during a staff interview the centre manager stated that staff were familiar with the centres model of care and that it was currently being developed to meet the needs of the centre. This was confirmed also by the service director. External clinical support was provided to the centre and staff interviewed stated it was proving beneficial for all young people and staff in the centre.

3.2.2 Practices that met the required standard in some respect only

Administrative files

Overall, centre records and care files were found by the inspectors to be organised, easy to read and navigate and were stored in a locked press in the staff office. There was evidence of centre manager, service director, compliance manager and social work oversight. Inspectors observed from reviewing the centres register of significant events that one incident was not entered into the register. Centre management must ensure that all significant events are recorded in the centres register in line with the organisations policy.

Notification of Significant Events

The centre had a policy on significant events (SEN's) where examples of such events for young people were outlined and was followed by procedures for managing same. In consultation with centre management and staff the inspectors found that with

regard to one SEN the centre was not clear on its obligation for reporting a particular incident. During a telephone interview with the young person's social worker the inspectors were informed that the centre was requested to escalate the incident to an SEN at a pre-planned meeting held the day after the incident occurred. Centre management must ensure that staff are aware of what constitutes a significant event. The social worker advised the inspectors that thresholds for receiving SENs from the centre had since been agreed and that they are satisfied with this and communication in general with the centre. The inspectors noted that this particular SEN was reported by the centre to the relevant parties two and a half weeks after the centre was requested to do so. This was not in line with the centres' policy of reporting SEN's as soon as they occur or as early as possible on the next working day. Centre management must ensure that SEN's are reported to the relevant parties in line with their policy.

3.2.3 Practices that did not meet the required standard

None.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- Centre management must ensure that all significant events are recorded in the centres register in line with the organisations policy.
- Centre management must ensure that staff are aware of what constitutes a significant event.
- Centre management must ensure that SEN's are reported to the relevant parties in line with their policy.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The centre had a child protection and safe practice policy which was supported by various safeguarding structures that included policies and procedures on computer, email and internet acceptable usage policy, working alone, complaints, staff code of practice, staff recruitment, training and supervision. It was clear from the review of questionnaires completed by staff and from staff interviewed that staff were aware of ways of keeping young people safe in the centre. This included alarming the centre and young people rooms nightly, conducting risk assessments, implementing safety plans, supervising the young people and monitoring social media use as appropriate. Staff in interview informed the inspectors of the procedure for managing misconduct by a colleague. The centre had facilities for young people to privately meet with or contact family and social workers.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Child Protection

From the inspector's review of a sample of staff personnel files, the questionnaire completed by the centre manager and from interviews there was evidence that staff are trained in the updated 2017 Children First e-learning programme. In interview staff were aware of the designated liaison person for the centre and of their role as mandated persons to report child protection and welfare concerns to Tusla, Child and Family Agency. Inspectors reviewed a child protection concern made by the centre that involved a young person. In addition to the social work department responding to the concern the centre implemented safety measures for the young person, and completed a critical incident review form to facilitate future learning for the centre. Evidence of both centre management and service director oversight was viewed by the inspectors.

The centre developed a child safeguarding statement dated January 2018. The inspectors found that the statement was individualised to the potential risks associated with the young people in the centre. Thus, for confidentiality reasons the statement was in an envelope on a notice board in the staff office. The name and contact details of the relevant person was also found as required for insertion in the statement. At the time of the inspection centre management was advised by the inspectors that the child safeguarding statement was an assessment of overall potential risks for the centre and was not required to be specific to young people in the centre. Further, as the statement is required to be available to parents, social workers on request it must not contain confidential information. The centre submitted a copy of their updated child safeguarding statement three weeks after the inspection took place which was prior to the draft report being issued to centre management. It was found by the inspectors to be in line with statutory requirements.

3.7.2 Practices that met the required standard in some respect only

None.

3.7.3 Practices that did not meet the required standard

None.

Required Action

None identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre was a dormer bungalow situated in a rural location. Overall the centre was in good structural repair. With the views of young people taken into account the centre was recently re-painted and updated. There was ample outside space for recreational facilities. Young people had their own ensuite bedrooms which they

could decorate. There was sufficient space for young people to meet with family, family or social workers in private. The centre was adequately insured against accidents or injuries to children and was deemed to be in compliance with the relevant legislation.

Maintenance and repairs

The organisation had a maintenance team that carried out routine maintenance work. From reviewing the centres maintenance log it was evident that repairs were carried out in a timely manner. The inspectors were informed by the service director that their role involved regular monitoring of the centre to ensure it was being maintained appropriately.

Safety

The centres most recent health and safety statement was developed in January 2018 and there was a designated trained health and safety officer. The inspectors viewed a sample of health and safety sections contained in the monthly monitoring self-audits recently completed by centre management. Health and safety bedroom checks were completed weekly by staff. Environmental and food safety checks completed on a quarterly basis were found to be detailed and actioned. All cleaning materials were found to be securely stored and first aid materials kept in the staff office were routinely checked.

There was three centre vehicles and staff were insured and licensed to drive these. Medicines were securely stored in the centre's staff office. Administration of medicine logs for each young person were kept by the centre. It was found by the inspectors during the review of personnel files and the questionnaire completed by the centre manager that an appropriate number of staff were trained in first aid.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

Inspectors viewed the centres fire safety certificate and it was found to be in compliance with the fire regulations. The centre had a designated fire safety representative. Fire safety mechanisms were in place such as fire extinguishers, fire blankets, smoke alarms, fire doors and exit signs. Maintenance checks completed on the centres fire safety systems were shown to have been serviced in line with the appropriate regulations. Fire escape routes were marked and sufficient. All staff and young people had participated in fire safety training. The centre manager advised that fire drills occurred monthly and when young people or new staff joined the

centre. Upon review of the centres paperwork the inspectors noted that the times the fire drills occurred or the names of young people or staff involved in the fire drills were not recorded. Centre management must record the times fire drills occur and name the young people and staff in the centre at the times of the fire drills.

3.10.3 Practices that did not meet the required standard

None.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- Centre management must record the times fire drills occur and name the young people and staff in the centre at the times of the fire drills.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies to Ensure Issues Do Not Arise Again
3.2	<p>Centre management must ensure that all significant events are recorded in the centres register in line with the organisations policy.</p> <p>Centre management must ensure that staff are aware of what constitutes a significant event.</p> <p>Centre management must ensure that SEN's are reported to the relevant parties in line with their policy.</p>	<p>The centre manager will instruct the staff team of their obligation to record significant events in the appropriate register in a timely manner. This briefing will take place at the team meeting on the 20/11/2018.</p> <p>The centre manager will facilitate a discussion with the staff team on what constitutes a significant event. This briefing will take place at the team meeting on the 20/11/2018. This discussion will be part of the agenda on a quarterly basis.</p> <p>The centre manager will instruct the staff team of their obligation to notify all relevant persons associated with a SEN. This briefing will take place at the team meeting on the 20/11/2018.</p>	<p>A nominated Social Care Leader will review the register on a regular basis to ensure that SEN are recorded in the centre register. This will be overseen and signed off on by the SCM and ASCDM on a weekly basis.</p> <p>The SCM and ASCM will ensure that an awareness of what constitutes a significant event is considered as part of the centre's ongoing supervision and team meeting process.</p> <p>Centre management will monitor the dissemination of significant event notifications on a regular and ongoing basis to ensure compliance with policy.</p>

3.10	Centre management must record the times fire drills occur and name the young people and staff in the centre at the times of the fire drills.	The care team have received instructions on the information that must be recorded in the centre's fire logbook at the time of the fire drill. This briefing took place on 06/11/2018	Centre management will monitor the information entered in the centre's fire logbook on a regular and ongoing basis.
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