



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 107

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Pathways Ireland Limited
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	3rd & 4th August 2022
Registration Status:	Registered from 30th November 2021 to 30th November 2024
Inspection Team:	Lisa Tobin Lorraine Egan
Date Report Issued:	12th October 2022

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support	
3.2 Theme 3: Safe Care and Support	
3.3 Theme 4: Health, Wellbeing and Development	
4. Corrective and Preventative Actions	15

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30th November 2015. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 30th November 2021 to 30th November 2024

The centre was registered as a multi-occupancy service. It aimed to provide medium to long term care for up to four children of both genders between the ages of thirteen and seventeen years on admission. In exceptional cases the centre takes children outside of this age group under derogation. One young person was under thirteen years was residing in the centre under derogation. The centres statement of purpose and function described the model of care as client centred and needs led involving collaboration with children, their families and professionals, in a homely and nurturing environment. There were three young people living there at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 16th September 2022. 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 27th September 2022. 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: 107 = without attached conditions from the 30th November 2021 to 30th November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors saw different ways in which the young people's voices were heard and responded to through utilising young people meetings, key working, individual work, opportunities to attend their child in care review, through the complaints process and having input into the design or colours of the centre decoration ensuring the centre felt like a home. Two young people identified in their questionnaire they required some items for their bedroom and management stated they would follow up with these requests. During interviews with the staff members, inspectors were informed of how staff linked in with the young people and created relationships to ensure they felt comfortable talking to staff if they had any concerns. The young people reported in their questionnaires that they knew they could speak with staff, their social worker or teacher if they had an issue or concern.

There was a complaints policy and procedures in place which staff were knowledgeable of when questioned during interview. There was a compliance officer within the organisation who along with centre management had oversight ensuring that the policies were followed. The young people were made aware of the complaints process on admission, in the young people's booklet, at young people's meetings and informed of their rights during individual work. The young people were made aware of external supports available to them such as Empowering young people in care (EPIC), who had a representative visit the centre recently, Ombudsman for Children (OCO) and Tusla's Tell Us complaints portal which was recently utilised by one young person. Inspectors found that staff were aware of their role in supporting young people about any complaints they had.

Inspectors saw that the complaints were recorded, managed and reviewed by senior management. Audits were completed by senior management along with theme-based audits completed by the compliance officer which ensured appropriate responses and actions were undertaken. It was the responsibility of the manager and deputy manager to complete the actions from the audits and inspectors saw that they had

completed these. The complaints register gave good oversight of the complaints process from start to finish. Inspectors reviewed the complaints register and saw that one complaint remained opened as it was being followed up by Tusla Tell Us. All other complaints were identified as closed in the register. When inspectors reviewed the young people's complaints files, most of the relevant documents were in place, however the final documents outlining the outcome and feedback of the complaint to young people was not added and inspectors recommend adding this to the complaint documents. Significant event notifications (SENs) were written up for notified complaints and relevant social workers were informed.

The staff identified when questioned team learning outcomes as a result of reviewing issues, concerns or complaints. Examples were given where using a specific planner for one young person was stopped as the young person didn't want it and where support was put in place for two young people who both required this with settling at night-time. The compliance officer was available to meet and speak with the young people and did on occasions when dealing with complaints and the relevant processes. The compliance officer also sought feedback from the young people across the organisation on the complaints process and ultimately resulted in adding changes to the policy due to the young people's involvement. One young person reported in their questionnaire that they felt both happy and unhappy about the complaints process due to feeling the process took too long and they felt guilty about it afterwards. Inspectors reported this to management and recommend further follow up with the young people around the complaints process.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that the outcome/feedback of complaints is added to the young people's files.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

There were relevant policies and procedures in place to ensure the care and welfare of the young people, including child protection, safe practice and working alone. There was a Child Safeguarding Statement (CSS) in place which was updated in September 2021 and was on display in the office. Staff members were aware of the content of the CSS when asked during interview. Staff members had completed Children First training online and had inhouse child protection training which included the organisations child protection policies and procedures.

There was a bullying policy in place, however bullying wasn't identified as an issue in the centre. A programme around bullying, Bully4U had been completed with the young people last year. Inspectors noted that there were incidents between peers that occurred in the centre. These were reported as significant events or complaints and were addressed appropriately by the staff members and management. Social workers were informed of this as required.

Staff members were aware of their role as mandated people in safeguarding the young people, managing a disclosure and reporting it through the Tusla portal. Inspectors reviewed the child protection welfare report form (CPWRF) register and all were currently closed. There was also a register for concerns that didn't meet the threshold in place. Inspectors recommend adding in the staff members name who entered the information into the register to ensure accountability and oversight of the register. These registers were overseen by management and discussed at team meetings, significant event review meetings (SERG) and at senior management meetings. Staff informed inspectors that feedback from SERG meetings was given to the team, and they were informed of any actions required. As with the complaints, it was noted by inspectors that the CPWRF register gave all the relevant details about the report including its status, however again the evidencing piece around the closure of the CPWRF's was not seen in the files. Inspectors recommend adding this information to the young people's files.

Social workers reported that the staff linked with them regularly with updates on the young people and that communication was effective with the team members. Young people were kept safe in the centre through the use of risk assessments, individual absent management plans (IAMPs), individual crisis support plans (ICSPs), behavioural support plans (BSPs) and safety plans. Areas of vulnerabilities for each young person was addressed through the use of the above documentation for example one young person had a safety plan in place around their access arrangements. Social workers stated they were informed promptly of any incidents/allegations that occurred. Inspectors saw that individual work was completed with the young people in drawing up documented plans around addressing their safety needs.

There were policies and procedures in place around protected disclosures. The staff members were aware of who they could speak to if they had a concern. When asked if they felt confident if they had to use it, staff stated they were. Inspectors saw that the protected disclosures policy was discussed at team meetings.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that the status and outcome of CPWRF's is evident in the young people's files.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

The young people were supported by the team in addressing their health and development needs. The young people attended appointments with their general practitioner (GP), optician and dentist as and when required with the support of the staff. Each young person had an up-to-date medical card and were registered with a local GP. There were 5 staff that had completed First Aid training with a further 7 planned to undertake training over the summer months with dates identified for July and August 2022. Inspectors were informed by management that rosters were scheduled to ensure at least one staff member on shift had first aid training.

Each young person had an up-to-date care plan in place where their medical and welfare needs were discussed. Assessments had been undertaken for some young people and they were awaiting further involvement with therapy and with medical interventions. The staff members were aware of the young people's medical history which had been received as part of the admission documents.

The social work department was involved with the centre regarding any specialist services in place, in particular for one young person that was awaiting surgery. The medical team involved with this case required a commitment from the social work department regarding the surgery and currently this young person was unallocated a social worker. The social work team leader was the point of contact for the young person. Specialist services utilised by the centre included Treehouse, specialist therapy services and narrative therapy. The centre staff used supports from the clinical team within the organisation who helped guide the staff with addressing any issues the young people presented with along side the recommendations from the specialist services.

There was a medication management policy in place in which staff members received training for. The organisation was currently making changes to the medication management policy and procedures and all staff were to receive more training once completed.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- No actions required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that the outcome/feedback of complaints is added to the young people's files.	The registered provider has introduced new complaints form for the young people's files which incorporates a section outlining the outcome of the complaint and feedback on complaints, attached for your perusal.	The centre manager will provide oversight to all complaint's forms in the centre. Complaint forms will also be reviewed by the Compliance and Complaints Officer as part of the auditing system in the centre to ensure that the outcome and feedback on complaints is recorded on the young people's files.
3	The centre manager must ensure that the status and outcome of CPWRF's is evident in the young people's files.	The centre manager will maintain a copy of correspondence with the social work department indicating the status and outcome of CPWRFs in CPWRF packs in each young person's confidential file.	The centre manager (DDLp) will provide oversight to all CPWRF packs in the centre. CPWRF packs will also be reviewed by the Compliance and Complaints Officer and Service Manager as part of the auditing system in the centre to ensure that the status and outcome of CPWRF's is evident in the young people's files.
4	No actions required		