



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: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland Limited</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>4<sup>th</sup>, 5<sup>th</sup> &amp; 6<sup>th</sup> June 2025</b>
<b>Registration Status:</b>	<b>Registered from 30th November 2024 to 30th November 2027</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Mark McGuire</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> July 2025</b>

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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 30<sup>th</sup> November 2015. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle.

The centre was registered as a multi occupancy service. It aimed to provide medium to long term care for up to four children aged between thirteen and seventeen years on admission. At the time of the inspection there were two children living in the centre under a derogation as they remained outside the age profile for the purpose and function of the centre. The derogation had been extended for a one year period and relevant information was regularly provided to ACIMS as part of this arrangement. The centre's 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 four children living in the centre at the time of the inspection

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.2

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 20<sup>th</sup> June 2025. 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 1<sup>st</sup> July 2025. 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 30<sup>th</sup> November 2024 to 30<sup>th</sup> November 2027 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

There were four children living in the centre at the time of the unannounced inspection and there was evidence that each child was experiencing high quality care from the staff team. The house was clean and homely and had a sensory room and dedicated play areas with age-appropriate toys for the two youngest children. Two of the older children spoke to inspectors and described their likes and dislikes, their plans for the summer and how what it was like to live in the centre. One child had a particular interest in competitive running and talked about the support they were receiving from their aftercare worker. The inspectors spent time interacting with one of the young children while they were playing with their toys. They noted progression in their language development since the previous inspection in June 2024. The child's allocated social worker said that the staff team had been very responsive to the children's specific needs in this area and had followed individualised programmes to support their learning. They said they also had advocated strongly for all of the clinical supports required including extra funding for the sensory room which they had received. All allocated social workers spoken to said that the children benefited from living in the centre and received good, individualised care from a dedicated staff team. They also described the ongoing work undertaken by the staff with the children's families and how this positively contributed to their overall wellbeing.

There was a change in centre management since the last inspection, however the manager was on leave at the time of the current inspection and the deputy manager was the delegated person in charge. There was evidence on the care files that effective leadership was taking place relating to the day to day operation of the centre. Sufficient numbers of staff were employed with the appropriate skills and experience to respond to each child's needs. There were robust governance systems in place and clear lines of accountability across the various management structures in the organisation. At interview, staff showed a keen awareness of children's individual



goals as well as the specialist supports in place to respond to their identified needs and diagnosis. They had a good understanding of their roles and responsibilities, the everyday routines and any duties delegated to them. They described how the centre manager was approachable and encouraging with their guidance and direction. The manager and deputy were present in the centre each day and the manager participated in handovers, weekly team meetings and senior management team meetings as well as the significant event review group (SERG). The operations manager provided supervision to the centre manager and maintained external oversight of the centre. Allocated social workers outlined how centre management took a lead role in the delivery of care to children and that they collaborated very well with the social work departments regarding interventions, care planning, regular updates and oversight.

Inspectors noted detailed discussions taking place on the team meeting minutes. Comprehensive records were reflected regarding therapeutic input, appointments and immediate plans for each child. In addition, there was oversight and monitoring taking place of the tasks and actions to be completed by the staff team regarding children's individual daily routines.

The centre's overall operational policies and procedures had been reviewed and updated in January 2025. The policies were aligned with regulatory requirements and linked to the National Standards for Children's Residential Centres, 2018 (HIQA). Regular internal and external auditing was taking place. There were two compliance officers employed by the organisation with responsibility for ongoing monitoring of the centre to ensure that everyday practice with children and overall governance systems were effective and safe. Recommendations for the centre manager were outlined as part of the audits along with their response including a timeline for completion of any actions.

The centre had a risk management framework and supporting structures for the identification, assessment and management of risk. The centre's risk policy had also been reviewed in January of this year. Individual risk assessments were on file for each child with behaviour support and safety plans containing the interventions for use in practice by staff. The responses outlined in these documents were thorough and appropriate to the needs of the children and were clearly linked to the centre's model of care. Risk assessments were regularly reviewed, and these were discussed amongst the team at team meetings. However, some improvements were required in relation to consistency of implementation of the plans. For example, at interview, staff responses in how to manage some high risk behaviours such as suicidal ideation and

self-harm varied in consistency. It was also unclear to inspectors how the risk rating system outlined in the centre's policy was applied when risk assessments and safety plans were reviewed. However, the team meeting minutes reflected urgency around these significant incidents and there was good direction from the centre manager to follow the supporting plans and to manage the risk through the trusting relationships built up with staff. Inspectors noted that some of the terms and language used by the centre to describe 'self-harm' may minimise the risk associated with those behaviours and recommend that these are reviewed for each child. Allocated social workers described how they were updated swiftly on significant incidents by the centre and risk was shared with them and the clinicians involved in their care. The centre maintained a risk register. The risks recorded did not include those outlined above. The risk register should be reviewed so that it accurately identifies all of the risks for the centre associated with the health and safety of children along with their impact.

There was an alternative management arrangement in place when the centre manager was absent and the deputy manager undertook this function as the person in charge. Staff were aware of their delegated duties and there was a delegation list in place that reflected these responsibilities. The operations manager told inspectors there was a service level agreement in place with their funders. The centre also had an annual review of compliance report for the preceding year.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- Centre and senior management must ensure that all staff are consistent in their approaches in managing individual incidents of risk. The risk rating system in place should be made clear so that it can be utilised effectively in responding to risk.

- Centre and senior management must ensure that the centre's risk register is reviewed so that it accurately identifies all of the risks for the centre associated with the health and safety of children along with their impact.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>Centre and senior management must ensure that all staff are consistent in their approaches in managing individual incidents of risk. The risk rating system in place should be made clear so that it can be utilised effectively in responding to risk.</p> <p>Centre and senior management must ensure that the centre's risk register is reviewed so that it accurately identifies all of the risks for the centre associated with the health and safety of children along with their impact.</p>	<p>Centre and senior management will ensure that all staff are consistent in their approaches in managing individual incidents of risk by reviewing the policy and individual risk assessments at the team meeting on Thursday 02<sup>nd</sup> of July 2025. During this team meeting the centre manager will comprehensively review the policy on the risk management framework to ensure all staff are responding to risk effectively.</p> <p>At present, all risks to the young people are managed on risk assessments. Where there is an escalated risk to the young people that cannot be managed through risk management plans, this is escalated to the risk register. The centre manager will conduct a review of the risk register by the 2<sup>nd</sup> of July 2025 to ensure that any risk to</p>	<p>To ensure all staff are consistent in their approaches in managing and responding to risk the policy will be reviewed regularly in team meetings.</p> <p>Any updates to the risk management framework, will be communicated by centre management and reviewed in a team meeting and recorded. As part of audits under the relevant themes, the CCO will conduct interviews with team members to ensure there is consistency in approach to managing risk.</p> <p>The centre manager will conduct a monthly review of all risk assessments to determine if they require escalation to the risk register. Additionally, any new risks that arise will be assessed to determine if they require escalation to the risk register. Risk registers will be shared with senior management on a monthly basis for review</p>

		the young people that cannot be managed through current risk management plans and requires further control measures are escalated to the risk register.	and to ensure that all escalated risks have appropriate control measures.
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