



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 168**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup> and 14<sup>th</sup> July 2021</b>
<b>Registration Status:</b>	<b>Registered from 24<sup>th</sup> January 2020 to 24<sup>th</sup> Jan 2023</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> September 2021</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 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 24<sup>th</sup> January 2020. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 24<sup>th</sup> January 2020 to the 24<sup>th</sup> January 2023.

The centre's purpose and function was to accommodate three young people of both genders from age thirteen to seventeen on admission on a medium to long term basis. Exceptions outside of this age range were permitted for children under thirteen in line with the derogation process. At the time of this inspection there were three children aged under thirteen residing in the centre. The centre had applied for derogations to place all of the children residing there. These derogations were approved and two were subject to on-going review due to the ages of the children. Their model of care was identified as competency and relationship based which was described in centre documentation as promoting effective and accountable professional practice and a client-centred approach.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 children, 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 27<sup>th</sup> July 2021 and to the relevant social work departments on the 27<sup>th</sup> 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 04<sup>th</sup> August 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: 168 without attached conditions from the 24<sup>th</sup> January 2020 to the 24<sup>th</sup> January 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

#### Theme 2: Effective Care and Support

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

There was an up to date care plan on file for one child in placement. The other two children were recently admitted to the centre and social workers for these children confirmed that they were in the process of arranging child in care review dates and care plans were to be completed following those child in care reviews. The centre manager confirmed that they and the deputy manager attended the child in care review for one child before they were admitted to the centre, whilst they were resident in an emergency residential setting.

All three children had up to date placement plans, drawn up within the last four weeks. For the child whose care plan was on file, their placement plan was in line with the goals identified and inspectors found that key working for this child was aimed at achieving the goals on the placement plan. The placement plans for the other two children were drawn up from the referral and admission information provided to the centre before the children's admission. Placement plans were comprehensive in nature and addressed the issues raised by the social work department at time of admission. In interview staff confirmed that placement plans were discussed at team meetings and in supervision. This was further evidenced by inspectors through a review of centre records. Inspectors observed that while the staff were quite attuned to the needs of the children, it is recommended that senior management provide additional training for staff in working with children of this age cohort.

One child was encouraged to attend their child in care review, however given their young age and presenting difficulties, they found it difficult to manage the environment. Inspectors found that the voice and opinion of the child was sought in creative ways and through the use of social stories and presented to the parties at the child in care review. Neither of the other two children were in placement long enough to have experienced a child in care review but one child spoke to inspectors about staff talking to them about their experience of being in care and their views.

The children's respective families were invited to input to the placement planning process through the child in care reviews. Advocates were sought and provided where appropriate for the parents of the children attending child in care reviews. Inspectors found that centre staff were forwarding photographs to the parents of one child, in line with the agreement with the social work department.

Inspectors found identified external supports for each child where required and these were appropriate. In addition, the organisation had a clinical team in place to support the centre which included meeting with the staff team to offer support and guidance, drawing up therapeutic support plans and providing recommendations on therapeutic goals to work towards in the short and longer terms. Inspectors found that key working was initially devised based on these recommendations.

Inspectors reviewed care files, and in interviews with the relevant social workers, management and staff in the centre found there to be effective communication between all parties. In interview, a guardian ad litem and social workers reiterated their confidence in the skills of the social care team and felt that the centre was doing everything possible to meet the needs of the children placed.

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

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified.

**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 was an organisational structure in place which clearly outlined the governance arrangements and stipulated individual accountability. This structure specified the roles and responsibilities of all staff within the centre. From interviews with staff and social workers and review of centre files it was evident that the centre management demonstrated good leadership and support. There was evidence of a focus on the safety of the children placed in the centre and this was confirmed by supervising social work departments. There was evidence on records that the complaints and compliance officer, service manager and service director had each visited the centre to review records, conduct audits and meet with staff and children. They had access to all information generated in the centre on the organisation's IT system and inspectors were advised they had attended occasional team meetings. Inspectors noted that the requirement was for service managers to attend team meetings on a quarterly basis, but on review of records, inspectors did not see evidence of their attendance. It is recommended that the service manager attend team meetings more regularly given the young age of the children placed and the complexity of their needs.

There was a service level agreement in place and there was evidence of reports being provided to the funding body. The centre manager held their post from the opening of the centre and they were the person in charge with overall accountability. They were supported in their role by a deputy social care manager and three social care team leaders. The internal management structure was appropriate to the size and function of the centre and the children placed there; however the issue of skills and competencies is further discussed in standard 6.1.

There was an on call system in place to provide alternative management arrangements when the social care manager was absent and staff reported that this was effective in supporting them in their practice. Inspectors were provided with written evidence of delegated duties to other staff members.

There was a risk management framework and supporting structures in place for the identification, assessment and management of risk. Pre-admission risk assessments had been carried out prior to each child being admitted and social workers confirmed that they were consulted as part of this process. Training had been provided in the risk management framework and staff were knowledgeable about the framework in interview. The company held a corporate risk register and a centre specific risk register which appropriately identified risks within the centre. The centre specific risk register noted risks surrounding the aspects of service and care including challenging behaviour, bullying, and Covid-19. Inspectors found that there were effective systems in place to manage the risk of the Covid-19 pandemic and robust cleaning schedules were in place given the age of the children placed.

Staff working hours was appropriately identified in the corporate risk register as a risk. There were some mitigating factors highlighted and these were the implementation of the working time act, oversight by managers and audits. However, while the risk was identified and some management strategies were in place, on review of rosters, inspectors found that at least two staff members were working unsafe hours in April 2021. Inspectors found that while the issue of staff working additional shifts was addressed in one supervision session with one staff member, there was insufficient evidence of oversight at all levels of management. The centre manager and registered provider must ensure that interventions named on the risk register to mitigate against named risks are utilised fully to safeguard the health and well-being of staff and children placed in the centre. The issue of workforce planning is further addressed in standard 6.1.

<b>Compliance with Regulation</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**

- The centre manager and registered provider must ensure that interventions named on the risk register to mitigate against named risks are utilised fully to safeguard the health and well-being of staff and children placed in the centre.

### **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.**

Staff recruitment and retention was the responsibility of senior managers in conjunction with the organisation's HR department. Inspectors found evidence of workforce planning being undertaken through a review of team meeting and management meeting minutes. It is recommended, however, that exit interviews be added as a standing agenda item to management meetings to initiate discussion identifying potential trends and issues for staff leaving the company as there was no evidence of these discussions in management meeting minutes reviewed. Planning took into account management of annual leave, sick leave and maternity leave.

There were sufficient numbers of staff working in the centre, however for the month of April 2021, inspectors identified through a review of rosters and daily logs, that one staff member had worked 13 sleepovers and three dayshifts, two of the sleepovers were back to back (354 hours for the month, they were contracted to work 192 hours for the month). A second staff member had also worked eight sleepovers and five days shifts in the same month (256 hours for the month, they were also contracted to work 192 hours per month). This workload is contrary to the signed contracts of 48 hours per week in place for these staff members and is unsafe for both the staff members and children placed. The centre manager was responsible for devising the rosters and the service manager and compliance officer were responsible for conducting audits. The centre manager and registered provider must ensure oversight on rosters to identify and manage staff members who are at risk of working unsafe hours. The registered provider must provide a system of oversight of all centres in their remit to ensure that staff do not work additional shifts in other centres without appropriate rest periods. The practice of back to back shifts must cease.

In addition, inspectors reviewed personnel files for those holding the post of social care team leader within the centre and identified that the files of two social care team leaders did not evidence that they had the appropriate experience for the role. The registered provider must ensure that persons working at social care team leader grade have three years' experience working at social care grade with children.

The centre had access to its own relief panel to cover any gaps required. The centre manager confirmed that this panel was suitably qualified and experienced. During interviews with staff members, inspectors found that staff demonstrated the relevant competencies to meet the needs of the young people.

The centre also had a retention policy that included training, employee assistance, supervision and support as a means to retain staff. In interview staff discussed the self care policy and this was also evidenced in supervision notes reviewed by inspectors. There was a low staff turnover and of the five staff who had left the centre, four had moved with another child who was transitioning to another centre.

The centre had a formalised procedure for on-call arrangements at evenings and weekends.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</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 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager and registered provider must ensure oversight on rosters to identify and manage staff members who are at risk of working unsafe hours. The registered provider must provide a system of oversight of all centres in their remit to ensure that staff do not work additional shifts in other centres without appropriate rest periods. The practice of back to back shifts must cease.

- The registered provider must ensure that persons working at social care team leader grade have three years experience working at social care grade with children.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	The centre manager and registered provider must ensure that interventions named on the risk register to mitigate against named risks are utilised fully to safeguard the health and well-being of staff and children placed in the centre.	The Centre Manager and the Registered Provider will ensure that the interventions named on the risk register to mitigate against named risks are utilised fully to safeguard the health and well-being of staff and children placed in the centre. The centre risk register was reviewed on 30 <sup>th</sup> of July 2021 between the centre management team and service director.	The centre risk register will continue to be reviewed by the centre management team monthly at team meeting and updated as required. The centre manager and service manager will review the centre register during supervision. The corporate risk register will continue to be reviewed with senior directors and the compliance and complaints officer monthly to ensure all interventions named are fully utilised to safeguard the health and well-being of staff and children placed in the centre.
6	The centre manager and registered provider must ensure oversight on rosters to identify and manage staff members who are at risk of working unsafe hours. The registered provider must provide a system of oversight of	The centre manager and registered provider will ensure oversight on rosters to identify and manage staff members who are at risk of working unsafe hours. The centre and deputy manager will review the rosters twice weekly to ensure appropriate	The registered provider has made additional changes to the IT system (NSS) that identifies F/T care staff working additional hours in other centres. A notification system will also be added to all centres rosters. This work will be



	<p>all centres in their remit to ensure that staff do not work additional shifts in other centres without appropriate rest periods. The practice of back to back shifts must cease.</p>	<p>rest periods.</p> <p>The registered provider has made additional changes to the IT system (NSS) that identifies F/T care staff working additional hours in other centres. A notification system will also be added to all centres rosters. This work will be completed by the IT department on the 25<sup>th</sup> of August 2021.</p>	<p>completed by the IT department on the 25<sup>th</sup> of August 2021. The notification will be sent to the centre management team and senior managers to ensure care staff have appropriate rest periods.</p>
	<p>The registered provider must ensure that persons working at social care team leader grade have three years' experience working at social care grade with children.</p>	<p>The registered provider will ensure that team leaders have three years' experience working at social care grade with children. One team leader does not have the required experience and will receive additional training and supervision with the training officer and centre management team.</p>	<p>The register provider has consulted with the HR department to ensure that persons working at social care team leader grade have three years' experience working at social care grade with children. Outcomes of interviews will continue to be reviewed at senior management meetings.</p>