An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 177

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Pathways Ireland**
Registered Capacity:	**Three young people**
Type of Inspection:	**Thematic unannounced**
Date of inspection:	**09th and 10th November 2021**
Registration Status:	**Registered from the 23rd September 2020 to the 23rd September 2023**
Inspection Team:	**Cora Kelly** **Catherine Hanly**
Date Report Issued:	**22nd December 2021**

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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 23rd of September 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 23rd of September 2020 to the 23rd of September 2023.

The centre was registered to provide care for three young people aged thirteen to seventeen years on admission, on a medium to long term basis. The centre had a clear statement of purpose that stated its approach to service delivery as representing best outcomes for young people, opportunities to achieve goals and build on strengths in a homely and supportive environment. There were three children living in the centre at the time of the inspection.

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 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 6th of December 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 15th of December 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: 177 without attached conditions from the 23rd of December 2020 to the 23rd of December 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

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.

To assess compliance against the criteria within this standard the inspectors reviewed the centre's care planning and reviews, placement planning and emotional and specialist support policies and procedures and assessed them against findings derived from various interviews and a review of documentation. Overall, it was evident to the inspectors from interviews with centre management and staff, senior management, three social workers and a review of relevant centre documentation and the young people's care files that each of the young people were receiving good care and support. Inspectors found up-to-date care plans on file for two of the three young people living in the centre with their statutory child in care review (CICR) meetings being held in line with regulations. For the third young person who moved to the centre two weeks prior to this inspection, their CICR meeting was scheduled to take place in the days following the inspection. A section in the care planning policy specified timeframes when statutory CICR meetings are required to take place. Absent from this was when initial statutory reviews are required; the first review should occur within two months of placement in residential centre. The inspectors recommend that this is added to the policy when it is being reviewed and updated next so that centre policy is congruent with statutory regulations.

There was a delay in the centre receiving a care plan for one young person with the HSE cyber-attack that impacted on Tusla services being cited as the reason for this. The centre manager in addition to the deputy manager or a keyworker attended statutory review meetings and other multidisciplinary meetings when required. The inspectors found that comprehensive and good quality minutes of reviews and supplementary meetings were kept. There was evidence that young people were supported to attend their statutory reviews, state their views and contribute to their plan. For one young person, it would be good for their keyworker to utilise their relationship more in supporting them in having their views heard at such meetings.

The three young people had placement plans on file. For two of the young people, it was evident from the review of their placement plans that the overall aims of their care plan and other needs identified by staff were reflected in the centre's placement plan and that it carried through to the care provided to the child living in the centre. There was good practice demonstrated here by staff and centre management. For the third young person their placement plan was based on information received by the centre at the referral stage of admission. Placement plan goals were clear across the areas of health, emotional development, education, identity and family and therapeutic planning. In interview a staff member was clear of their role and responsibilities as keyworker with the second staff member demonstrating a good awareness and understanding also of the keyworking system and the placement plan system. In line with the placement planning policy keyworkers, with support of social care leaders, held responsibility for developing and implementing placements plans in consultation with young people and social workers. Records evidenced that young people were encouraged to identify their own goals to work on. Overall, keyworking and individual work records evidenced good work being completed by staff with young people and good engagement by young people. Whilst forums were in place that ensured placement plans were subject to ongoing review, reference to discussions on placement plans was not consistently evident at the team meetings. Staff in interview described clearly examples of some of the goals contained within placement plans.

There was good evidence of organisational clinical input being provided to the care of the young people. In interview, staff gave a good account of where and how the input was discussed with the staff team and then implemented in practice. Staff spoke positively of this support and were satisfied with the overall approach.

Contact between the centre and young people's families was good. A good emphasis was placed on promoting family access and staff supporting the arrangements in place for the young people. Clear arrangements were in place agreed with social workers in this regard with centre records evidencing this.

In line with their care plans, access to external specialist supports had been identified for two of the young people. Whilst clear arrangements were in place for one young person there was a significant delay in an agreed specific therapeutic intervention being secured for the second young person. The centre had explored suitable options however, social work approval was required. As the young person had experienced a change in social worker it had halted the process. In interview, the newly appointed

social worker stated they would liaise with the centre manager immediately and follow up in securing the funding for the therapeutic intervention.

From the review of documentation there was evidence that there was good communication from the centre with social workers, two of whom were newly appointed and had yet to visit the centre and meet with their allocated young person and staff. Dates had been scheduled for this to take place. The third social worker was familiar with the centre for just two weeks, when the young person moved there. All social workers spoke positively of their engagement with centre management and staff to date. As the social workers weren't clear on the statement of purpose of the centre, the centre manager must ensure that they are provided with this information in addition to taking the opportunity to identify respective roles and responsibilities to ensure continuity of care to each young person's care plan and placement plan.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 17**
Regulation not met	**None Identified**

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

Actions required

- The centre manager must ensure that information on the centre is provided to all social workers.

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.

It was evident to the inspectors that the arrangements in place for leadership, management and governance were effective both internally and externally and that care provided to the young people was child centred and safe. The roles and responsibilities of all staff in the centre were clearly detailed in the centre's policies and procedures document. In interview, centre management and staff demonstrated their understanding of what was required of them in performing their respective duties. Organisationally, their commitment to a maintaining a culture of learning was demonstrated across all levels which filtered through to staff practices in the centre under the leadership and management of the centre manager and deputy manager. The stable centre management and staff team was a core factor in effective leadership, management and governance being in place.

The centre manager, as the appointed person in charge, was tasked with overall responsibility for the running of the centre. They were present in the centre Monday to Friday working normal office hours. They stated clearly in interview their role and responsibilities in providing clear, effective and safe care to the young people. The inspectors found the centre manager's oversight of care and centre practices across records. In interview, staff named that the centre manager was supportive, approachable, and available to the staff team. They were supported by a deputy manager who was also present in the centre Monday to Friday. Staff identified the deputy manager as a good support to staff and from the inspectors' interactions over the course of the inspection they demonstrated a very good understanding of the young people's needs and the operational running of the centre. In addition to the centre and deputy manager three social leaders formed the centre's internal management structure which complied with criteria under this standard. The arrangements put in place for the deputy manager stepping up into the centre

managers position during their time off were effective. A written delegation of tasks record was in place.

The mechanisms in place for governance were clear with those holding governance roles clear of their responsibilities. The role of the organisation's compliance and complaints officer was proving effective with this and ensuring the ongoing learning was taking place. The centre manager reported to the service manager as their line manager. It was the inspectors' findings that the service manager was providing good support to centre management, they had a good awareness of the young people's circumstances and needs and what was being done to progress these. The organisation's digital system was assisting their oversight of paperwork practices. However, the inspectors recommend attendance at some team meetings to satisfy themselves that discussions are being held as required.

The operational policies and procedures were developed in line with the National Standards for Children's Residential Centres, 2018 (HIQA), relevant legislation, national guidelines, and regulatory requirements and were implemented in the centre in September 2021. All staff in the centre had been provided with training on the implementation of the updated document. Staff were kept updated on revisions to policies and procedures regularly through training and discussions at team meetings.

In line with policy centre management and staff described in interview the risk management framework in place and from this had a good understanding of the processes for the identification, assessment and managing of risk. Individual risk assessments, individual crisis support plans, pre-admission risk assessments, impact risk assessments were elements of the risk management framework. The inspectors observed these records during their review of the young people's files.

An improvement to the risk management framework was deemed required as it was found that some of the risk assessments in place were not accurately reflective of actual ongoing risks presented by young people. This coincided with review mechanisms not being detailed in the centres guiding policy. The service manager was aware of this deficit as it had also been identified by inspectors during their inspections of other centres within the organisation in the two months prior to this inspection. The deficit was being addressed as part of these inspections and this was being implemented at the time of the inspection. Going forward active risk assessments will be reviewed at team meetings to ensure that monitoring of risk takes place.

There was a service level agreement in place with the funding body Tusla with documentation submitted as required.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

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

Actions required

- None identified.

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.

The centre had policies and procedures on recruitment and workforce planning and staff support and retention with the latter including guidance and information on induction, training, supervision, appraisals, on-call, employee assistance programme and debriefing. There was evidence that the organisation and centre regularly undertook workforce planning. Mechanisms in place included dedicated discussions at monthly management meetings, staff rota, provision of ongoing professional supervision and training and development.

There was a consistent staff team in place in line with the centre's statement of purpose and the needs of the young people in placement. The staff team comprised

of a centre manager, deputy manager, three social care leaders and six social care workers. Two appropriately qualified social care workers, with one having considerable experience, joined the team since the last inspection. Regular relief staff were available to support the staff team and cover the varying types of leave. A sample of personnel files were reviewed with all the required documentation being held on file.

In line with policy several arrangements were in place that promoted staff retention. In addition to those listed above other retention measures included maternity benefit, paternity leave and education support. It was evident that they were proving effective.

Staff in interview had a good understanding of the policy for on-call and out-of-hours support.

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**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that information on the centre is provided to all social workers.	The centre manager provided all allocated social workers with the centre's statement of purpose. This was completed by the 14/12/2021.	As part of the admissions process, the centre manager will provide all allocated social workers with the centre's statement of purpose. Additionally, any changes made to the statement of purpose will be communicated to allocated social workers in a timely manner.
5	None identified.		
6	None identified.		