



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Pathways Ireland
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	16th and 17th August 2022
Registration Status:	Registered from the 23rd September 2020 to the 23rd September 2023
Inspection Team:	Lorraine Egan Cora Kelly
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	7
3. Inspection Findings	8
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	16

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 23rd 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 September 2020 to the 23rd 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
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 14th 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 26th 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: 177 without attached conditions from the 23rd September 2020 to 23rd September 2023 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.

Overall, inspectors found that young people living in the centre experienced very good quality child centred care. There was evidence of strong commitment and support being provided by the team and consistent relationships had been built between staff and young people which contributed to two of them progressing well in their placement. Inspectors found the house to be very homely and welcoming with warm interactions observed between young people and staff during the onsite visit.

There was a culture of openness in the centre and giving voice to what young people had to say. Participation in this way was observed through young people's meetings, key working, conversations of note, team meetings and Life Space Interviews (LSI). However, young people's contributions to placement planning were not as apparent and staff practice of recording their views should be improved in this regard so that any consultation taking place is reflected more strongly on the files. Information on children's rights was outlined in the young people's booklet which was provided at the time of their admission to the centre. It contained details of the steps to take when making a complaint and how dissatisfactions are acted on so that resolutions can be reached. There was also signposting on how to escalate a complaint to the Ombudsman for Children as well as Tusla's Tell Us process. EPIC had visited the centre to offer advice to two of the young people and one had been actively engaged with the organisation over a recent period of time including taking part and winning one of their competitions.

Although, there was evidence that everyday living issues raised by young people were welcomed by staff and generally resolved promptly, inspectors found that the complaints system was confusing when implemented in practice. This related specifically to the way dissatisfactions were documented on centre files. Deficits were identified in the recording of the centre's non-notifiable and notifiable complaints including their resolutions and informing young people of the outcomes. In addition,

there were gaps observed in how young people gave feedback on their experience of the process as there was not a consistent mechanism in place for them to do this. Further the paperwork for the management of complaints was not always filed together and it was difficult to track or determine the types of complaints already made from the entries in the complaints register. Centre management must ensure that complaints records contain full details including resolutions, outcomes and the point at which young people are informed of results as well as feedback on their experience of the process. The centre's complaints register should be reviewed so that the entries contain appropriate details for each item logged.

At interview, staff were knowledgeable of the centre's policy on complaints as well as their responsibilities in supporting young people to access the process. While the information contained in the policy was user-friendly, inspectors found that it should be reviewed to include the steps to follow when informing young people of outcomes. Also, the policy should reflect more clearly the thresholds for each category of complaint and strengthen the procedure for when a significant event notification (SEN) is required. A small number of complaints had been recorded on centre files where one young person had experienced a significant amount of threats, intimidation and bullying by their peer. This did not correlate with the unhappiness expressed by the young person to inspectors or observed by them across various centre records. This should be reviewed by centre and senior management to ensure that all these events were captured, and efforts were made by staff to consistently respond to the young person. This should also include assessing if the young person had been fully heard on how they were experiencing all incidents as well as the periods where the threatening behaviour had escalated in the centre. Consideration should be given to thresholds reached for reporting as child protection concerns to Tusla, the child and family agency. This will be discussed further in the context of child protection concerns later in the report.

Complaints were discussed at the significant event review group (SERG) meetings for learning purposes. However, team or senior management meeting minutes did not record any details of how learning from complaints was to be implemented in practice by staff in the centre. There was evidence to show that one young person had been provided with an opportunity to meet with a senior manager to give feedback on how one of their complaints was managed. One young person spoke to inspectors and described how they *'loved living in the centre and got on very well with staff'* but that they were *'unhappy'* and *'didn't feel safe'* because of the incidents of threats and intimidation targeted at them. They wanted to move bedrooms as they thought this would lessen the impact on them, but the centre said that this was not an option

because of heating issues in the alternative room. Inspectors recommend that this request is reviewed to examine other alternatives for the young person. Allocated social workers said that they were satisfied the way complaints were managed in the centre and they experienced a culture of transparency and listening to young people.

A complaints officer was appointed in the organisation and this role involved reviewing themes from the National Standards for Children's Residential Centres, 2018 (HIQA). Although there was no current audit completed by them that incorporated complaints, a self-audit had been conducted by the centre manager which included complaints, however it had not identified the deficits outlined in this report.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that staff practice of recording young people's views regarding placement planning is improved so that any consultation taking place is reflected more strongly on their files.
- Centre management must ensure that complaints records contain full details of resolutions, outcomes and informing young people. Feedback on their experience of the process should also be recorded.
- The centre manager must ensure that the complaints register is reviewed so that the entries contain appropriate details for each item logged.
- Centre management must review complaints for one young person to ensure that all instances of dissatisfactions were captured and responded to. Consideration should be given to how they were experiencing these incidents at that time and whether incidents should have been reported as child protection concerns to Tusla, the Child and Family Agency.

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.

Inspectors found that the centre was not fully operating in compliance with Children First and relevant legislation. The centre had a child safeguarding policy in place which was in general, aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. However, some amendments were required regarding the mandated reporting procedures and the reasonable grounds for concern process. Further, in relation to one child protection incident, the centre was unclear on their statutory responsibility to report a disclosure of underage consensual sexual activity and sought direction from the placing social work department. While this was reasonable to ask for this advice, the centre should have been fully informed of the mandated thresholds for reporting concerns. This specific consultation impeded reporting in a timely way as contrary guidance was provided by Tusla initially. When escalated internally to the organisation's designated liaison person, (DLP) accurate instruction was given to the centre manager to report. However, this should have been identified more promptly so that the appropriate response to the child safeguarding concern was implemented without delay.

While in general, reports were forwarded to Tusla as required, from a review of centre files, inspectors identified a retrospective disclosure of abuse that should have been communicated to the young person's placing social worker to determine if it contained information unknown to the department. The allocated social worker told inspectors that they had not been made aware of these details. The centre must forward the information as soon as possible along with completing an SEN for the conversation that took place and ensuring that the disclosure is recorded as part of the centre's reporting procedures. The centre's policy must contain reference to Criminal Law (Sexual Offences) Act 2006 and 2017 as well as procedures for dealing with retrospective disclosures and child sexual exploitation. It should be reviewed in conjunction with Tusla's Child Safeguarding: A Guide for Policy Procedure and Practice to ensure alignment with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre's child safeguarding statement had been reviewed by the child safeguarding statement compliance unit (CSSCU) and

a letter had been received stating that they were compliant with their statutory requirements.

Staff interviewed had good child safeguarding policy knowledge but there was lack of clarity on when to seek advice from social work departments on reporting. The updated policy and procedures should be revised with the staff team. Tusla's E-learning module on child protection had been completed by staff and ancillary training was provided by the organisation on the centre's policy on an annual basis. DLP training had been completed by the organisation's designated liaison person. The centre manager who has the role of deputy designated liaison person stated that they had not attended this training but it had now been sourced for them while the inspection was ongoing. There was a system in place to monitor the progress of child protection referrals including a register maintained for reports submitted to Tusla and one for those that had not reached the threshold for reporting. Risks and concerns were discussed at the SERG meetings with centre and senior management but there was no evidence that they were talked through at team meetings even though they were items on the agenda for follow-up.

Staff worked well with young people, their families, social workers and other professionals to advocate to keep them safe. Young people were learning about safety and wellbeing and received key-working sessions on consent, self-care, online safety and substance misuse. They were assisted to understand their specific vulnerabilities. Strategies, safety plans, risk assessments and absent management plans were implemented to support individual risks. Ancillary meetings were held involving guardian ad litem, gardai and other professionals to strengthen the protection mechanisms already in place for young people while inside and outside the centre. Extra staffing was also rostered so that the supervision of young people was increased. However, as stated above, for one young person, where they were numerous instances of bullying, threats and aggression by their peer over a prolonged and on some occasions a sustained period of time, these incidents had not been recognised as child protection concerns and had not been reported to Tusla as such. This deficit was not identified on the centre audits or when escalated to senior management and overall, the number of significant event notifications did not correlate with the amount of incidents observed on centre files by inspectors. While consistent interventions and ongoing reviews had been in place to minimise its effect and to keep young people safe including updated risk assessments, safety plans, clinical guidance and multidisciplinary meetings, the bullying continued. Prior to the inspection commencing, an alternative respite placement was identified for one young person as part of the response to the increased incidents. One young person

remaining in the centre told inspectors that this had improved their everyday living experience and they felt safer. As the staff team were very invested in all the young people doing well and motivated to provide the same opportunities of good care that could benefit all of them equally, this perhaps hindered an otherwise more immediate resolution to this abusive behaviour. A bullying programme had not been completed with young people in the centre and inspectors recommend that it is sourced as soon as possible. The centre had a protected disclosures policy in place. Centre and senior management must ensure that the organisation and the staff team recognise the instances of bullying behaviour that meet the threshold for reporting as child protection concerns and that this is responded to in line with Children First, relevant legislation and the centre's bullying policy.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the child safeguarding policies are reviewed and updated so as to ensure they are fully compliant with Children First, National Guidance for the Protection and Welfare of Children, 2017. The updated policy and procedures should be revised with the staff team.
- The registered provider must ensure that the staff team's training is refreshed so that they are made aware of all of the types of child protection concerns to report to Tusla so that they are in compliance with their statutory obligations.
- The centre manager must ensure that where retrospective disclosures occur, that the placing social work department is consistently communicated with to determine if the information is already known to them. All information must be recorded as part of the centre's reporting procedures.
- Centre and senior management must ensure that the organisation and the staff team recognise the instances of bullying behaviour that meet the threshold for reporting as child protection concerns and that this is responded

to in line with Children First, relevant legislation and the centre's bullying policy.

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.

Young people's health and wellbeing was promoted by the staff team in the centre and planning was evident on their care records including care plans and placement plans. The centre worked closely with social work departments to ensure goals were being met and appointments had been scheduled within the weekly and monthly timetables and a formal record was kept of all medical appointments. Staff interviewed were aware of the health priorities for young people and were actively involved in the co-ordination of any ancillary supports required. Each young person was registered with a doctor and had access to dental, audiology and optical care services when they needed them. Funding was sought and approved for necessary specialist work. Immunisation records, hospital passports and medical cards were contained within young people's files. Specific health needs were identified in the information provided to the centre prior to admission and each young person received a medical when they moved to the centre.

Key working and one to one records evidenced a focus on physical health and emotional wellbeing. The staff completed work with young people about sexual health, good hygiene, mental health supports, resilience in managing emotions and health eating and positive body image. Staff encouraged activities and hobbies as ways to keep young people active and healthy. There was evidence of the team talking to young people about the harmful effects of substance misuse and drinking alcohol.

Young people's specific mental health needs were prioritised and monitored, and they were encouraged to access therapeutic supports if they needed to in order to facilitate their emotional and psychological well-being. Individual counselling was provided or where not yet in place was being secured. Where young people were not engaging with support services identified as part of their care planning, there was a dedication by the staff team to maintain its accessibility should they wish to commit to it at another time. In addition, the team benefited from clinical support and guidance provided by the organisation's systemic psychotherapist on a monthly basis. Assessments had been completed by some young people and recommendations were

being considered by the staff team in conjunction with allied professionals to use these to inform interventions in their daily living.

Appropriate medication management policies and procedures were in place relating to the storage, administration, and disposal of medication. Records reviewed by inspectors relating to administration of medication were complete and showed oversight from management. Staff were trained in the safe administration of medicines and had completed modules in suicide ideation and prevention also. A number of the team had yet to attend first aid training. While consent forms were on the young people's records for unprescribed medication, written consent should also be sought from social workers or parents where the child is under sixteen years of age. Where emergency prescribed medication was required, the staff team had consulted in a timely way with the placing social worker before being administered.

Compliance with regulations	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that written consent is sought from placing social workers or parents where the child is under sixteen years of age.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that staff practice of recording young people's views regarding placement planning is improved so that any consultation taking place is reflected more strongly on their files.</p> <p>Centre management must ensure that complaints records contain full details of resolutions, outcomes and informing young people. Feedback on their experience of the process should also be recorded.</p> <p>The centre manager must ensure that the complaints register is reviewed so that the entries contain appropriate</p>	<p>The centre manager will review all young people's placement plans on a monthly basis to ensure that they clearly evidence the young people's views on placement planning.</p> <p>The registered provider has introduced a new complaints form for the young people's files which incorporates the management and outcome of complaints and feedback provided by young people on complaints. This has been in operation since 29th of August 2022.</p> <p>The centre manager will review the complaints register on a monthly basis to ensure that entries contain the appropriate</p>	<p>Additional resources are being implemented to prevent this issue arising in the future. The centre manager has appointed a social care leader in the centre to provide additional oversight to placement plans for each young person.</p> <p>The centre manager will provide oversight to all complaints forms in the centre. Complaint forms 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 resolution, outcome and feedback on complaints is recorded on the young people's files.</p> <p>The centre manager will provide oversight to the complaints register on a monthly basis. Additionally, the register will be</p>

	<p>details for each item logged.</p> <p>Centre management must review complaints for one young person to ensure that all instances of dissatisfactions were captured and responded to. Consideration should be given to how they were experiencing these incidents at that time and whether incidents should have been reported as child protection concerns to Tusla, the child and family agency.</p>	<p>details for each item logged.</p> <p>Centre Management have reviewed complaints/incidents for one young person on 16th and 19th of September. After this review the centre management team consulted with the young person on 22nd of September regarding their experience. The young person was satisfied with the conversation and support offered.</p>	<p>reviewed during internal audits to ensure that it contains the required information.</p> <p>The centre management team will review logged complaints daily and identify any trends, patterns that are emerging and consult with the young person immediately.</p> <p>Any complaint/incident that meets the threshold will be reported as child protection concerns to Tusla, the child and family agency.</p>
3	<p>The registered provider must ensure that the child safeguarding policies are reviewed and updated so as to ensure they are fully compliant with Children First, National Guidance for the Protection and Welfare of Children, 2017. The updated policy and procedures should be revised with the staff team.</p> <p>The registered provider must ensure that the staff team's training is</p>	<p>The registered provider together with senior management reviewed the safeguarding policies which are fully compliant with Children First, National Guidance for the Protection and Welfare of Children, 2017. The centre management and care team completed a full review of the safeguarding policy in their team meeting on Thursday 22nd of September.</p> <p>The registered provider will arrange for the care team to participate in refresher</p>	<p>The safeguarding policies will be reviewed and updated as required with senior and centre management in the 1st quarter of 2023 and thereafter on an annual basis. All management and care team members will receive the policy and procedure training in the first quarter of 2023.</p> <p>The registered provider provides internal training on child protection, with</p>

	<p>refreshed so that they are made aware of all of the types of child protection concerns to report to Tusla so that they are in compliance with their statutory obligations.</p> <p>The centre manager must ensure that where retrospective disclosures occur, that the placing social work department is consistently communicated with to determine if the information is known to them. All information must be recorded as part of the centre's reporting procedures.</p> <p>Centre and senior management must ensure that the organisation and the staff team recognise the instances of bullying behaviour that meet the threshold for reporting as child protection concerns and that this is responded to in line with Children First, relevant legislation and the centre's bullying policy. The policy should be</p>	<p>child protection training with a focus on the types of child protection concerns in the 3rd quarter of 2022. All care team members have completed training on the role of mandated persons.</p> <p>The centre manager will ensure that all disclosures are reported in line with centre policy and Children First, National Guidance for the Protection and Welfare of Children, 2017. The policies review group will examine Criminal Law (Sexual Offences) Act 2006 and 2017 as well as procedures for dealing with retrospective disclosures and child sexual exploitation.</p> <p>Centre and senior management will ensure that going forward bullying behaviour that meets the threshold for reporting as child protection concerns is included as part of the internal child protection training. The centre manager will ensure that where concerns meet the threshold that these are responded to in line with Children First and the centre's policy on bullying. The</p>	<p>refreshers occurring every two years to supplement the online Tusla child protection training. In addition, child protection policies will be regularly reviewed at team meetings.</p> <p>All care team members will be provided with regular internal training in child protection to complement Tusla's online child protection training. Additionally, all care team members have completed training on the role of mandated persons. The registered provider is currently awaiting dates for the centre manager to attend training on the role of the DLP.</p> <p>The bullying and child protection policies will be regularly reviewed by the care team at team meetings.</p>
--	---	--	---

	reviewed with the staff team.	centre manager will review the policy on bullying with the care team at the team meeting by 30 th of September 2022.	
4	The centre manager must ensure that written consent is sought from placing social workers or parents where the child is under sixteen years of age.	The centre manager sent updated medical consent forms for completion to the allocated social workers for each young person on the 16 th of August 2022.	The centre manager will continually ensure that written medical consent is sought from each young person's allocated social worker or parents upon admission to the centre.