



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Pathways Ireland
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	19th & 20th April 2023
Registration Status:	Registered from the 23rd September 2020 to the 23rd September 2023
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	29th May 2023

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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 23rd September 2020. At the time of this inspection the centre was in its first registration and was in year three 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 young people 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	1.5
2: Effective Care and Support	2.6
4: Health, Wellbeing and Development	4.3

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 3rd of May 2023. There were no issues requiring action identified during this inspection across the standards examined therefore no requirement for the registered provider to submit a corrective and preventive actions (CAPA) plan to the inspection and monitoring service. The findings of this report 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 September 2020 to the 23rd of September 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

It was evident to inspectors through the information gathered that all staff in the centre recognised the important role played by family members and friends in the lives of the young people. There were clearly understood arrangements in place for maintaining connections with family members and keeping parents informed about their child's placement in line with each child's care plan and respecting their individual wishes. There was evidence that family contact was planned, supported, and facilitated by the staff team in accordance with agreements made at statutory care planning processes. Social workers acknowledged the role fulfilled by the staff team in facilitating family access and keeping parents updated on relevant aspects of their child's life at the centre. In addition to face-to-face contact, there were arrangements in place for video and regular phone calls for young people. Young people communicated to inspectors via questionnaire and during an in-person meeting, that they were satisfied with their current respective arrangements for family contact. Family members and friends were afforded the opportunity to visit with young people at the centre if they so wished. Parents were provided with the opportunities to be involved in statutory care planning meetings and in other relevant meetings relating to their child's placement. Records reviewed by inspectors demonstrated a naturally supportive and professional interest by staff in engaging each young person in conversation about their family, the contact they had with the various members, and their feelings about this.

Inspectors found evidence of good efforts by the staff team to seek out community engagement opportunities for young people and to encourage them to become involved in local activities and clubs. Some young people had participated in extracurricular activities linked to their school and for others, ongoing exploration of local activities and hobbies was taking place. Staff respected the individual choice by young people not to engage in such activities but there was a keenly demonstrated awareness of the importance of supporting young people to make connections that could extend beyond their placement in this centre. The staff team recognised the importance of peer relationships and connections for individual young people,

particularly for those that had reduced family networks available to them, and actively supported the young people in their skill development to maintain positive peer relationships.

Birthdays and other special occasions were celebrated and marked for young people in accordance with their peers' experiences.

Each young person had access to both their own mobile phone, the telephone at the centre and had access to the internet. There were televisions at the centre also that had connections to a range of media. There were clear arrangements in place, with expectations having been communicated to each young person, regarding their use of mobile phone and social media. There was evidence that educative pieces of work had been done and were continuing with the young people to support them in keeping themselves safe through their use of social media.

Compliance with Regulations	
Regulation met	Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

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

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Inspectors found evidence that young people were being listened to and were actively involved in the decision-making processes relating to their respective placements in

this centre. This included participation in their statutory care planning processes and the internal placement planning process which supported young people to identify their own individual goals. Two of the young people residing in the centre at the time of this inspection were aged 16 and over and there was clear evidence that they had both been involved in relevant decision-making linked to their transition from childhood to adulthood. Preparation for aftercare for both young people had commenced and was progressing in accordance with their respective ages and abilities. One of the young people was formally linked with a Tusla aftercare worker and was engaging with them on a regular basis. They had a formal aftercare plan in place that had been updated and was reflective of the skill development required for them to progress towards independence. Staff in the centre were supporting this young person in their preparation for leaving care, including the exploration of third level education in conjunction with possible accommodation options. The second young person had turned 16 several months prior and had been informed by Tusla that an aftercare worker would be assigned soon although no date had yet been identified.

One of the young people was undergoing a formal assessment process that would assist in the identification of appropriate and necessary supports for them in their aftercare planning.

Separate to the formal aftercare needs assessment and plan, the centre had established their own assessment and planning process that informed direct work with each young person in accordance with their capacity and need. There was evidence that a natural yet focused approach to the realisation of necessary independent living skills took place on a regular basis at the centre through individual work. This was clearly documented in placement plans and monthly goals and was supported by the company's internal therapist through the provision of resource material and their direct input.

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

Compliance with standards	
Practices met the required standard	Standard 2.5
Practices met the required standard in some respects only	None identified

Practices did not meet the required standard	None identified
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Actions required

- None identified.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that positive and effective practices were in place at the centre that were aimed at supporting each young person to achieve their individual potential in terms of their learning and development. Each of the three young people were engaged in full time educational places that had been identified as being appropriate to their individual needs and abilities. There were clear and focused individual educational plans on file that provided clear guidance on each young persons' school routine, timetable, uniform, and contact persons. Daily lifts to and from school were facilitated in a timely manner and support was provided to young people with homework and in negotiating the social aspects of school life.

School placements had been secured for the young people promptly following their admission to the centre. Staff members were familiar with each of the schools and the relevant persons of contact. There had been relevant meetings attended by staff members to ensure that young people were appropriately supported in their education. There were clear and detailed records maintained on previous educational achievements and there were detailed accounts provided at individual statutory child in care meetings on educational progress to date. There was evidence that discussions had already taken place for two of the young people related to their respective progression in education. This was particularly salient for one young person that was approaching the end of their second level education and thus a more complex conversation around onward placement and engaging in third level education was ongoing.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.