



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 186

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Pathways Ireland
Registered Capacity:	Single occupancy
Type of Inspection:	Announced
Date of inspection:	22nd & 23rd May 2023
Registration Status:	Registered 12th January 2021 to 12th January 2024
Inspection Team:	Ciara Nangle Sinead Tierney
Date Report Issued:	11th July 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 12th January 2021. 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 12th January 2021- 12th January 2024.

The centre was registered to provide single occupancy to a young person from age thirteen to seventeen years on admission on a medium to long term basis. At the time of inspection, there was one young person living in the centre aged under thirteen. An application for derogation against the purpose and function of the centre had been made in respect of the young person and was approved. The work of the centre was underpinned by a therapeutic model of care built on a foundation of core values, principles, and theoretical approaches. There was a focus on attachment and trauma informed care, and the inclusion of the voice of the child.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
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 on the 9th June 2023 and to the relevant social work departments on the same date. 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 21st June 2023. 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: 186 without attached conditions from the 12th January 2021 to the 12th January 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Inspectors found that the premises was suitable for providing safe and effective care and support to meet the needs of the young person resident. The centre was designed specifically to meet the needs of this young person. The centre had adequate living spaces, which included a small kitchen, dining area and a separate living room. There was also a staff office, two staff bedrooms and the young person's bedroom. The centre was clean and tidy on the day of the inspection and inspectors viewed evidence of cleaning schedules in place. The centre had three outdoor spaces which were equipped with activities specifically tailored to the young person's needs and interests. Inspectors observed the young person enjoying one of the outdoor spaces and they appeared relax and comfortable within the centre and with the staff team. At the time of inspection, one of the outdoor areas had just been put out of use following the completion of a risk assessment due to damage to the flooring and this had been logged for repair.

The young person had their own bedroom. It was decorated in colours chosen by the young person. The room had an ensuite bathroom. There was limited furniture, storage and soft furnishings within the bedroom however it was noted that this was due to the young persons needs and presentation. This was something the centre manager and staff advised in interview that they continuously kept under review.

The centre was decorated with pictures of the young person and with artwork and projects they had completed. An occupational therapist (OT) had recently been engaged who had reviewed the centre with a view to making recommendations around sensory and supportive equipment for the young person. The centre and management team advised in interview that they were committed to implementing

any recommendations from the OT's report, once available, to ensure the environment is appropriate to meet the needs of the young person.

Evidence of compliance with fire safety and building regulations was submitted at the time of registration in 2021 and no material changes were made to the building since then. There were policies in place that covered all aspects of the upkeep and maintenance of the accommodation. The register evidenced that regular, daily monthly and annual checks were conducted on the fire alarm, emergency lighting and safety equipment as required. The fire extinguishers were in locked rooms away from the main living area and there was a risk assessment in place in relation to this. All staff were trained in fire safety including the use of extinguishers and there was a designated fire safety officer. Due to the young person's needs the centre was implementing monthly fire drills to maximise their engagement should a real fire occur. On the day of inspection, on testing, one of the fire doors did not seal on activation of the alarm. This was subsequently tested by the centre and the door sealed appropriately. The centre escalated this to the appropriate fire safety contractors and while awaiting their review which was to occur the week after inspection, they implemented a risk assessment which included daily checks and they had the doors reviewed by their maintenance department. The centre also committed to checking the closing of the doors and explicitly recording this in future audits and daily checks as this had not been recorded to date.

The centre had a site-specific safety statement in place dated January 2023. This included individual responsibilities, the procedures for risk assessments and reporting mechanisms. There was identification of centre hazards and risk assessments and control measures. This was reviewed at a team meeting in May 2023 with the staff team and in interview staff demonstrated an awareness of the contents of this statement.

Accidents were recorded appropriately and there was a procedure in place for the notification of workplace accidents in line with the relevant Health and Safety Authority legislation. Staff were provided with protective equipment as required to minimise the risks to the welfare. Accidents related to the young person were recorded and a record maintained within their care records.

The Complaints and Compliance Officer (CCO) had recently completed a themed audit under standard 2.3 of the National Standards for Residential Centres, 2018 (HIQA) in the centre. This audit had been shared with the management team of the centre on the day of the inspection and as such an action plan was not yet in place to

address the identified deficits. This audit did not specify checks completed on the fire doors and the CCO agreed that this audit will be updated to ensure this is included within future audits.

Inspectors reviewed records relating to the centre vehicle which evidenced that weekly and daily checks were completed, and the vehicle had a valid NCT certificate was taxed and insured and serviced regularly. All staff who drove had licences on their personnel file and the appropriate insurance was in place. Travelling in the car was an area of risk for this young person and the centre had implemented effective controls, e.g. screen in the car to reduce this risk. This had been agreed with all professionals in advance of its implementation.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed under this Theme
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards were assessed under this Theme

Actions required

- The centre manager and registered provider must ensure that fire doors are routinely checked for their effective operation, and this is explicitly recorded within logs.

Regulation 10: Health Care

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.

The centre had a policy in place in relation to education which included non-attendance at education. The centre had made significant efforts to engage the young person with an appropriate educational placement. The centre had worked closely with the Education and Welfare officer (EWO), Special Education Needs Organiser (SENO) and social work department to advocate and secure an educational placement for this young person.

The young person had an individualised approach to their education, attending two different services, one within the centre and one external. Within the centre the staff supported the home tutor as required and maintained a record of the subjects completed and the young person's engagement. When attending the external educational facility, the centre ensured that the young person was transported to and transitioned into the school as successfully as possible.

In advance of the young person commencing their educational placement, the centre in conjunction with the EWO, SENO, school and social work department had implemented a transition plan, which included personnel from the school visiting the centre. This assisted in a positive introduction to the educational setting. Monthly meetings with the centre, school and relevant professionals continued in relation to the planning for the young person's education and identifying supports required. From a review of the minutes from these meetings it was evident that the centre manager had been advocating for increasing the young person's time in school in line with their needs and best interests. It was reported that an application for additional supports was being progressed to increase the young person's time in the school setting, however at the time of inspection a decision was not yet made in this regard.

It was evident from the young person's educational records that some difficulties within the school placement had been arising. It was not immediately clear to inspectors the extent of the work that the centre was undertaking to support the young person in managing their behaviour within the educational placement considering these difficulties. On exploration with staff during interview, inspectors ascertained that further work, guided by clinical professionals was being undertaken

to support the young person in managing their school placement. However, these were not linked within the placement plan or key working goals to education and improvement in this regard is required so that all working with this young person are clear on the focus of the work being completed and the educational goals so that this young person can continue to progress in their education.

The allocated social worker confirmed that all efforts were being made to support this young person accessing additional educational supports and that the current arrangement was appropriate at this time give the young person's needs.

Compliance with Regulation	
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 4.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that work undertaken to support this young person's education is linked to their placement goals and key working plans.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager and registered provider must ensure that fire doors are routinely checked for their effective operation, and this is explicitly recorded within logs.	The fire doors continue to be checked weekly to ensure effective operation, all fire doors are fully functioning with no physical and technical faults noted. All routine fire door checks will be recorded within the fire book. The fire safety contractor has a scheduled visit to the centre on Tuesday 20 th of June 2023 whereby all doors will receive a routine inspection. All fire doors passed inspection.	The fire safety document will be updated to explicitly include checks on effective operation of fire doors. Fire doors checks occur monthly during routine fire drills. The CCO will examine the operation of fire doors during audits completed under Standard 2.3 in the centre.
4	The centre manager must ensure that work undertaken to support this young person's education is linked to their placement goals and key working plans.	The young person's placement plan was updated on 1/06/2023 to ensure that work related to supporting the young person's behaviour in school was appropriately recorded in the corresponding section of the placement plan. This will form part of the young person's key working goals in preparation for their return to school after the summer break.	The centre manager will review the young person placement plan and key working goals monthly to ensure that they correspond to work being completed to support the young person's behaviours in their education setting. Placement plans will be reviewed during audits under Standard 4.3, self-audits under Theme 4 and service manager visits to the centre to

			ensure that this correlation is clearly recorded.
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