



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Pathways
Registered Capacity:	Single occupancy
Type of Inspection:	Announced themed inspection
Date of inspection:	22nd and 23rd January 2024
Registration Status:	Registered from 12th January 2024 to 12th January 2027
Inspection Team:	Linda Mc Guinness Anne Mc Evoy
Date Report Issued:	21st February 2024

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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 second registration and was in year three of the cycle. The centre was registered without attached conditions from 12th January 2024 to 12th January 2027.

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 and reviewed regularly. 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
1: Child-centred Care and Support	1.5
4: Health, Wellbeing and Development	4.1
6: Responsive Workforce	6.3

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 the young person and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff and the allocated social worker. Inspectors consulted with one parent of the young person. 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 person, staff and management for their assistance throughout the inspection process.

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 department on the 31st of January 2024. There were no actions requiring attention, and the centre manager confirmed in writing there were no inaccuracies in the report on the 1st of February 2024.

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: 186 without attached conditions from the insert date 12th January 2024 to the 12th of January 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 17: Records

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.

Inspectors found this standard was met in full. The centre had a range of policies that highlighted the importance of contacts with family and their inclusion in planning, where possible. These policies included admissions, children's rights, contact with families, placement planning and creating a safe and homely environment. In interviews with inspectors, the manager and care team were cognisant of the role of family and highlighted that their meaningful involvement in the care of young people was built into the ethos of the service.

In line with national policy, statutory child in care review meetings took place each month and the centre was generally provided with an updated care plan in a timely manner. Contact with key family members was clearly set out on the most recent care plan on file and was also included on the placement plan dated January 2024. Records of meetings and general communication between the care team and the allocated social worker evidenced detailed attention to organising and supporting family contact.

The social worker spoke with inspectors and commended the centre manager and care team for ensuring that the child maintained positive links with family despite being placed a considerable distance from their community of origin. They highlighted that the team had worked hard to support and increase the duration of weekly visits with their parent and that this was done at the child's request and at their pace. The parent, care team and social worker all felt that this was a positive development that could be further built upon in time. The parent of the young person spoke highly of the supports on offer, and they told the inspector that they felt fully involved in their child's care. They attended each child in care review meeting and received telephone updates each week. They were always part of celebrating birthdays and other special occasions. This was evident from photos and mementos

displayed throughout the house that the young person was proud to show one inspector.

There was adequate staffing to facilitate family contact and support both child and parent if difficulties arose. The young person had suffered a family bereavement and there was evidence that the care team was supporting them to understand and process this loss. Additionally, the team was facilitating the development of new relationships with family members in a planned and considered way in consultation with the primary family member and the social work department.

Records of family contacts and the outcome of these were maintained to a high standard on the young person's care file.

At the time of the inspection, the young person did not have the capacity to be involved in organised community activities, however there was evidence that the care team worked hard to facilitate the development of social skills and organised community trips and outings with them. Inspectors observed warm caring interactions between the care team and young person, and it was obvious that these relationships were key to setting goals and responding to needs. The young person met with the inspector and showed them around the house and garden. They were able to show various ways in which their interests and hobbies were encouraged with chess, books, music, baking, cars and gaming consoles for example. The inspector had completed a previous inspection of this centre and, since that time, could see significant progress in the young person's engagement, language and social skills. They recently celebrated a birthday, and this was marked with a celebration, cake, cards and gifts and there was evidence that occasions such as this were documented in photographs.

The young person was too young to have a mobile phone but could contact family members and social workers with the support of the care team.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 17
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	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required.

- None identified.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre had a comprehensive policy that provided the care team with clear guidance around health general wellbeing and development. The policy stated *“Health and wellbeing refers to a young person’s holistic sense of physical, emotional, and psychological wellness. It embraces the whole person rather than solely focusing on the absence of ill health and disease”*. Inspectors found that this was being implemented in day-to-day practice and strategic planning.

There was evidence that the statutory care plan and placement plan took account of all aspects of physical and mental health. Records showed that there was effective communication between the centre, the social work department, and other external services to promote the health and development of the young person. They presented with various sensory needs and the care team was very attuned to these with the support of the clinical team. Under their guidance, the care team was implementing interventions such as externalisation and somatic interventions and there was already evidence that these were resulting in positive outcomes.

A private occupational therapy assessment was completed, and a comprehensive report provided to guide the team in their work. Any required extra resources and supports were being considered and would be provided in consultation with the social work department.

Inspectors observed that there were adequate quantities of nutritious food and drinks in the centre. There was evidence that the care team discussed food choices with the young person and that their individual likes and preferences were considered. While they encouraged the young person to share meals there was an acknowledgement

that routines needed to be adapted to meet the specific needs of the young person and that progress in this regard would take time. Varied, therapeutic physical activities were built into weekly activity planning in consultation with the young person. They were facilitated to attend specialist summer camps during school holidays.

The team with the support of the consultant psychotherapist had begun to provide age-appropriate guidance and education relating to puberty. Key working in areas such as exploring emotions, managing worries and social skills development were completed using child friendly tools, visual aids and other resources. There was evidence, through the records reviewed, that the care team encouraged the child to develop skills to manage personal care and hygiene. The social worker, young person's parent and care team reported that progress in this area was significant and the requirement for intimate care while supported by a policy, was now minimal.

It was clear that the living environment was specifically tailored to meet the needs of this young person and that they had made significant progress since the last inspection of this service. The manager and care team were strong advocates for the young person, and this was evident in significant preparation to facilitate them to attend medical appointments. They worked closely with medical professionals, a parent and social worker to support the young person to understand the need for, and to take any required medication. As a result of co-ordinated multi-disciplinary planning, a professional from the Health Service Executive (HSE) Child and Adolescent Mental Health Service (CAMHS) visited the centre regularly to meet the young person and monitor progress.

There was evidence that arrangements were in place to assess interventions and progress and to provide any required resources.

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

Compliance with standards	
Practices met the required standard	Standard 4.1
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required.

- None identified.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

There was evidence that this centre was providing child centred safe and effective care. There were comprehensive policies in respect of induction, training, supervision and appraisals. All members of management and the care team interviewed were clear on their roles and responsibilities. There was some recent restructuring within the organisation, and this was communicated effectively to all staff. There were clear lines of authority and accountability within the organisation and care team members interviewed by inspectors were familiar with the external management structure.

The centre manager had held the post since first registration of the centre in January 2021 and was appropriately qualified and experienced for the role. There was a newly appointed operations manager who visited the centre regularly and was accessible to the care team. Inspectors viewed a sample of six staff personnel files. Role specific job descriptions and a comprehensive organisational and centre specific induction was evident on each file. There was evidence that roles and responsibilities were reviewed with individual staff during probation periods and through formal supervision.

The inspectors found that care team members were skilled and competent to respond to the needs of the young person. While supports were available, they were not dependent on managers to make decisions in respect of day-to-day care.

While there were some changes in staffing since last inspection, inspectors found that the young person was cared for by a stable, consistent, motivated team and this was reflected in the progress they had made since moving into this centre. Staff reported that they enjoyed working in the centre, felt supported in their work and morale was high. Regular team meetings took place that evidenced good team work, effective planning, and reflective practice to ensure a culture of learning. There was evidence that managers and all staff were committed to the young person living there. This

was confirmed through interviews with the social worker and a conversation with a parent. They commended the care being provided and the support provided by management.

Inspectors found that the organisation upheld values of continuous learning and development. There was a focus on policy development/review and systems in place to ensure that policies and procedures were communicated to staff and implemented in practice. Review of records evidenced that managers and the care team reviewed and discussed key policies during team meetings. Additionally, feedback to the staff team from organisational significant event review group meetings (SERG), audits and inspection processes further evidenced a culture of learning.

Care team members who spoke with inspectors confirmed that supervision was beneficial and provided both support and challenge to them in their work. The inspectors reviewed a sample of staff supervision files and found that supervision took place in line with policy. Supervisors received training and supervisees were appraised of the function of supervision and the organisation's supervision policy. Each personnel file held an up-to-date supervision contract/agreement that set out the process and the expectations of the supervisee and the supervisor. Records of sessions were maintained on file and agreed and signed by both parties. Inspectors found the supervision records evidenced advice and guidance provided to individual staff as well as feedback on their work and discussions about required support and any training needs. A quarterly training needs analysis was conducted, and this was very much linked to the presenting needs of the young person as well as oversight of mandatory training. Information and advice was provided to staff about registration with the professional body for social care.

Staff spoke to inspectors about supports available to them to manage any negative impact of working in the centre and they described how the manager and deputy had an open-door policy and would recognise if they needed support or time to reflect/rest. They identified a number of measures in place to minimise any risk to their safety such as robust policies, staff training, risk management and safety plans and on-call support. Additionally, a formal employee assistance programme was in place.

There was a system for the formal appraisal of the performance of care staff and managers annually. This process had just commenced for 2024 by the newly appointed operations manager at the time of inspection. Staff who spoke to

inspectors were enthusiastic about this process and saw it as adding value to their work.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.3
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required.

- None identified.