



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 201

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Pathways Ireland
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	17th and 18th June 2024
Registration Status:	Registered from the 26th of November 2021 to the 26th of November 2024
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	23rd July 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 26th November 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 26th of November 2021 to the 26th of November 2024.

The centre was registered as a dual occupancy centre to provide care for two young people between the ages of four years and nine years. At the time of inspection, there was one child living in the centre and in consultation with the allocated social work department and with agreement from the funding body it was accepted that the centre would provide a single occupancy service to this child. This was reviewed every three months with the social work department and the funding body. The approach to service delivery was determined by the *Pathways* model which identifies fundamental characteristics that collectively underpin the model of care. It aimed to be person centred, attachment and trauma informed and held the children at the centre of interventions offered.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
4: Health, Wellbeing and Development	4.2

Inspectors looked closely at the experiences and progress of the child. They considered the quality of work and the differences made to the life of the child. They reviewed documentation, observed how professional staff work with the child 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 person, 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 27th June 2024. There were no identified shortfalls to be addressed.

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: 201 without attached conditions from the 26th November 2021 to the 26th November 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 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors found that there was comprehensive, cohesive planning being undertaken for the child living in the centre. As per *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*, child in care reviews took place monthly and in interview inspectors were advised that the care plan was updated following each child in care review. On occasion, the centre manager was required to request the updated care plan, however this did not preclude appropriate care planning and key work being undertaken. At the time of inspection, the most up to date care plan was dated April 2024 and the centre manager had requested the care plan for May 2024 to be forwarded as soon as it was completed. This delay was due to a change in allocated social worker.

The child was supported by several external supports and there were regular multidisciplinary meetings, including the monthly child in care review where external professionals, social work representatives, as well as centre management and centre clinical support collaborated to ensure a cohesive response to the child's presenting needs and behaviours.

The placement plan was updated monthly, and inspectors found that it was directly linked to the actions of the previous child in care review and key work was completed based on the placement plan. In interview, care staff members were familiar with key work being done and goals to be achieved. Inspectors found that there was good oversight of the placement plan and key work being undertaken. Inspectors observed that these goals were discussed in a team meeting attended by inspectors and follow up plans identified and agreed as appropriate. In interview, the social work team

leader stated that the team was very child centred and worked collaboratively with all professionals to ensure the child received appropriate care and support based on their individual needs. The child, and their parent, were facilitated to participate in the placement planning process through engagement with the allocated social worker, both before and after child in care reviews and they were facilitated to attend a portion of the child in care review if they wished. Inspectors reviewed key work evidencing that the child was provided with information and social stories to assist them in understanding their circumstances and their views and opinions on contact with their family. The child's parent was provided with photos on a regular basis of the child's activities and progress in the centre- this was facilitated through the social work department.

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

The centre was situated in a quiet estate on the outskirts of a town. It was a two-storey house with access to local amenities. It had a garden to the front and rear of the property and was appropriately walled and gated off to prevent the child from accessing the road without supervision. The layout and design of the house was suitable for providing safe and effective care to the child and for meeting their needs.

The child had their own bedroom, which was clean, decorated to a good standard and had appropriate child centred furnishings. There were storage facilities in the child's bedroom, however most of their clothes was stored in a different room. This was to assist in regulating the child and not overwhelm them with multiple choices every day. The child was given a limited choice each morning of clothes they would like to wear, and this strategy was observed to be beneficial in both offering choice but preventing dysregulation.

Inspectors toured the inside and outside of the centre and found that there were opportunities for the child to engage in rest, play, recreation and skills development. There were areas designed specifically around the sensory needs of the child. Sensory activities such as a sand box, soft seating areas, as well as a trampoline, swing set and access to footballs were all available to the child and were incorporated naturally into their day to assist in regulating them.

Inspectors found that the home was adequately lit, heated and ventilated, and was painted, clean, well maintained and homely in its presentation. There were child friendly stickers and artwork situated around the centre in various rooms. Photos of

activities the child was engaged in were to be seen around the house in a welcoming and positive way. The child happily brought photobooks from their memory box to show inspectors photos of their family and photos of their time living in the centre. They described where each of the photos were taken and what the event was. The child had recently celebrated their first holy communion and they were very excited to show inspectors the photos from that occasion and the celebration that had taken place in the centre with care staff members. Inspectors observed that the child appeared very relaxed in the centre and considered it their home. In conversation with the child, they stated that they were very happy living there and did not express any dissatisfaction.

Inspectors reviewed fire safety records and found these to be up to date and accurate. Fire drills were occurring very frequently, and inspectors noted that in the 23 weeks since the start of 2024, there were 21 fire drills, some occurring on consecutive days. Inspectors were advised that this was because of students and new or relief staff starting in the house in addition to the monthly fire drill that they conducted. Inspectors recommend that the registered provider and centre manager review the frequency of drills. The facilitation of fire drills on such a frequent basis negates the homely and child centred atmosphere the centre is trying to instil. Actions noted relating to fire safety as a result of the last inspection in 2023 were all actioned and found to be embedded in care practice in the centre at the time of this inspection.

There was a site-specific health and safety statement present in the centre. In interview care staff were familiar with the named health and safety, and fire safety officer and the roles they undertook. Inspectors reviewed the accident log book and the accidents recorded were common to the age of the child living in the centre and were managed appropriately. There were no accidents to care staff that required reporting to the Health and Safety Authority.

The centre had one car available to them and this was taxed, insured and had a certificate of roadworthiness. The car had a first aid bag and relevant breakdown equipment should one occur. Inspectors observed the child being transported and they were seated in a booster seat appropriate to their age and development. Inspectors saw evidence of driving licences on personnel files reviewed. The insurance policy did not allow for drivers under the age of 23 years to drive the car and in interview, inspectors were advised that the roster was developed accordingly to ensure that there was always one driver on shift.

A copy of the centre's house insurance was provided to inspectors and this was relevant and appropriate to the service provision in the centre.

Compliance with Regulation	
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	Standard 2.2 Standard 2.3
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 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors found that the management and staff team fully utilised the “PATHWAYS” model of care providing a holistic approach and prioritised the health and wellbeing of the child in the centre to support them to reach their full potential. There were policies on health and wellbeing that included physical activity, diet and nutrition, sexual health, substances misuse awareness, emotional and specialist supports. There was also a policy in the centre to guide and inform care staff on the provision of intimate care. In interview, care staff were familiar with this policy and its guidance.

Inspectors reviewed the care plan on file and found that it identified the health and development needs for the child. These needs were subsequently carried forward to the placement plan and key work was completed as appropriate. There was a separate medical folder dedicated to health and medical needs and medication management. These records were clear and complete and subject to appropriate oversight. There was a comprehensive record of immunisations, medical, and external professional reports. There was a valid and in-date medical card and a signed medical consent form on file for the child. Inspectors found that the child had attended optical, dental and GP appointments in recent months and these were subject to regular and ongoing review. As detailed in the child in care review, the child was availing of alternative medical care and this was provided by a licensed and regulated practitioner in the field and remedies were reviewed on a monthly basis.

There were comprehensive external reports on the child's file and the professionals who worked with them facilitated additional guidance to the staff team and collaborated with the centre's systemic psychotherapist to develop specific behaviour intervention techniques and strategies. The feedback in interviews with staff was positive and they felt that it facilitated them to have a greater understanding of the child's presentation and thus to respond more effectively to their needs.

All staff received training in the safe administration of medication and the records showed evidence of oversight and adherence to organisational policy. Medication was stored securely, there were regular stocktakes, check and balances and unused medication was returned to the pharmacy.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
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.