An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 214

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Pathways Ireland**
Registered Capacity:	**Two young people**
Type of Inspection:	**Announced**
Date of inspection:	**4th, 5th & 6th of December 2023**
Registration Status:	**Registered from 6th January 2023 to the 6th of January 2026**
Inspection Team:	**Catherine Hanly** **Eileen Woods**
Date Report Issued:	**17th January 2024**

Contents

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 6th of January 2023. At the time of this inspection the centre was in its first registration and was in year one of the cycle.

The centre was registered as a dual occupancy service. It aimed to provide medium to long term care underpinned by the services own PATHWAYS model of care that stresses the importance of a client centred and needs-led approach, working collaboratively with all relevant person's and with high accountability from the care team. There were two 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
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 19th of December 2023. 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 service director returned the report with a CAPA on the 9th of January 2024. This was deemed to be satisfactory, and centre management confirmed that actions had been taken to address the matters identified.

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: 214 without attached conditions from the 6th of January 2023 to the 6th of January 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 personal development.

Both young people had up to date statutory care plans on file at the centre at the time of this inspection. The young people themselves were encouraged to attend their statutory child in care reviews (CICR) or contribute to the planning process within that. Their parents were also facilitated to attend or have their views represented if they did not attend CICR. The quality and content of the care plans varied significantly with one being more detail than the other. The care plans documented evidence of efforts engaged in by both the care team and the respective social work departments to work collaboratively towards the achievement of the identified goals. The care was written in a child-friendly format but, as inspectors found from information gathered throughout the inspection, lacked some salient detail necessary to inform placement planning. This statutory care plan had not been updated since the young person had moved into this centre. Whilst this move was from one centre to another operated by the same company, as it represented a new placement for the young person, a statutory review should have been convened to reflect the purpose of and goals for this new placement.

Both young people had up to date placement plans. These were developed by the allocated key workers, taking account of the care plan, and were reviewed and updated monthly. Young people were consistently consulted with regarding various aspects of their placement and lives in this centre – this occurred through formal young people's meetings, through key working and informally in opportunities that presented while chatting with the young people. How their views were represented within these plans could be more consistently applied and brought to the fore, something that was acknowledged by one of the key workers during interview with inspectors.

There was a clear structure to the placement plans and an evident link to the implementation of goals through structured key work plans. However, where goals were named as not being achieved for one young person, there was no remedial action identified to address that. And, for the second young person, their key work

goals lacked some specificity within the placement plan. Centre management and key workers may need to review goals identified to ascertain if these are realistic and achievable for each young person in the first instance and, if so, identify clear plans of implementation to achieve them.

As previously mentioned, one statutory care plan lacked extensive detail. Although more relevant information was known by some of the staff team, and documented elsewhere in behaviour support and safety plans, that young person's placement plan lacked important information about their presenting behaviours and the efforts to appropriately respond to same. This was named by inspectors to centre management and to the relevant social worker and requires prompt action.

There was evidence of external resources being sourced and made available for both young people, however their engagement with these was not to the extent that the professionals working with them felt was needed for them to benefit from that input. There had been significant delays experienced by the social work team for one young person in securing identified therapeutic input. The allocated social worker confirmed with inspectors that they continued to actively pursue identified services that they agreed would provide much needed therapeutic expertise. The company had their own internal psychotherapists, one of whom had recently left their post, that provided input and direction to the team in working with each of the young people. While there were broad references to the input of these professionals in records reviewed by inspectors, the naming of this guidance and/or use of specific resources provided was not well integrated to placement plans and key working and should be clearly and consistently named.

There was ongoing collaborative working between the centre and the respective social work departments, with all parties reporting a generally positive and productive working relationships towards the achievement of agreed goals. There were some areas that required further clarity, for example the extent of sharing known information across the core team for one young person. There was a system of escalation of matters that were not being responded to by social work departments, but this required further development, which, the compliance manager informed inspectors was underway. This will need to be clearly communicated to all employees at all levels within the organisation.

Compliance with regulations	
Regulation met	**Regulation 5**
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 2.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure that there is adequate appropriate information sharing to support the core staff team in planning for and responding to presenting behaviours of young people. The plans must be representative of all ongoing interventions necessary to achieve identified placement goals.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The PATHWAYS model of care provided the overarching guidance to the approach to care in this centre and, within that also, guided the approach to the management of behaviour that challenges. The model allows focus on attachment and trauma, being person-centred in the approach to care, and having a therapeutic approach to care. Staff were familiar with the model and confident that their daily practice was reflective of its components. There was strong evidence of a genuine care for young people, providing and maintaining a homely environment that they would feel comfortable in, and an open expression of concern for them when their behaviours put themselves or others at risk. Individualised approaches to behaviours that challenged were documented in behaviour support plans, individual crisis support plans, as well as risk assessments and associated safety plans.

There was input from the internal psychotherapists into guiding the work of the team, but as previously noted, more effort to consistently bringing this guidance through and integrating it into plans was needed. Both young people had been referred to various external services for support and intervention, however at the time of the inspection both young people were declining to engage in the services currently available.
Further referrals were being made for one of the young people by the social work department. In addition, external training had been completed by one staff member specific to the presenting behaviours of one of the young people and further guidance had been secured for the staff team to support their interventions with the second young person. For one of the young people who had declined to engage in the external therapy thus not completing a recommended two-year programme of intervention, input or guidance from this service had yet to be secured and this would be relevant in guiding practice and interventions at the centre.

The evidence of the approach to interventions with each of the young people towards supporting their understanding of their individual presenting behaviours was apparent in key working and individual work records. For the older young person, there was ongoing direct conversations with them by various staff members regarding risk and educating them about how best to keep themselves safe. For the second young person, the work being completed was much less direct and there was a significant amount of responsibility in addressing the behaviours and educating the young person about them left largely to their key worker who, had been provided with relevant training in some aspects of their presenting behaviours.

Consequences were used occasionally, as a corrective response to a behaviour. Occasionally, also, restrictive practices were implemented. Both interventions were subject to regular review. Inspectors noted that on multiple occasions, one young person was given the same consequence. Despite the register being signed off by management as having been reviewed, there was no commentary on this. An audit on this standard completed by the compliance officer also identified the need for a review of consequences for effect and appropriateness. Ongoing oversight of the use of consequences is required. Inspectors noted that room searches had been completed on occasion for the purpose of health and safety. However, separately it was documented that rooms were checked to ensure they were clean and tidy prior to a young person getting their pocket money. It is important to distinguish between the two distinct purposes here and staff must communicate that clearly to the young people involved.

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 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must work with the social work department to secure guidance from the external service in implementing appropriate behaviour interventions at the centre.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

This centre was registered to commence operations in January 2023 and had been managed consistently since that time by a social care qualified and experienced manager who was charged with overall accountability and worked 9-5 Monday to Friday. They were supported in that role by a social care qualified and experienced fulltime deputy manager. There were clearly maintained lists of delegated tasks by the manager to the deputy. The internal management structure further comprised one qualified and experienced social care leader, a second social care leader in training and there was a third fulltime social care leader onboarding to work at the centre at the time of this inspection. The social care leader training programme was an internal programme that was overseen by the manager and represented one aspect of efforts by the organisation to encourage staff retention through growth and professional development. The internal management team were consistently

described by staff during interview as approachable, responsive to any queries staff had, and were supportive and encouraging of ongoing learning and development. The manager was a clear leader in creating and maintaining a warm, homely, and supportive atmosphere for children and staff alike.

There were clearly defined governance structures and oversight mechanisms in place at this centre and replicated across the organisation. These included the centre managers' self-audit reports, compliance officer audits and reports, and oversight of day-to-day practices at the centre by the recently appointed operations manager. The various audits had associated action plans. Aspects of the operations manager role such as attending team meetings on a consistent basis had yet to be fully realised. The operations manager was fully aware of events at the centre and the care plans in place for the two young people, as well as conducting audits separate to the compliance manager. There were working groups established and actively undertaking policy review which would, on completion, be signed off by senior management and shared at all levels across the organisation. As mentioned under standard 2.2 of this report, development of the risk escalation policy, which inspectors deemed was required, was underway.

Inspectors found that the area of policy and practice in relation to risk identification, management and review required further development at the centre. There was a policy on risk management guiding practice at the centre. The system in operation consisted of individual risk assessments that were developed and reviewed monthly. There was a separate centre risk register and some individual risk assessments had been escalated to the centre risk register following discussion between the centre manager and the operations manager. However, the centre policy at the time of this inspection did not support this process, nor were there clear guidelines to inform what and why a matter was escalated to the centre risk register.
Inspectors found deficits in the risk assessment and management processes undertaken at the time of the second young person's admission to the centre. The known behaviours and resulting risk were not appropriately rated in the view of inspectors or the allocated social worker. The staffing levels deemed necessary as part of the risk management plan had not been adhered to and these factors combined to contribute to a significant event that should have been better managed. The review of this event did not take full account of the presenting information including the fact that staffing levels recommended in the initial risk register had not been adhered to.

The second young person had a significant number of absences from the centre since their admission in January of this year. These absences were often for several days at a time and there had been a period during the summer months when the young person was in fact residing elsewhere though their placement remained at the centre and the absence was described as with family. There was a complex system of reporting the status of this young person's absence to the relevant professionals on each occasion. This included missing child in care, absent at risk and absent with permission, these were interchangeable depending on pre-agreed factors discussed at ongoing joint protocol meetings involving the Gardaí and the social work department. Despite the complexity, all relevant parties had a shared understanding of the reporting mechanism. Inspectors noted that additional safeguards had not been undertaken by the social work department, including visits to the location of frequent absences and meeting with relevant persons there, although inspectors were informed that this was scheduled. This latter point had been highlighted to some extent by the centre manager to the senior management team but there was no evidence of this having been escalated either internally to the upper level of senior management or externally by senior management to the social work department. This matter requires review and consideration in the broader discussion of risk management and responses within the organisation.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 6**
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 5.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must undertake necessary improvements to ensure that the risk management framework and supporting structures at the centre are appropriately and robustly responsive.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

At the time of this inspection, the centre had a stable staff team, with two staff having left the service since this centre commenced operations in January 2023. The staff inspectors met with and interviewed during this process, showed familiarity with and a natural warmth, empathy, and commitment towards the young people in the centre. There was evidence of ongoing workforce planning and development, it formed a constant aspect of senior management meeting discussions. There were two staff absent on identified leave and their hours were being filled by dedicated relief staff. There were further relief staff available to provide cover for other types of leave that arose including study and sick leave. There were periods of time, when staff were absent due to sick leave, that there were a significantly high number of staff working at the centre as various relief and agency were used to cover gaps. As highlighted previously in this report, where the risk assessment identified a need for specific number of and deployment of staff, this must be adhered to ensure the needs of the children in the centre are adequately met.

Most of the staff team were social care qualified and there was a range of experience amongst them. The manager expressed satisfaction with the quality of work delivered on by the staff team and this was evident in interviews and records reviewed by inspectors. Whilst the staff team demonstrated competency to meet the presenting needs of the young people, and there was clear evidence of collaborative working with families and the respective social work departments, as referenced under standard 5.2, there was a need for the core team to have more information made available to them in relation to risk in the context of presenting behaviours by young people.

Staff spoke positively about the company and the benefits of working there. These included a pension scheme, accommodations when undertaking study, funded formal study, and health insurance provided.

There were formalised arrangements in place for on-call at evenings and weekends and this had been used on occasion. Records of this were maintained.

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

Compliance with standards	
Practices met the required standard	**Standard 6.1**
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure that there is adequate appropriate information sharing to support the core staff team in planning for and responding to presenting behaviours of young people. The plans must be representative of all ongoing interventions necessary to achieve identified placement goals.	The Centre Management team have completed a review of the young people's records during the team meeting on Thursday 4th of January 2024, this review included, current behaviour support plans and relevant referral information to support the care team in planning for and responding to presenting behaviours of the young people.	The centre management team will complete a weekly review in the team meeting of relevant behaviour support plans in place to support the care team in planning for and responding to the presenting behaviours of the young people and all discussions will be recorded in the team meeting book.
3	Centre management must work with the social work department to secure guidance from the external service in implementing appropriate behaviour interventions at the centre.	The centre management team have escalated the need for an external service for a young person to the Service Manager and Service Director. The Service Manager escalated this concern to the Social Worker and Team Leader on the 15th of November 2023 and the Service Director escalated the need for external supports services to the Principal Social Worker on the 4th of January 2024. The Centre Management team will	Senior management have updated the escalation policy where services are delayed ensuring timely notifications are sent to the social work department to advocate that the young people have access to specialist services required to support appropriate behaviour interventions in the centre. This policy will be reviewed annually or as required with senior management and the centre management team.

		continue to work with the social work department to support the young people in placement and continue to advocate for the young people to have access to specialised services required to support them and the care team to implement appropriate behaviour interventions in the centre.	
5	Centre management must undertake necessary improvements to ensure that the risk management framework and supporting structures at the centre are appropriately and robustly responsive.	The centre management team conducted a review of risk in the centre and plans were updated accordingly on the 2nd of January 2024. The escalation policy has been updated to reflect the escalation of risk from the risk register to the Service Manager and Service Director. The centre management and care team will review the updated policy on Thursday 18th of January 2023 in the weekly team meeting.	The escalation policy has been updated to reflect the escalation of risk from the risk register to the Service Manager and Service Director to ensure a robust response from centre and senior management in a timely manner to any concerns identified. This policy will be reviewed annually or as required with senior management and the centre management team.
6	None identified.		