



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 304**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Six children</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>20<sup>th</sup> and 21<sup>st</sup> October 2025</b>
<b>Registration Status:</b>	<b>Registered from the 16<sup>th</sup> of May 2025 to the 16<sup>th</sup> of May 2028</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> December 2025</b>

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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 16<sup>th</sup> May 2025. 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 without attached conditions from the 16<sup>th</sup> May 2025 to the 16<sup>th</sup> May 2028.

The centre was registered as a multi-occupancy service. It aimed to provide medium to long term residential care for six children up to twelve years on admission. The centre used an outcomes-based model of care that ensures each child's safety and wellbeing. There were four children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspectors 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 children, 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 28<sup>th</sup> November 2025. No factual inaccuracies were identified.

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: 304 without attached conditions from the 16<sup>th</sup> May 2025 to the 16<sup>th</sup> May 2028 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**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 personal development.**

Inspectors met with each of the children while undertaking the inspection and found that they presented as happy, energetic and well cared for in the home. Interactions observed between the children, care staff and centre managers were found to be engaging, and responsive to the developmental needs of each of the children. The home itself was child friendly and appropriately decorated with evidence of appropriate safety measures in place given the young ages of the children.

As the children were all aged under twelve years, they were subject to monthly child in care reviews and inspectors found that these reviews were occurring and care plans were updated following each review. Where there were short delays in receiving the updated care plan, there was evidence that the centre manager had written to the social work department requesting the updated care plan as soon as possible. Care plans reviewed were comprehensive and identified the goals of the placement. Placement plans for each child were in place, and these were based on the care plan and prepared by the child's key worker. Inspectors found that care staff followed up on recommendations and needs as recorded in the placement plans. Plans were reviewed monthly to ensure that progress was recorded and emerging issues were added as necessary.

Each child was appointed a key worker. Inspectors found that key work was completed in a child led and playful manner. Key work and individual work was primarily focused on developmental milestones in line with the updated care plan and placement plan and supported by external and internal professional guidance.

The care team were provided with specialist guidance and advice from external services such as speech and language therapy, physiotherapy and internally from the organisations own systemic psychotherapist. Inspectors found that guidance and advice offered was

incorporated into placement plans and there was evidence in key work and daily logs that this advice was utilised on a day-to-day basis.

Correspondence from educational placements that the children were engaged with noted progression in the children’s presentation since coming to live in the home. Given the young ages of some of the children, care staff were creative in utilising visual aids and cues to ascertain the children’s voices and opinions on the care they received, and this was recorded in the children’s care records. The children were offered a range of choices in terms of menu planning and activities they wished to engage in, and inspectors found that each child was facilitated to exercise choice in their placement.

The centre had arrangements in place to update both parents on a regular basis and both parents confirmed this in interview. One parent attended the monthly child in care reviews, and the second parent was updated by the social work department in line with the children’s care plan. The allocated social worker stated that they were satisfied with the care provided to the children. They noted that the progress the children had made since admission was recognisable. Inspectors found that there was effective communication with the allocated social worker recorded on the children’s care records and this was purposeful and effective in progressing care planning for each of the children. In interview, the allocated social worker and Guardian ad Litem for the children were satisfied that the needs of the children were well met and there was effective communication to adhere to care planning and developmental progression of the children.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- No actions identified.

## 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.

Inspectors found that the centre implemented a positive approach to the management of behaviours supported by established organisational policies and procedures. These policies were based on legislation, regulations, national policy and evidence-based practice guidelines.

Each of the children had a written individual crisis support plan (ICSP). These plans were designed to support each child when they experienced behaviours due to dysregulation or unmet needs. ICSP's identified potential triggers, were developed with a trauma informed approach and in line with the centre's model of care. They were comprehensive and effective in guiding staff in the management of dysregulated behaviours and unmet needs.

There were individual absence management plans (IAMP) in place to guide staff in the event of an unplanned absence. The children were always provided with full supervision and there were no incidents of unauthorised absence or missing in care. Inspectors recommend that the centre manager review the IAMP to include reference to initial contact with the social worker on a child being reported missing and to clarify the centre's responsibility with regards to contacting the parents in this eventuality.

In consultation with the allocated social worker for the children a threshold document was devised to support and guide care staff on incidents that were required to be reported as significant events. In interview, care staff were alert to interactions between the children which could be considered as bullying behaviour and were knowledgeable about the threshold to be met and confident that all incidents were considered and discussed to ascertain if the threshold was met. Inspectors found that significant event notifications were discussed at team meetings and in daily handovers and learning was identified and implemented into practice guidelines.

Inspectors found that each child was supported to develop an understanding of dysregulated behaviours. Individual work was completed with them in a child friendly approach using

visual aids and appropriate terminology to support their understanding of being respectful of the rights of others. The in-service systemic psychotherapist provided relevant resources to the care staff for the completion of this work, and these were attached to each child's care record.

There was evidence that the organisation's compliance and development officer regularly audited and monitored the centre's approach to managing behaviour. Inspectors reviewed audits completed and found these to be robust and focused on continual improvement of care practice. These audits were reviewed by senior management and all actions identified were remedied in a timely manner.

Inspectors found that there was very limited use of restrictive procedures and those employed were risk assessed and regularly reviewed with the intention to remove them if possible. In interview the allocated social worker was aware of restrictive practices in operation and was satisfied that they were necessary and reviewed regularly.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified

## 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.**

The older child who met with inspectors was aware of who the centre manager was and their role in supporting them should they require anything or should they be unhappy with their care. Inspectors observed the interactions between the managers, social care staff and the children and found that there was a warm, nurturing relationship evident. The inspectors observed that the children were familiar with senior members of the management team and it was evident that they were regular visitors to the centre.

The service provider had a clear governance structure in place. The centre manager was the appointed person in charge who exercised overall accountability, responsibility and authority for the delivery of the service. They were supported by an internal management team which consisted of a deputy manager and three social care leaders. During the inspection, inspectors were informed that one social care leader had tendered their resignation and inspectors were informed of the commencement of a recruitment campaign to fill this post.

The centre had leadership, governance and management systems in place with clear lines of accountability. This was evident from a review of management meetings with tasks appropriately delegated and reviewed. Inspectors reviewed centre records including a sample of team meeting records and management meeting records and found that leadership was demonstrated and evidenced at all levels. The external line manager visited the centre on a regular basis and participated in team meetings.

There was a service level agreement in situ, and the registered provider issued regular reports to the funding body evidencing compliance with legislation and national standards.

Quality assurance and compliance audits were undertaken by the centres external compliance and development manager (CDM). These were completed monthly and were comprehensive. The findings of these audits were outlined in the compliance reports which

evidenced actions to be taken to achieve compliance and identified the person responsible for the required action. Inspectors found evidence that these actions were acted upon and resolved in the identified timeframe.

Policies and procedures were developed to guide staff in their practice. A sample of policies were reviewed by inspectors and found to be in line with the statement of purpose and function of the centre and appropriate to caring for younger children. There were systems in place to ensure staff were familiar with the centre’s policies and procedures through induction training, team meetings and supervision. The managers stated they regularly asked staff to discuss policies and procedures, and this was confirmed by staff who spoke with the inspectors along with a review of team meeting minutes.

There was a risk management framework and supporting structures in place for the identification, assessment, management and review of risk. In interview staff members were familiar with the framework and with the risks identified for both the centre and the children living there. The centre manager maintained a centre risk register and the risks identified were appropriately scored using a recognised risk matrix.

Inspectors found that when the person in charge was absent there were identified and appropriate alternative management arrangements in place. The deputy manager, who was appropriately qualified and experienced fulfilled this role. Where tasks were delegated to staff members, there was a record kept of these tasks and reviewed as required.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified

## 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.**

Inspectors reviewed records of management meetings and found extensive discussion on workforce planning including proactively recruiting for staff members when senior management were informed of impending departures from the staff team.

At the time of the inspection, there was one social care manager, one deputy manager, three social care leaders and 5.5 social care workers. Post inspection a revised staffing form was provided to the Alternative Care Inspection and Monitoring Service (ACIMS) to reflect the departure of one social care leader and the commencement of one social care worker with the onboarding of a second social care worker to begin on the 20<sup>th</sup> of November 2025. This resulted in the centre having two social care leaders and 6.5 social care workers and one additional social care worker to begin four weeks post inspection. Inspectors were satisfied that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of the children and to fulfil the centre's statement of purpose and function.

The centre had access to a panel of suitably qualified and experienced staff to take account of all kinds of leave and contingency cover in the case of emergencies. These staff members were familiar to the children.

There were formalised procedures for on-call arrangements at evenings and weekends. Inspectors were provided with a copy of the on-call roster and in interview staff were familiar with the on-call roster and stated that it was an effective service.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 6.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified