



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	<b>104</b>
<b>Year:</b>	<b>2018</b>
<b>Lead inspector:</b>	<b>Eileen Woods</b>

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Pathways Ltd</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>15<sup>th</sup>, 16<sup>th</sup> &amp; 23<sup>rd</sup> May 2018</b>
<b>Registration Status:</b>	<b>Registered from 3<sup>rd</sup> September 2018 to 3<sup>rd</sup> September 2021</b>
<b>Inspection Team:</b>	<b>Eileen Woods Orla Griffin</b>
<b>Date Report Issued:</b>	<b>17/08/2018</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration under a new purpose and function on the 3<sup>rd</sup> of September 2015. At the time of this inspection the centre were in year three of this first cycle. At the time of the inspection visit the centre was registered without conditions from the 3<sup>rd</sup> of September 2015 to the 3<sup>rd</sup> of September 2018.

The centre's purpose and function was to accommodate up to three young people of both genders from age thirteen to seventeen years upon admission on a medium to long term basis. Their model of care was named as 'The Competency and Relationship framework' which was described as an individualised relationship and strengths based approach with young people. Two young people were living at the centre at the time of the inspection visit, a third young people was beginning their transition into the centre.

The inspectors examined standards 2 'management and staffing', 5 'planning for children and young people', 8 education and 10 premises and safety of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 15<sup>th</sup>, 16<sup>th</sup> & 23<sup>rd</sup> of May 2018.

## 1.2 Methodology

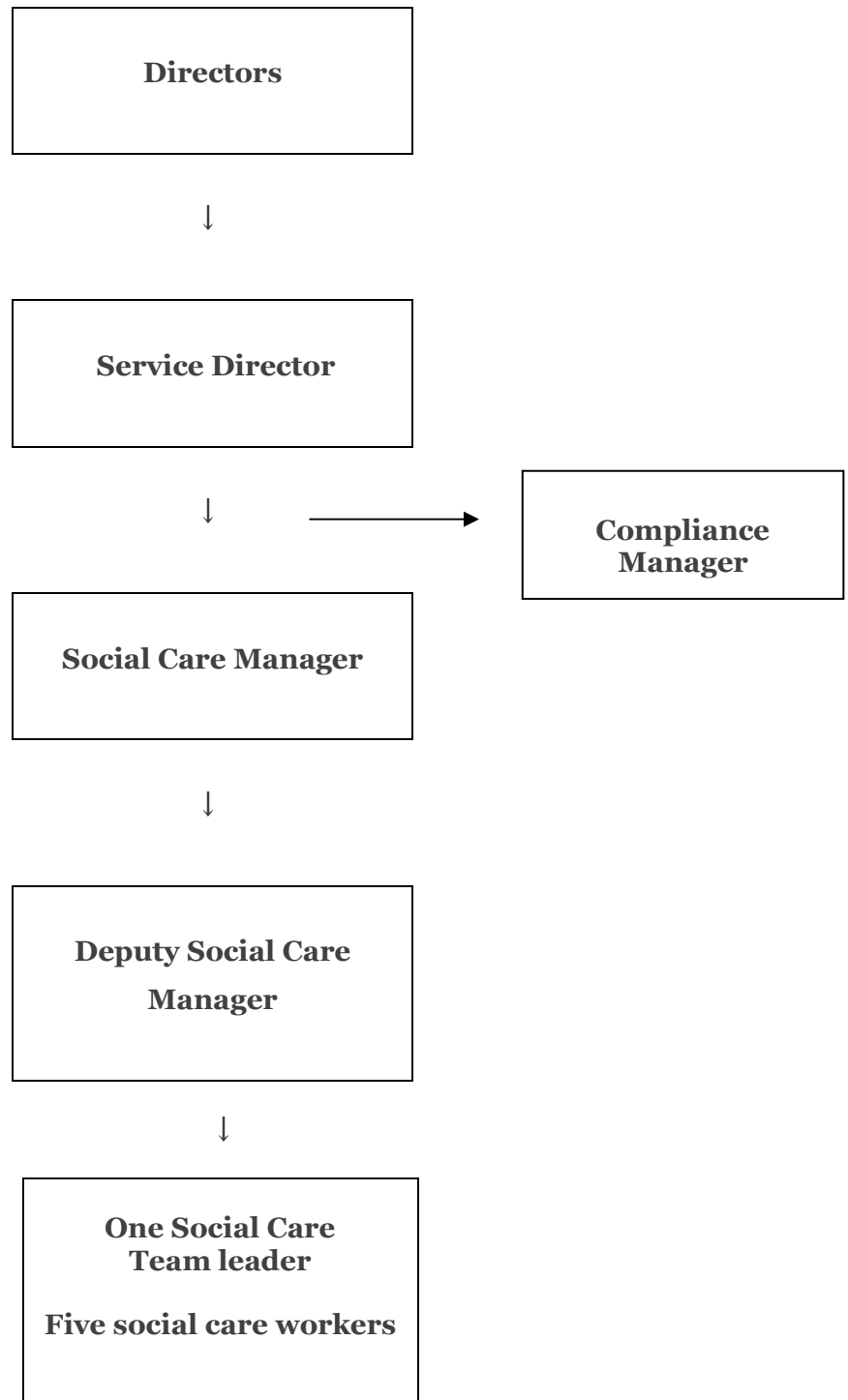
This report is based on a range of inspection techniques including:

- ◆ An examination of an inspection questionnaire and related documentation completed by the manager following the unannounced inspection.
- ◆ An examination of the questionnaires completed by:
  - a) Five of the social care staff
  - b) The service director
  - c) The social care leader
  - d) The deputy manager
  - e) One of the two social workers with responsibility for young people residing in the centre.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process:
  - care files
  - management and governance records
  - supervision records
  - handover and staff meeting books
  - maintenance, fire and health and safety records
  - centre registers: young people, significant events, absences, complaints, consequences, physical interventions
  - three personnel files
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Three social care staff
  - c) Two allocated social workers
  - d) One of the two young people
  - e) The Registration & Inspection Service lead inspector for the organisation

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.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, service director and the relevant social work departments on the 17/07/18. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 31/07/18 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 104 without attached conditions from the 3<sup>rd</sup> of September 2018 to the 3<sup>rd</sup> of September 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Management**

Inspectors found clear evidence of a transparent management structure suitable to the operation of a children's residential centre. There were suitably qualified and experienced persons appointed to the management roles which included a service director, a manager, deputy manager and a social care leader. It was found that operational practices had been implemented for the oversight of the delivery care, the recording systems and staff development and training. There was evidence of oversight of the records, files and reporting systems.

Inspectors found that the management had structured good links between the team meeting, the supervisions, young people's plans and the delivery of key working. The manager completed monthly self audit checklists and there were some responses recorded to the internal audits conducted by the organisations compliance officer and service director. Managers meetings were held monthly and the minutes confirmed that items such as yearly policy review, the timely creation of the child safeguarding statement and actions from audits were reviewed.

The service director was active in their direct role with the centre and inspectors found them to be well informed about the day to day practices at the centre. They described a key aspect of their role as their regular contact with the young people and listening to them and inspectors found evidence that the young people knew the director. The social workers advised that they had good verbal communication with the manager and that all meetings including statutory care planning meetings were well prepared for by the team.

The centre had a compliance manager in post and audits were conducted quarterly, with a weekly visit from the compliance officer and separate visits from the service

director. Inspectors found that the audits generated some actions with a strong systems theme. Inspectors recommend that auditing processes be also geared toward quality of care and outcomes.

## **Register**

The centre maintained a suitable register of young people. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

## **Notification of Significant Events**

The centre maintains an up to date significant events policy and this was reviewed yearly by the management team. The significant event reporting system was found to be well organised and prompt with oversight evident from the manager, the service director and the compliance officer during audits. A centre register of significant events was found to be in place and was maintained appropriately by staff and overseen by management. The social workers for the young people found that the significant events system was prompt and that if necessary, for example regarding school non attendance, could request the centre to escalate the events to a significant event report. The centre should discuss thresholds for reporting of significant events with social workers.

## **Supervision and support**

The manager, deputy and social care leader were trained in the provision of supervision. The allocation of the supervisees was changing at the time of the unannounced inspection due to the managers pending period of leave. A planned approach to this was evident to inspectors. Inspectors found that staff had sessions completed in accordance with the policy guidelines of four to six weeks. There were supervision contracts and records of sessions completed on file and signed by both parties in the majority. Inspectors found that the content should be expanded on to give a better sense of continuity and development as the content was repetitive in places. The manager is supervised by the service director and the timeframes were also in accordance with the policy guidelines of four to six weekly intervals and were typically monthly. A key aspect found by inspectors was that comments from supervision regarding staff views of outcomes in ongoing practice were not necessarily brought through to other forums and that it would be advisable to address this to strengthen team cohesion and approach.

Team meetings were weekly and on occasion fortnightly; these were recorded and well attended with the young people being invited to attend should they wish. There was evidence that the young people were consulted with before the meetings and that they did get information and answers after the team meetings. There were daily handovers at the centre and the handover process is supported by a lengthy document inclusive of a shift evaluation section. The staff had contracts of employment and the company have an EAP, (employee assistance programme), in place for staff.

### **Training and development**

Inspectors found that core training in a recognised method of behaviour management in this case TCI (Therapeutic Crisis Intervention), first aid and fire safety had taken place for the staff. The manager noted that a staff member cannot start work at the centre until core training was completed. The staff had completed the national e-training in Children First provided by Tusla, The Child and Family Agency and some had completed additional child protection training. The manager had established training needs analysis for the year. This lists training in managing self harm, attachment, anti bullying, drug and alcohol awareness as being required for all staff. It is important that complementary training identified as suitable to the needs of the young people is completed in accordance with the training plan.

Additional complementary training that has been done in the past includes ASIST, CARI, drug and alcohol awareness, administration of medication, fire warden and food safety/HACCP. It was not clear to inspectors who had received training in attachment and trauma or in the model of care although some had attended sessions with a specialist.

#### **3.2.2 Practices that met the required standard in some respect only**

##### **Staffing**

The staff allocation is seven in total including a manager and deputy, the management rely on three relief staff to fill additional hours. The inspectors acknowledge that the manager maintains a regular relief panel who are qualified and vetted appropriately but this does not compensate fully for the present minimum staffing allocation of six available to cover three shifts per day when the third young person in transition moved into the centre. Inspectors ask that this be reviewed to

take account of the need for stable and secure staffing. There have been changes in staff and an impact noted by a young person around the changes in personnel that have occurred since the last inspection. A total of five staff were recorded as having left since the 2016 inspection and this represents a full turnover of staff at an allocation of five social care staff (separate to management).

The manager stated that they observed staff practices and approach and that any matters arising are addressed between management, staff and the young people. A staff member commented on the positive work culture in the centre and the availability of management to the staff. Inspectors found that staff members were able to point to individual work they had completed with young people. The social workers and a young person named different staff that the young people individually related to and who supported them within the centre. Inspectors found that the team would benefit though from advice and guidance in specific areas related to the young people's plans.

Inspectors found that there were well organised personnel files established and overseen by a HR staff member for the company and the manager had also reviewed all staff personnel files. These files were found to be in compliance with the relevant department of health historical directive and best practice.

There was evidence found of inductions on the personnel files and a certificate was issued once a policy and a file review along with a shadow shift was completed. There was also some evidence of a follow through on inductions into the supervision sessions. There is no training in the model of care incorporated into the induction and initial training. This became relevant throughout the inspection process when inspectors found that there were some differing opinions from staff around areas of progress or not for young people that they found to be taking place. Inspectors also found that the social workers had understood that the principles of the model were underpinned by some ongoing training/advice. This in fact had ceased and some staff had exposure to training and advice on attachment and trauma and others had not. Some form of cohesive training in the agreed model and the provision of expert advice when required are advised by inspectors to maintain the integrity of the model of care.

### **Administrative files**

Inspectors found upon arrival at the centre for the unannounced inspection that the files were organised and were maintained within a secure cabinet in the staff office.

Throughout the files reviewed there was evidence, highlighted by the management, where staff needed to improve their signing across a range of records. There was evidence of the managers and senior management's routine oversight of the systems in place around how the files were organised. There was also evidence that young people's plans were reviewed monthly and updated by the key workers, typically with the young person's involvement. There were monthly progress reports on the files and inspectors found that these were concrete and structured and could reflect the level of consultation that takes place with the young people to a better standard. Neither of the allocated social workers receives these monthly reports on a regular basis and the centre should endeavour to share relevant regular written updates with social workers. The quality of the client profiles, which form a core element of the file structure, varied and safeguarding needed to be better addressed in a clearly stated and factual manner. Inspectors also found that all of the young people's files needed to be reviewed for removal to confidential storage of sensitive reports and information created by third parties.

An archive was found to be maintained in a secure room within the management offices, these offices are a shared space and inspectors were told that the room is kept locked at all times and is only accessed with management permission.

### **3.2.3 Practices that did not meet the required standard**

None identified

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- The management must review the care files to ensure that sensitive, confidential and third party reports are securely and appropriately stored.

- The client profiles must be maintained to a similar standard and be clear in their reflection of all practices at the centre. All staff must ensure to sign the records they complete at the centre.
- Suitable training and advice on the model of care must be provided to the staff in accordance with the centres stated aims for the provision of care.

### **3.5 Planning for Children and Young People**

#### ***Standard***

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

Inspectors found evidence on file of robust pre admission collective risk assessments and found that these were well structured, timely and noted social workers comments and input. Both social workers noted suitable processes being implemented around the referral and transition of their young person to the centre and that this was an individualised approach taking account of the young person's particular situation. The need to protect all parties was identified within the pre admission planning. Inspectors found that the formal proposals for the placements were broadly congruent with what was actually provided aside from references to a therapeutic plan. The centre does not prepare a specific therapeutic plan and should highlight that the therapeutic plan exists in the holistic delivery of care within the centre if that is what is intended.

There was evidence that the manager and the service director operate a clear and respectful internal system with regard to suitable referrals. The views of the manager are taken into account with a view to offering the best options to young people. Inspectors found through the records and in meeting one of the young people directly that they consider this to be their home. The social workers highlighted that they, in discussion with their young person, had established that they are satisfied to live at the centre long term and that their hopes regarding alternatives are also pursued on

their behalf through the care planning process. Both social workers were satisfied that their young person was well cared for at the centre.

### **Statutory care planning and review**

One young person was now in receipt of yearly care plan meetings in line with statutory regulations and the care plan from the previous year was on file at the centre. The copy of the care plan was signed and identified that the family and the young person attended (in part). Inspectors found that this care plan was detailed but out of date in key areas in the months before the yearly care plan review was due. The social worker stated that in their communication with the young person that they had named to them that if at any stage plans change that they can schedule a statutory review in response to this. Inspectors also promoted that the mechanism of professionals meetings could also be utilised in the interim.

The second young person had a care plan completed within two months of their admission and a copy of this was available on file. Their statutory review was held just over six months later in April 2018. A follow up was completed shortly thereafter to account for aftercare planning as the young person was seventeen and a half. An aftercare worker had been assigned and attended this meeting. The updated care plan and statutory review minutes were pending delivery by the social worker to the centre. The centre had taken their own minutes of the child in care review and had initiated actions from this meeting. The planning for this young person was also well supported and kept relevant by one or two monthly core group meetings which included the young person's Guardian ad Litem and the centre along with other relevant professionals.

The placement planning system at the centre places the young person at the core of the plans with the aim being that they complete their own personal placement plan (PPP) with their key worker. One young person did this consistently each month and the second young person engaged with it more indirectly. It would be positive if in the personal placement plan, as these are the young people own goals, that the use of expression was closer to their own words. The level of engagement impacted the amount of detail and variation in goals that was found on the plans reviewed. Inspectors found that the present placement planning system did not present as tracking change or progression.

Inspectors found that a main placement plan had been devised to underpin each file and that these read as more a tracker than a proactive planning and outcome



evaluation tool. Inspectors also found that key aspects of specific areas like safeguarding and previous assessment outcomes need to be strengthened within them.

It was found that the key working structure represented the young people's goals and the care plan goals and this was tracked through a monthly goals tick box format. There was found to be good quality breakdown on a weekly and daily basis of key working and individual work, all of these were congruent with the placement plans and the young people's wishes. In places related to specific requested areas of work like sex education there was little concrete detail of how this was completed on file. A social worker stated that in a different setting it was confirmed that this work had been addressed. The team should consider how they represent the actual work completed and what informed this.

### **Contact with families**

There were access plans developed with the social workers and the young people were at the centre of the planning for family access. There was a clear role implemented by the staff where they supported the young people, their family and facilitated contact where they could and where it was scheduled. The social workers and one young person named that they had good support from staff with their family and that their family were welcomed to the centre.

### **Supervision and visiting of young people**

A social work visit log was maintained on the files and these evidenced that the young people were receiving visits from their social workers in line with the regulatory timeframes. The social workers also confirmed their level of contact with the young people. The young people can and do contact their social workers directly.

### **Social Work Role**

#### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Both social workers had been allocated to and working with the young people for almost three years. They both met with inspectors who found that they were very familiar with the young person's case and with their placement at the centre. Both social workers confirmed that they have visited the centre and have read the records there from time to time. They had completed the statutory care plans and reviews and were familiar with the overarching plans at the centre. The social workers had arranged for specialist support for both young people and communicated regularly with all the professionals involved.

### **Emotional and specialist support**

The young people had a key worker assigned and they completed the placement planning and other records around the young people's care at the centre. They were records both of key work and of individual work on file. During interviews the key workers were positive and motivated around the young people's care and were knowledgeable about their responsibilities as key workers. Inspectors found that an area the staff needed to strengthen was their knowledge base around the assessed needs of the young people. For example, a previous clinical report had been issued and the social worker stated that they considered this to still be the guideline for working with the young person in specific aspects of their care. The centre must look at ways in which this can be refreshed for the team because, for example, a pertinent matter regarding cognitive processing issues was not evident in the core planning documents.

Inspectors found evidence in practice of a relationship based model with achievable strengths-based goals created in consultation with the child and there was evidence of good day to day emotional support in specific areas. There was evidence of help with friends and social media, joining clubs, activities and faith based events and good respect for the belief systems of the young people. An identifiable strength in practice led by the manager is the willingness of the staff to be side by side with the young people to get them through areas of challenge. There were lengthy behaviour management plans which contained specific details on areas of emotional care.

Some staff had been trained prior in attachment and trauma and it is important that this is provided for all staff or that focused delivery of the model of care is created. Inspectors were informed that one staff member was trained in the specialised areas arising from a neuro psychological assessment but that this staff member had now left.

The social workers for both young people had organised weekly therapy and the young people were attending regularly.

### **Preparation for leaving care**

Inspectors found evidence of a preparation for leaving care system devised by the centre. The management stated that it was particularly necessary due to the uneven allocation of aftercare workers nationally and longer waiting lists in some areas. The system involves an assessment element followed by planning and review. Inspectors found that this was implemented from over the age of sixteen on an individualised basis. The system is structured to be phased and then reviewed; there were weekly and monthly leaving care planners in place. The team had good links to an advocacy group for young people in care and care leavers, EPIC, and inspectors promote that the team should be proactive in informing themselves and learn from previous outcomes where young people struggled to engage beyond a certain level. A recent end of placement for a young person became complicated and distressing due to uncertainty about where the young person could reside and this caused distress for the young person. The centre did act to address this and should incorporate the learning into future planning.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Discharges**

The centre must, as stated above, implement learning from a recent discharge and if necessary incorporate this into their policy. There was evidence that there was an unnecessary overnight out of the centre and the management must update their policy to address what their decision making strategy will be if and when a young person is at the centre as they approach eighteen and do not have a confirmed date to move. The young person's dissatisfaction with the way in which their discharge and Tusla aftercare planning was managed was recorded on file but inspectors did not find where this was specifically reviewed by senior management. The young person was noted in the centres complaint register that they felt "let down" by the centre but particularly by the social work department. This was not formally notified according to records seen by inspectors nor was there any record as to whether the young person was advised of the Child and Family Agency complaints system 'Tell Us'.

There had been a celebration for an eighteenth and a leaving event for the young person and the team continued to support them over eighteen. The centre had been a

stable, positive and supportive placement overall for the young person according to the records.

## **Aftercare**

One previous resident had an aftercare worker for one year and an aftercare plan on file, the plan had an emphasis of harm reduction and stabilisation. The centre clearly recorded the level of worry the young person expressed about the uncertainty in the planning for their aftercare. Despite the year of planning, according to the records, due to a lack of aftercare supported options the young person experienced uncertainty throughout the end of their placement. For another young person a professional involved had written of their concerns regarding a lack of full implementation of the national policy on aftercare by Tusla and its potential impact on the young person. Inspectors have identified the impact of some of these factors within the centre and therefore on the team and young people as they seek to plan for life over eighteen.

The social worker for a current young person confirmed that the young person aged seventeen and a half now had an aftercare worker and an aftercare plan in place. They also identified that accommodation suitable to needs and ongoing education is presenting as a significant challenge to address.

### **3.5.3 Practices that did not meet the required standard**

None identified

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

*-Part IV, Article 23, Paragraphs 1and2, Care Plans*

*-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan*

*-Part V, Article 25and26, Care Plan Reviews*

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

*-Part III, Article 10, Health Care (Specialist service provision).*

## **Required Action**

- The management must review the outcome from a recent discharge and update their policy if necessary to reflect the learning identified from this.
- Tusla, The Child and Family Agency must ensure that young people leaving care who are entitled to aftercare receive equal opportunities nationally to a high standard of care and support appropriate to their needs.

## **3.8 Education**

### ***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

### **3.8.1 Practices that met the required standard in full**

None identified

### **3.8.2 Practices that met the required standard in some respect only**

Both of the young people at the centre were in educational placements. There was evidence on file of good practical organisation around education, mainly evident on the client profile sheet. The stated culture of the centre, which is upheld by the manager, is that all young people attend education or training. Inspectors found that young people's wishes were heard and acted upon resulting in a move to a new school or training course, home support for exams and lifts to school for example.

Despite the good focus on education inspectors found that non school attendance was not explicitly addressed across the records in a proactive manner. Actual school attendance was critically low in fact for one young person but this was not clear at first glance. The social worker requested that this be notified as a significant event once they became aware of the actual combined level of attendance.

This presented to inspectors as an anomaly given the other evidence on file of support for education at the house, with the schools and with the Education Welfare Officers where required. Once highlighted inspectors did find that some new strategies around attendance had been initiated but advise that a broader holistic review takes place and that this be informed by any clinical assessments.

### **3.8.3 Practices that did not meet the required standard**

None identified

## **Required Action**

- Management must ensure that non school attendance is tracked and notified to the relevant parties. Strategies to address nonschool attendance must take account of previous assessments.

## **3.10 Premises and Safety**

### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

### **3.10.1 Practices that met the required standard in full**

#### **Accommodation**

On the day of the unannounced inspection visit the inside of the centre was clean and well presented. The interior was being repainted and updates had recently been agreed by the manager for some flooring and fittings, for example curtains, curtain poles and blinds. The surrounding garden was over grown on the day of the visit but this was corrected the next day and had been scheduled the inspector was informed. Also the gutters required cleaning and this was also completed the next day. Bathrooms and showers were in good working order and the property is homely and domestic in style and in located a good sized, well resourced town.

One young person told inspectors that they were happy with their bedroom and the facilities in the house as well as the decoration. Inspectors found a functioning house and doors alarm system in operation, the front and back doors were alarmed at all times for security. The young people had access to wi-fi, play station and smart TV at the property, musical equipment had been provided in accordance with a young person's wish. Inspectors discussed with staff whilst at the centre the presence of signage in places that they could review with an emphasis on balancing homeliness with safety.

## **Maintenance and repairs**

There was a maintenance reporting book in operation and this highlighted that there has not been a high level of need for repairs at the centre. Some items had been rapidly addressed whilst others had taken longer. The maintenance system is in place and email communications were attached but it is an area that needs more robust oversight to ensure items are addressed in a timely manner. A structured health and safety audit system should support this.

## **Fire Safety**

The inspectors reviewed the 2018 fire register, this held records of the routine checks maintained and their schedules, for examples fire drills were monthly and routes of escape were daily. There was a suitable fire alarm system that is serviced yearly. There was suitable signage, emergency lighting, sensors and fire fighting equipment in their designated places around the centre. All were the subject of service contracts for maintenance.

### **3.10.2 Practices that met the required standard in some respect only**

#### **Safety**

There is a health and safety system in place and a nominated and trained staff member over sees this. The health and safety audit folder contained room maintenance, first aid and vehicle weekly checks. The service director had evidenced their review and commentary on these audits. The centre must put in place a more substantial health and safety risk assessment tool as inspectors found items such as the need for electrical review of a number of sockets did not have a place within the present system as structured above. The manager stated that an electrician would review the sockets as soon as possible. A staff member had also completed health and hygiene training HACCP and inspectors found that safe storage and preparation of food systems were in place. Staff are trained in first aid and there is secure storage available in the staff office for medication.

### **3.10.3 Practices that did not meet the required standard**

None identified

### **3.10.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

*-Part III, Article 8, Accommodation*

*-Part III, Article 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

*-Part III, Article 13, Fire Precautions.*

#### **Required Action**

- The management must ensure that a formal health and safety risk assessment tool suitable for the centre is implemented in practice.



## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The management must review the care files to ensure that sensitive, confidential and third party reports are securely and appropriately stored.</p> <p>The client profiles must be maintained to a similar standard and be clear in their reflection of all practices at the centre. All staff must ensure to sign the records they complete at the centre.</p>	<p>All young people’s files have been reviewed and the third-party report that was identified in this report was removed from the general files and maintained within a separate confidential section. – Completed on 23.07.2018</p> <p>All client profiles have been reviewed to ensure they clearly reflect the practices of the centre to the reader. - Completed Date 23.07.2018. The signing of documentation was addressed with the care team at the team meeting on the 26.07.2018. Please refer to preventative and corrective measures for further detail.</p>	<p>Going forward all third-party reports will be stored within the separate confidential section. This will be reviewed by the management team on a regular basis to ensure that documents do not enter into general files.</p> <p>The client profile document has now been added to the new online system that is currently being implemented across the Pathways Ireland Service. The formatting of this should ensure that all client profiles clearly reflect the practices of the centre going forward. Going forward all team members must sign off on all completed documentation before the completion of their shift, those team members that are on day-shift must complete all signing before commencing their next shift. All documents will be reviewed by management daily to ensure signatures are</p>

	<p>Suitable training and advice on the model of care must be provided to the staff in accordance with the centres stated aims for the provision of care.</p>	<p>A review of the model of care is currently on-going. This clinical input will also guide the training of the staff team and provide support on a monthly basis. Aims have been created and meetings scheduled for August and September 2018 with regard to this roll out. The development of the model of care and the clinical support will also look at measuring and evidencing outcomes for young people.</p>	<p>present. Documents will also be reviewed at the weekly team meetings to ensure that signatures are present.</p> <p>A new clinical support person has recently been appointed to Pathways Ireland who will assist in the review of the model of care in conjunction with the Service Director. This review will also guide how the training of the staff team is implemented.</p> <p>The clinical support person will also engage with each of the care teams across the service monthly to provide clinical support.</p>
<p><b>3.5</b></p>	<p>The management must review the outcome from a recent discharge and update their policy if necessary to reflect the learning identified from this.</p> <p>Tusla, The Child and Family Agency must ensure that young people leaving care who are entitled to aftercare receive equal</p>	<p>A review of this discharge was completed by the management team, a report on this review is available to the inspectorate on request. A working group has been established for policy development and this policy, taking account of the matters raised, will be reviewed at this forum late 2018.</p> <p>The inspectorate has highlighted through the Tusla line management system matters arising regarding the provision of aftercare.</p>	<p>Going forward a full end of placement report will take place after every discharge that occurs within the service, this will occur both in the case of both planned and unplanned discharges.</p>

	opportunities nationally to a high standard of care and support appropriate to their needs.		
<b>3.8</b>	Management must ensure that non school attendance is tracked and notified to the relevant parties. Strategies to address nonschool attendance must take account of previous assessments.	The tracking of non-school attendance is already currently in operation within the centre and is recorded through the placement plan, this is also notified to all relevant parties through regular communication and monthly reports and their input sought in regard to interventions.	Management will continue to maintain links with the Education Welfare Officers and educational placements of all young people to ensure and maintain attendance in educational placements.
<b>3.10</b>	The management must ensure that a formal health and safety risk assessment tool suitable for the centre is implemented in practice	An environmental and food safety inspection tool is currently in operation, this is currently completed on a quarterly basis. A full electrical survey was completed on the 16.06.18, the centre is currently waiting on a Certificate of Conformance.	Going forward the environmental and food safety inspection tool will be carried out across all centres within the service on a monthly basis by the centre's own Health and Safety Officer. This will then be reviewed by the management team on completion. Pathways Ireland is currently completing a full review is of the audit tool to ensure that all areas of Health and Safety are in compliance with current standards and legislation.