



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 168

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Pathways Ireland
Registered Capacity:	Three Young People
Type of Inspection:	Announced
Date of inspection:	20th and 21st November 2023
Registration Status:	Registered from 24th January 2023 to 24th January 2026
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	19th December 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 3: Safe Care and Support (Standard 3.3 only)	
3.2 Theme 5: Leadership, Governance and Management (Standard 5.4 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.4 only)	
4. Corrective and Preventative Actions	14

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 24th January 2020. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 24th January 2023 to the 24th January 2026.

The centre was registered as a multi-occupancy service. The centre's purpose and function was to accommodate three young people of all genders from age thirteen to seventeen on admission on a medium to long term basis. Their model of care was identified as competency and relationship based which was described in centre documentation as promoting effective and accountable professional practice and a client-centred approach. There were three young people living in the centre at the time of the inspection. One of these young people was placed outside of the centre's statement of purpose and function and a derogation had been approved by the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.3
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.4

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 5th December 2023. There were no corrective and preventative actions to be addressed.

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: 168, without attached conditions from the 24th January 2023 to the 24th January 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors found that an open culture was promoted within the centre where children and staff were encouraged to raise concerns, report incidents and identify areas for improvement. In interview, one allocated social worker stated that the staff team and management were transparent in their practice and interactions and communicated regularly around all aspects of the young person's care. A review of centre records evidenced that staff practice was constructively explored and learning was shared with the staff team in team meetings.

Inspectors met with two young people in the centre. They stated that they felt safe and happy living there and were encouraged to raise issues of concern.

The organisation had policies and procedures in place for the notification, management and review of incidents and all staff interviewed were familiar with these processes. From a review of a sample of significant event notifications and in interview with the allocated social workers, these were all reported within appropriate timeframes to professionals involved in the young people's care. There was evidence that the centre manager reviewed incidents, triggers and staff practice and offered guidance and learning to the staff team. Allocated social workers stated that they were asked for feedback on the management of incidents and for input into planning documents and safety plans, where necessary, for the young people.

Inspectors reviewed centre records and found that the centre was operating in compliance with the organisational policies and in line with regulatory requirements. Inspectors reviewed a number of significant event review group meetings and found there to be detailed records which identified learnings, trends and a review of approaches. There was evidence to show the findings from these meetings were discussed in subsequent team meetings for learning purposes and improvements in practice.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

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

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There was evidence that the organisation was reviewing the quality, safety and continuity of care being provided to the young people with the view to inform improvements in practice and achieve better outcomes for the young people residing there.

The governance and auditing systems were multilayered. The centre manager had oversight on all centre records and inspectors found that they regularly commented on documents offering guidance and support to staff, which was further evidenced in team meeting records. The organisation had developed an operations manager position whose role was to provide supervision and support to centre managers in the company. They were present in each centre on a monthly basis and also undertook a review of records, observed staff practice and interacted with the young people. The compliance and complaints officer employed by the organisation conducted audits on the centre against the National Standards for Children's Residential Centres HIQA

(2018) on a bimonthly basis and reviewed complaints made by young people. These centre specific audits were reviewed by inspectors and found to be comprehensive and analytical in nature, identifying deficits and incorporating an action plan to address gaps.

Inspectors reviewed care records and found that information relating to complaints, concerns and incidents was recorded, acted on, monitored and analysed. Following one incident which necessitated the submission of a child protection and welfare report form (CPWRF), centre management and the social work department convened a strategy meeting and subsequently the centre submitted a CSE1 form under the child sexual exploitation protocol.

In addition, in the past year, the structure of the significant event review group was amended to look at categories of incidents and was used to analyse care practice and potential learning across the organisation. There was feedback to the team on the learning through team meetings.

The organisation had completed an annual review of compliance for 2022 across all centres in the organisation. This audit was undertaken by the complaints and compliance officer and was an analysis of all governance undertaken across the organisation including Alternative Care Inspection and Monitoring inspection reports, audit reports, review of complaints and significant events. The compliance report contained centre specific data and analysed emerging trends across all centres and devised an action plan to be implemented across all centres in the organisation to improve work practices and achieve better outcomes for young people in their care. In interview, staff at all levels were aware of the action plans and the implementation of same.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.4
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
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Actions required

- **None identified.**

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors found evidence of consistent and ongoing training and development opportunities being offered and facilitated for staff members. The centre had a system in place to track all training completed by staff and staff were alerted when they were due to attend refresher courses. Inspectors found that all staff were trained in the centres model of care, behaviour management framework and operational policies and procedures. These were further discussed at team meetings where policies and procedures were a standing item on the agenda and records evidenced that core points were discussed.

Staff had completed all mandatory training including first aid responder training, fire safety training, children first e-learning, mandated persons training and child sexual exploitation protocol training. In addition, training was provided to staff on issues and concerns relevant to the needs and presentation of the young people living in the centre.

A training needs analysis was completed each quarter and highlighted training that both management and staff felt was required to ensure effective and safe care for the young people. In interview, staff stated that issues discussed in supervision, team meetings and learning from significant event review group meetings informed the training needs identified and requested in the training needs analysis form. Training was provided internally where possible and was sought externally where necessary.

The organisation had a policy on induction that included both a corporate and centre specific induction. Evidence of this, along with training certificates, was retained on staff personnel files. Inspectors found that training and continuous professional development was prioritised to enable staff deliver child-centred, safe and effective care and support.

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

Compliance with standards	
Practices met the required standard	Standard 6.4
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
3	None identified		
5	None identified		
6	None identified		