



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 141

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Brighter Futures for Children Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced themed inspection
Date of inspection:	15th, 16th & 17th December
Registration Status:	Registered from 08th August 2018 to 08th August 2021
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	18th February 2021

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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 Assurance 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 08th August 2018. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 08th August 2018.

The centre was registered to accommodate two young people of both genders from age thirteen to seventeen years on admission. The overall aim of the centre was to provide residential care to vulnerable young people and an open, transparent person-centred service with a therapeutic approach. The centre's objective was to provide a safe and structured residential environment with a high level of support in line with *The Three Pillars* model of care which was based on three elements - safety, connections and coping. There was one child living in the centre at the time of the inspection. The centre was granted a derogation to accommodate this child as they were under thirteen years on admission, which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
7: Use of Resources	7.1
8: Use of Information	8.1, 8.2

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 via teleconference 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 and the centre manager on the 29th January 2021 and to the relevant social work department on the 29th January 2021. The centre manager returned the draft report on the 05th February 2021. The inspectors found the centre was compliant with the standards and regulations inspected and a CAPA was not required.

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 141 without attached conditions from the 08th August 2018 to the 08th August 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Theme 7: Use of Resources

Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

The inspectors found that the centre used both financial and human resources effectively to promote the safety and quality of care provided to the child in placement. The centre had a range of up to date policies and procedures to guide and support the use of resources that included a staff training and development policy, staff care policy, supervision and support/on-call policy and petty cash policy. An employee's handbook, developed in 2019, outlined a range of the policies, procedures, conditions of employment and behavioural expectations to guide staff in their employment for example HR, recruitment, vetting, code of conduct and whistleblowing policies.

Resources were found to be planned, managed and delivered in a manner that promoted child-centred, safe and effective care. The inspectors found the centre was well-run and managers at all levels sought opportunities to improve the service and achieve better outcomes for the child in placement. This was evidenced through development of its case record management system, internal and external quality assurance processes, training in the model of care and development of a clinical team with specific areas of expertise to support staff, guide interventions and further develop the therapeutic programme of care. The inspectors found the premises were homely and well maintained and staff interviewed confirmed that sufficient resources were available to maintain the centre in good decorative order and for the on-going upkeep and upgrading of the centre as required.

The inspectors found there were systems in place to ensure accountability at all levels within the organisation. The registered provider had a clear strategic vision for the service and put systems and resources in place to meet identified goals. The registered provider was familiar with the day-to-day operation of the centre as well as the service development plan and the resources required to meet service objectives.

The workforce was planned and managed well. Staff rosters were reviewed by the inspectors and evidenced that rotas were planned to ensure that there was a balance of experience and competencies across each shift. There were adequate numbers of

staff to meet the needs of the child. There was a core team of eight social care staff and a sufficient number of relief staff who were familiar to the child. There were three social care leaders and two senior social care workers who worked across the staff roster to support the team in their work. Staff were seen as an important resource and were supported in their work to provide quality care through training, debriefing, performance appraisals and supervision with a strong focus on self-care.

The social worker confirmed that the staff team were regularly up-skilled to support the child in placement and were guided by external specialists to implement recommendations from assessments previously undertaken. Records of all clinical meetings were maintained to evidence decisions taken in relation to the therapeutic care approach. Interviews with staff and managers evidenced that the care in the centre was specifically tailored to the child's needs and this was confirmed by the external professionals interviewed by the inspectors. The social worker was satisfied that all resources necessary to support the child's care plan were made available including support to facilitate telephone contact with former carers every week.

Centre records evidenced how decisions were made. Team meeting records showed that staff could request extra resources as required to support the care of the child. There was a focus on staff being proactive to identify required resources rather than being reactive to the child's presenting needs. Minutes of house meetings evidenced that the voice and wishes of the child was heard and taken into account in planning for their care. There was evidence on file that there were systems in place to get written feedback from the child in relation to his care. The team meeting records and placement plans demonstrated transparent and effective decision-making when planning, procuring and managing the use of resources. The staff confirmed that there were sufficient funds available to undertake activities and fund additional resources to support the child's care. There was evidence of a range of play and recreation materials in the centre to promote play, learning and support therapeutic interventions such as sensory development and attachments. There were some outstanding specialist assessments to be completed for the child, however these were followed up and discussed at the team meetings and the monthly child in care reviews.

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

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

Regulation 17: Records

Theme 8: Use of Information

Standard 8.1 – Information is used to plan, manage and deliver child-centred, safe and effective care and support.

The inspectors found that information was used to plan, manage and deliver child-centred, safe and effective care and support. Staff had access to good quality information about the child prior to their admission to the centre. There were a range of reports including social history, specialist reports and information on behavioural presentation to support effective care and placement planning. There was evidence that information on file was collated and used to inform shared decision making in respect of the child’s placement plan and behaviour support plan. There was a focus on identifying goals in the placement plan and on monitoring and evaluating the outcomes for the child. All information available to staff was used to develop practical plans to support the child’s identified needs. Communication within the team was good and handover meetings, communication logbooks and regular team meetings facilitated good communication between staff.

Behaviours that challenged and resulted in risk and harm were discussed at team meetings, child in care reviews and at clinical meetings. Records of incidents were reviewed by the managers and staff team to identify risk. Where risks were identified in relation to the care of the child a comprehensive risk assessment was completed with clear management and support strategies identified. There was evidence of

oversight and review of risk assessments by management and at team meetings. Records of all incidents and risk assessments were maintained on the child's file.

A governance manager was recently appointed to undertake the external governance and oversight of centre practices and commencement of this role was planned for January 2021. There was evidence that two internal audits were undertaken to assess centre compliance with national standards and a separate audit on the centre's policies and procedures was also undertaken in 2020. The inspectors found that action plans to address identified gaps and deficits in systems, policies or practices were completed and appropriately signed off by management. The manager and a social care team leader undertook a review of all significant events in October 2020 to ensure the appropriate use of agreed interventions. Findings were identified and shared with the staff team and the therapeutic team.

The social worker confirmed that information about the child was recorded and communicated in a timely manner and they were satisfied with the quality of the records and reports received. The social worker received weekly updates, placement reports and a written record of all significant events relating to the child. The social worker confirmed that statutory child in care reviews were undertaken on a monthly basis and the staff provided comprehensive and detailed reports to the review meeting on the child's progress and areas of on-going concern.

The social worker was satisfied there was appropriate sharing of information between professionals working with the placing authority and consultants working for the organisation. Appropriate written consent was signed and agreed in relation to sharing of information and access to the child's records by the centre's external consultants.

Standard 8.2 – Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

The centre had implemented a new electronic record management system that supported best practice and was compliant with data protection regulations. There was an appropriate mix of electronically stored data and manual recording systems within the centre. Staff were trained by the centre manager to use the electronic record management system and there were appropriate security systems in place to protect data and records. Staff received training in record keeping skills and in data protection legislation and team meeting records evidenced discussions in relation to

GDPR. Policies in relation to data security, data protection, confidentiality, maintaining records in perpetuity, email/internet/use of social media were set out in the employee's handbook. There were no data protection breaches in the centre and the centre manager confirmed that they were the data controller in relation to personal information held in the centre. Information and records were password protected and there were appropriate identity access systems in place. All staff signed a confidentiality agreement on commencement of employment. In interviews with the inspectors staff were aware of centre policies and procedures that supported and guided these practices.

All information reviewed by the inspectors was accessible and facilitated effective planning. Records reviewed evidenced cohesive and consistent care and information could be easily tracked across the child's care file and other centre records. There was good monitoring of information within the centre by the centre manager and social care leaders. Feedback from management meetings was shared with the team and evidenced in team meeting records. Handover meetings facilitated robust planning and accountability. Records reviewed by the inspectors were maintained to a high standard. Information was written in a professional manner, was legible, reliable, accurate and up to date. Inspectors were able to verify and cross reference information throughout the record keeping systems. Structured reporting templates were recently updated and provided detailed, relevant and accurate information and were completed to a high standard. Records were subject to structured review and oversight through the centre's internal quality assurance processes and the inspectors were satisfied with the quality of these audits. Gaps and deficits identified were addressed to improve practices within the centre. Centre records were also reviewed by the social worker and the Guardian ad Litem.

The centre manager maintained a register that contained the required information relating to the admission and discharge of young people from the centre. The inspector found it was completed in line with the regulations and was up to date and complete.

The privacy of the child's personal information was protected and respected by staff. Personal information was treated as confidential and staff were aware of the importance of only sharing information on a need to know basis. Care files and centre records were stored in a secure manner in the centre.

The employee's handbook outlined the requirement of the service to maintain records in perpetuity however the centre required a policy on the retention and

destruction of records. This had been identified by the auditor in a recent audit and there were plans in place to develop this policy. Care files and centre records relating to previous residents were archived in the centre in a secure location.

The centre had a policy on young people’s access to information that outlined their right to access both centre logbooks and their care files. The policy outlined the procedure for staff to follow when the young person requested access to their logbooks and/or their care file. The policy also outlined the rights young people have under the Freedom of Information Act, 2014. The policy outlined that key workers will ensure that young people placed in the centre will know that records are maintained about their day-to-day activity and of any significant events affecting their lives and discuss the purpose of keeping files and recording information.

The young person’s information handbook outlined the right to access personal information and how to exercise this right. Inspectors found that staff had explained to the child in placement what records were maintained by staff and they were facilitated to read a child-friendly version of their records. The child’s right to access information was discussed with them in house meetings and in key work sessions. There was evidence the key workers and the social worker had provided information to the child about why they were living in residential care and the help and support they would receive in the centre. The staff had previously discussed the child’s right to access information on their file with the allocated social worker and appropriate access to care records and information was agreed based on their age and stage of development.

Compliance with Regulation	
Regulation met	Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 8.1 Standard 8.2
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
7	N/A		
8	N/A		