



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 083

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Rainbows Community Services Ltd.
Registered Capacity:	Five young people
Type of Inspection:	Unannounced
Date of inspection:	12th June 2024
Registration Status:	Registered from the 19th of February 2023 to the 19th of February 2026
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	20th August 2024

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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 19th of February 2008. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from 19th February 2023 to 19th February 2026.

The centre was registered to provide accommodation to five young people of all genders from age twelve to eighteen on admission. Their model of care was described as relationship based and trauma informed. Staff interactions were informed by additional positive behaviour support tools which were aimed at bringing young people to a place of good self-management and self-awareness. There were five young people living in the centre at the time of the inspection. At the time of the inspection, one of the young people were outside the stated age range of the purpose and function and a derogation was granted for their placement in the centre. Their files were not reviewed as part of this inspection process.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2

This inspection was conducted following an escalation sent by the National Placement team (NPT) to the ACIMS due to concerns around the dynamic between three young people in the centre and the behaviours that challenge of one young person in the community. The inspectors reviewed specific centre records pertaining to this concern and a range of documentation for three young people as part of this inspection process relating to aspects of standard 3.2 of The National Standards of Residential Centres, 2018 (HIQA).

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. 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 16th July 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 30th July 2024. This was deemed to be satisfactory, and the inspection service received evidence of the issues 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: 083 without attached conditions from the 19th February 2023 to 19th February 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 3.2 Each child experiences care and support that promotes positive behaviour.

The inspectors reviewed a range of behaviour management documentation for three young people in the centre.

On review of the most recent Individual Crisis Support Plans (ICSP), Individual Absence Management Plans (IAMPs) and Behaviour Management Plans (BMP) for the three young people the inspectors found that they were up to date and included behaviours of concern for each young person. The plans identified clear guidance and direction for the staff to follow when incidence of concerns arose. The inspectors found the key factors indicated on the ICSP required review to ensure that they were not duplicated and were concise in relation to the known behaviour.

The IAMP's for all young people were also updated regularly and were detailed. However, on review of one young person's IAMP the inspectors found it did not include all required information for example curfew times or designated known safe places for the young person to go to when missing from care.

On review of the BMP's for each young person the inspectors found that these were aligned to the ICSP and contained guidance for staff to follow. Within the interventions section of these plans, they indicated to staff where there was additional measures in place for example in the form of safety planning to support the management of the identified behaviour. These BMP's contained the appropriate measures to manage the individual risks for each young person and were signed off by the key worker and social care manager. It was clear for one young person that was engaging in significant risk taking behaviours in the community that the centre was updating these plans regularly to reflect the current situation and had robust measures in place to manage same. At times where the BMP's indicated additional safety plans to be in place the inspectors found that there were limited records of these safety plans held on file to provide staff with the relevant information required to support young people manage their behaviour of concern. When safety plans were

on file the inspectors found that the measures in place were effective to manage the known risk. However, they were not reviewed and at times it was difficult to determine if these were still active.

At times the BMP's reviewed contained references to the challenging dynamic in the centre however, this was not recorded consistently within all young people's behaviour management documents. The inspectors reviewed all risk assessments on file in relation to individual risks for each young person. The centre was appropriately identifying the individual risks and the inspectors found that these risk were clearly understood by the staff team and management. However, at the time of inspection there was no impact risk assessment completed for all young people in light of these presenting risks. The documentation available for review did not demonstrate how the centre was assessing or safeguarding the impact of the young people's individual risks on all residents in the centre. This did not allow for the review or tracking of the control measures in place to reduce the known risks and ascertain the viability of the placements.

The inspectors found that the team were working in collaboration with the relevant social work departments for each young person however, they found that a multi-disciplinary meeting of relevant parties to discuss the collective risks had not been convened. During the course of this inspection the centre in consultation with the relevant social work department had completed impact risks assessments for all young people and these were shared with inspectors. The high risk behaviour for one young person continued to increase in the community and the centre submitted updated impact risk assessments to reflect this increase in risk. These were detailed and were signed off by all relevant professionals.

The inspectors found that where meetings had taken place between different social work departments and the centre that these were not held on file. The social care manager confirmed in interview that meetings had taken place but the minutes from these had yet to be typed up. During the course of this inspection the inspector received these meeting minutes and safety plans from the centre.

A sample of significant events were reviewed, and the inspectors found that they contained all relevant information. Where the significant event form indicated for a review of the behaviour management plans, this was completed. However, the inspectors found that there was limited work taking place with the young people following the significant events in the form of key working or individual life space interviews.

In one significant event reviewed in relation to two young people from November 2023 the inspectors found that the centre responded initially to this concern. However, the control measures put in place to manage this risk was not implemented in a timely manner which resulted in a further incident occurring in January 2024. Inspectors found that learnings from these events had not been implemented as further significant events regarding these two young people occurred and at the time of inspection no impact risk assessment or safety plan was available to inspectors. Documents reviewed demonstrated that the social care manager had attempted to convene a meeting in relation to this risk however one social worker was on leave and when the risk appeared to be not actively present the follow up meeting was not arranged. The inspectors found that the collective risk planning to safeguard all young people in the centre was not in place.

Internal significant event reviews were conducted individually by the deputy social care manager (DSCM) following each significant incident. The DSCM confirmed that they initially had responsibility to complete same however, these reviews were now completed as part of the staff team meetings to support further learning among the staff team and enhance staff practice. A SERG report was completed on a monthly basis which included an overview of all significant events for all young people. The inspectors found that these identified patterns and trends in relation to the recent behaviours within the centre. They contained actions to be put in place to address these risks and documented relevant measures required to manage these known behaviours. However, the inspectors found that strengthening of these reviews was required to ensure that where actions were noted to address the identified risks that the appropriate risk assessments and safety planning was put in place to mitigate these risks and these were recorded on the young people's care file.

Team meetings took place on a weekly basis however the inspectors found that in the more recent team meetings that there was limited discussion recorded in relation to the dynamic between the young people or approaches staff could take in managing the risk in the community. At times only the decisions from team meetings were recorded. When discussion took place in relation to control measures to manage the risk these meeting minutes made reference to additional safeguarding mechanisms in the form of safety plans, strategy meetings or risk management checks. The inspectors found in interview with the staff team and management that ongoing discussion took place in relation to all young people in the centre. However, the lack of detail recorded in these meeting minutes in relation to pertinent decisions to guide a team implement safe care required improvement.

Inspectors found in interview with centre management, staff and social work departments that there was a clear knowledge among all professionals in relation to the known individual concerns for each young person in the centre. In interview with three social workers, they confirmed that the centre was meeting the needs of each young person and responding to their known behaviors of concerns. However, the inspectors found that records were not always up to date and key documents required to ensure safe planning for all young people were missing for example, up to date safety plans, strategy meetings and risk assessments. This made it extremely difficult for inspectors to fully ascertain how the centre was assessing and responding to the young people's risk behaviour, in particular when it related to the collective group impact. The governance and oversight of records requires improvement to ensure that risk was assessed appropriately, and that all relevant documentation was held on young people's file.

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

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre manager must review the IAMP's to ensure that they contain all relevant information and are recorded on the correct template.
- The centre manager and registered provider must ensure that all key behaviour management documents are up to date and are on file to provide staff with the relevant information required to support them in the guidance and management of young people's behaviour.
- The centre manager and registered provider must ensure that when multi-disciplinary meetings take place that all minutes of these meetings are recorded and are maintained on the relevant young person's care records.
- The centre manager must ensure that individual work is completed with each young person to help them understand and manage their behaviour.

- The centre manager must ensure that all team meeting minutes record key information required to support the staff team to identify, manage and support behaviour that challenges in the centre.
- The centre manager must ensure that all relevant risk assessments are put in place to ensure that the relevant concern is identified, assessed, and reviewed to safeguard all young people in line with the organisations behaviour and safety management policy.
- The registered provider and centre manager must ensure that training is provided to the staff team and management in the organisations behaviour and safety management policy.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must review the IAMP's to ensure that they contain all relevant information and are recorded on the correct template.	The centre manager has reviewed all IAMP's and updated as necessary.	Centre management has increased administrative hours of one team leader from 8hrs to 20hrs per week to support the ongoing oversight and update of all essential paperwork relating to safety and wellbeing in the service. Team leader to shadow key workers 1:1 for the next 3 months and management to review the progress at this stage.
	The centre manager and registered provider must ensure that all key behaviour management documents are up to date and are on file to provide staff with the relevant information required to support them in the guidance and management of young people's behaviour.	The centre manager has reviewed all of the behaviour management documents including, ICMP's, BMP's, risk assessments and safety plan's where applicable. A full audit of behaviour management documents has been completed and any missing documents are now on YP's file. Active documents are also on the handover notice board for easy reference for staff working on shift.	The director of service has revised the weekly handover template to include the attaching of documents that have been updated during the week. All minutes of professional meetings are now being sent to DOS every Friday along with handover.

	<p>The centre manager and registered provider must ensure that when multi-disciplinary meetings take place that all minutes of these meetings are recorded and are maintained on the relevant young person's care records.</p>	<p>Since the inspection took place all MDT meetings have been recorded with local notes in place prior to receipt of any official minutes. For future provision it is the responsibility of the management team member attending these meetings to ensure notes are available within 24 hours of the meeting taking place.</p>	<p>The director of service has revised the weekly handover template to include the attaching of documents that have been updated during the week. All minutes of professional meetings will now be sent to DOS every Friday.</p>
	<p>The centre manager must ensure that individual work is completed with each young person to help them understand and manage their behaviour.</p>	<p>The centre manager has instructed the team of social care workers and keyworkers in particular regarding the need for individual work designed to name and examine behaviours. The work required is to be outlined in the placement plans and reviewed by management. Centre management have instructed that these individual pieces of work must be recorded and available for review within 48 working hours of the work taking place. The centre manager and deputy manager have scheduled oversight meetings monthly with keyworkers with weekly audit in between to ensure compliance</p>	<p>The centre manager has updated the tracking tool for significant events and follow up to include focus on the behavioural support processes. This includes indicators where behavioural work is required. Absent of SEN's a schedule for documents review has been posted in the staff office. The centre manager and deputy manager have scheduled oversight meetings monthly with keyworkers with weekly audit in between to ensure compliance sharing profile of young people.</p>

	<p>The centre manager must ensure that all team meeting minutes record key information required to support the staff team to identify, manage and support behaviour that challenges in the centre.</p>	<p>sharing profile of young people.</p> <p>The centre management have put in place additional administration supports to support the ongoing oversight and update of all essential paperwork relating to safety and wellbeing of the service. This includes the recording of team meetings and minutes to ensure the key information required to support the staff team to identify, manage and support behaviour that challenges in the centre is identified in the minutes.</p>	<p>The centre management have put in place additional administration supports to support the ongoing oversight and update of all essential paperwork relating to safety and wellbeing of the service. This includes the recording of team meetings and minutes to ensure the key information required to support the staff team to identify, manage and support behaviour that challenges in the centre is identified in the minutes. The minutes are to be signed off by the centre manager prior to distribution to the team.</p>
	<p>The centre manager must ensure that all relevant risk assessments are put in place to ensure that the relevant concern is identified, assessed, and reviewed to safeguard all young people in line with the organisations behaviour and safety management policy.</p>	<p>The centre manager has updated the risk assessment process to include a query on possible impact on co-residents. Where impact on co-residents is assessed a collective risk assessment will be formulated. A risk rating on the risk matrix of 15 or higher prompts an</p>	<p>As per the behaviour and safety Management policy collective risk assessments indicating a figure of 15 or higher will prompt an escalation of the issue to the director and to the social work departments of the co-residents.</p>

	<p>The registered provider and centre manager must ensure that training is provided to the staff team and management in the organisations behaviour and safety management policy.</p>	<p>escalation of the risk within the organisation and to the SW departments for the co-residents.</p> <p>The centre manager will review the behaviour management and safety policy and subsequently develop a learning tool to be rolled out with the team. The behaviour management and safety policy will be a fixed team meeting agenda item for three months following the training.</p> <p>The centre management has implemented additional administration hours to bring TL's hours from 8 per week to 20 per week. This supports the review of safety and behaviour management documentation in line with policy. As part of this function there is a role for direct work with keyworkers and social care workers to build capacity and competence including updated key-worker induction, refresher behaviour management training to be completed by 30/09/2024, oversight by director through the director handover</p>	<p>The centre manager will review the behaviour management and safety policy and subsequently develop a learning tool to be rolled out with the team. The behaviour management and safety policy will be a fixed team meeting agenda item for three months following the training. Thereafter the centre manager will ensure refresher training on the policy through the team meetings on a three monthly basis.</p> <p>The centre management has implemented additional administration hours to bring TL's hours from 8 per week to 20 per week. This supports the review of safety and behaviour management documentation in line with policy. As part of this function there is a role for direct work with keyworkers and social care workers to build capacity and competence including updated key-worker induction, refresher</p>
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		process and in supervisions and team meetings.	behaviour management training to be completed by 30/09/2024, oversight by director through the director handover process and in supervisions and team meetings.
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