



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 053**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Rainbows Community Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>29<sup>th</sup> &amp; 30<sup>th</sup> November &amp; 7<sup>th</sup> December 2022</b>
<b>Registration Status:</b>	<b>Registered from 31<sup>st</sup> March 2022 to 31<sup>st</sup> March 2025</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> February 2023</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 31<sup>st</sup> March 2007. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from the 31<sup>st</sup> March 2022 to the 31<sup>st</sup> March 2025.

The centre was registered to provide accommodation to four young people of all genders from age sixteen to nineteen years in their own apartment with the provision of onsite team supports. Their model of care was described as relationship based with an understanding of attachment and strong core working knowledge of the skills and resilience required for the next stage in the young people's lives. The team was utilising a model of care based on the principles of Daily Life Events (DLE), which looked at everyday tasks and creating positive experiences for them. DLE enforces the importance of using natural opportunities as the focus for interventions with young people. There were four young people living in the centre at the time of the inspection with two over the age of eighteen years.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1 & 2.6
3: Safe Care and Support	3.2

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 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 16<sup>th</sup> December 2022. 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 30<sup>th</sup> December 2022. 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: 053 without attached conditions from the 31<sup>st</sup> March 2022 to the 31<sup>st</sup> March 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

#### Theme 2: Effective Care and Support

#### Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had a rights-based admissions policy in place that took account of the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant legislation. The policy detailed the procedures to be followed from the referral and preadmission phase through to the admission stage when the young person moves into their own apartment. There was evidence on centre records to show that a number of these procedures were completed to ensure placement suitability in line with young people's statutory care planning. These included a review of all documentation and information submitted by Tusla's private placement team in collaboration with placing social work departments. Collective preadmission risk assessments were undertaken alongside allocated social workers, where the impact of a new admission on other residents was carefully considered, as well as how their behaviours and risks might affect the new young person moving in.

Notwithstanding this, further improvements were required to the process outlined in the policy as some elements had not been implemented in practice. For example, the policy states that a transition plan should be devised in preparation for a young person's move so that they can be offered an 'unhurried and positive admission'. Inspectors did not see evidence on the centre records that this plan had been developed for three of the four young people living there currently. Further, the statement of purpose outlined that the centre does not accept emergency admissions but for one young person who had just moved in, there was a requirement to respond to this on a crisis basis and therefore the regular admission's format could not be followed. Where a planned move had taken place for one young person from a sister service, there was an absence of a transition plan on their records that showed the opportunities that they were given to become familiar with day to day living arrangements and to have met staff and peers in advance. The centre's policy did not reflect a procedure for this type of admission. At interview, while staff were able to describe the general practice followed for admissions, they could not link it to any individual plans that had been devised for the current young people, their families and placing social work departments. They acknowledged that this deficit may have

had a negative impact on the settling period for some young people. Centre files reflected evidence of the difficulties experienced by young people moving to semi-independent living from group living with other peers. The registered provider must ensure that the centre's admission's policy is reviewed and updated to reflect changes to the centre's admissions process as well as the statement of purpose. This should include a procedure for receiving young people on an emergency basis. Individualised transition plans must be in place as per the centre's policy.

Despite the gaps highlighted, the staff team made every effort to welcome young people when they arrived and to ensure they felt welcomed to the centre. Each young person received a welcome pack which contained residency agreements, access to personal information, contact numbers, the complaints procedure along with contact numbers and an introduction to the semi-independent living skills programme in operation. Social histories were on file and utilised to inform young people's placements. Needs assessments were completed with young people as soon as they moved in so that they could be supported to identify their own specific goals and be part of care provision planning for daily living and for their transition on to an independent life. This input contributed to the development of their own placement plans which were reviewed fortnightly. Key working reflected the one-to-one work conducted with them in this regard and showed how they were supported to adapt and feel comfortable at this time. Social workers said they were involved in a multidisciplinary process from the preadmission stage and there was evidence on file that families and ancillary professionals were regularly communicated with and provided with opportunities to give input not only at the early stage of the placement but throughout young people's time in the centre. Inspectors found that the staff team had very good knowledge of all young people's complex needs and individual goals and this was not confined to those they provided key working to.

**Standard 2.6 Each child is supported in the transition from childhood to adulthood.**

Inspectors found that young people were supported in their transition from childhood to adulthood which included their preparation for leaving care. The staff team advocated on their behalf so that they could be provided with an appropriate needs led aftercare service. This was in line with National Policy. Two young people had a statutory aftercare plan on file and for those under eighteen years, they had recently been assigned an aftercare worker and needs assessments were being organised to take place. Where some had initially disengaged from this process, the centre was collaborating with placing social work departments, families and

appropriate professionals to re-establish links and encourage young people to give their consent to the process and have their wishes and preferences heard.

The centre's purpose was to assist young people to gain independent living skills in preparation for their pathway to leaving care. The semi-independent programme included assisting young people with securing accommodation, budgeting, benefits, transport, education, job seeking, cooking and daily living experiences. Inspectors found that in general this package was implemented by the staff team, however, improvements were required in the development of a more individualised programme for some young people who were at a later stage in the transition process.

Inspectors saw evidence that key working was undertaken with young people which focused on skills that they may need to live as independently as they could after leaving care. These included support with job applications and C. Vs, further education, safe care and cooking. Their choices and opinions were incorporated into placement plans and the specific goals identified by staff were considerate of young people's changing needs and circumstances. In addition, daily and weekly plans were consistently adapted after regular review and discussion with the team, young people, social work departments and families.

Family engagement and reunification between young people and family members important to them in their lives was central to the leaving care planning. For one young person who was attending third level education, careful arrangements were in place for them to live with family during weekdays and return to the centre at weekends. In addition, the staff team were proactive in securing interagency support for young people in the area of mental health and wellbeing, disability and education in preparation for their transition from the centre.

However, for one young person who had their placement extended twice since turning eighteen their social work department and centre management had substantial concerns for them living independently. There had been a delay in procuring an up-to-date assessment of their intellectual capability and this hindered securing the ancillary services they needed to transition. Despite evidence of ongoing collaboration with a prospective move-on placement for the young person, there was an absence of an active transition plan on their file. In addition, there was a gap in the review process of their individual needs since the initial extension to their placement. Furthermore, key working based on an individualised programme of daily living skills was not as consistently undertaken for this young person as it was for others. Centre management must ensure that transition plans are developed for all

young people and that where extensions take place, young people's needs must be consistently reviewed and individualised programmes updated and implemented to reflect these.

Inspectors evidenced meaningful communication between the centre and young people's families specifically in the area of access for one young person. Staff were dedicated and consistent in supporting them to reconnect and maintain these relationships in preparation for moving on from the placement and into independent living. There was a good understanding by the team that access to family support was crucial to young people's daily living and future plans. Weekly planning consultations were in place with appropriate professionals and in general there was good oversight on team meeting and senior management meeting minutes of young people's progress in their programmes. Despite this, young people on their questionnaires indicated that they 'didn't know a lot about their future plans' but that they 'loved where they lived'. Some also stated that they 'want more input to decisions being made'. At interview staff described how young people were supported to access and obtain copies of their files on request.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.1 Standard 2.6
Practices did not meet the required standard	Not all standards under this theme were assessed

### Actions required

- The registered provider must ensure that the centre's admission's policy is reviewed and updated to reflect changes to the centre's admissions process as well as the statement of purpose. This should include a procedure for receiving young people on an emergency basis. Individualised transition plans must be in place as per the centre's policy.
- Centre management must ensure that transition plans are developed for all young people and that where extensions take place to placements, young

people's needs must be consistently reviewed and individualised programmes updated and implemented to reflect these.

**Regulation 5: Care practices and operational policies**

**Regulation 16: Notification of Significant Events**

**Theme 3: Safe Care and Support**

**Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

Inspectors found that in general young people's positive behaviour was acknowledged and reinforced by the staff team. The team endeavoured to keep sanctions that addressed negative behaviour to a minimum and young people's achievements were identified weekly with them through their planning work. The use of supportive relationships between staff and young people were part of the centre's model of care and remained central to assisting them to make favourable changes in their lives. Staff had a good awareness of the underlying causes of young people's behaviours and a knowledge of their complex needs and how this impacted interactions between them and their peers. The centre's policy in this regard included information on behaviour support plans, the crisis intervention approach which staff were trained in, the model of care and restorative and natural consequences. However, it required improvement as the overall behaviour management approach was not clearly incorporated in the document.

While there was evidence on centre files of elements of the policy being adapted to guide staff with the intervention strategies for behaviour that challenged, there was an absence of a framework which underpinned the approach in use. At interview staff had difficulty in outlining the policy or the approach in place to respond to young people's behaviours despite having good knowledge of the support plans used in practice and observed on centre files. On one young person's questionnaire they stated that they were not satisfied with the sanctions applied as a result of their negative response to their own apartment being opened and personal items taken from their room. They described being 'very unhappy' with the intrusion and that the issue remained 'unresolved'. Inspectors relayed this to centre management and they said they have planned an immediate meeting with the young person to review the incident as well as the use of the sanction.

Inspectors saw strong evidence on young people's records of detailed individual crisis support plans (ICSPs), behaviour support plans (BSPs), individual absence management plans (IAMPs), safety plans and risk assessments, all of which demonstrated a robust and clear response to the risks and challenges currently presenting by young people. Social workers spoke positively of the strategies in use and said that staff were skilled, creative and dedicated in supporting young people to progress despite their changing complex needs. They described how young people have progressed in their placement and where there had been regression, new interventions and approaches were undertaken to support them in moving forward. They said that collaboration took place with them, and other professionals and they implemented the guidance in daily practice. They received regular updates from the centre and significant event notifications (SENs), and various support plans were shared with them. Inspectors observed that staff managed young people's complexities well, responded quickly to changing dynamics, updated support plans regularly and communicated with families and others important to young people in their lives.

The staff team had a good awareness of mental health difficulties and associated issues. They regularly consulted with young people, specialists, ancillary professionals, family members and social work departments to find ways to best support young people's wellbeing. In addition, they sought out specialist training to gain further learning on specific conditions so that the interventions in use could be enhanced. One to one sessions and life space interviews (LSIs) were conducted with young people so that they had a better insight and understanding of their own vulnerabilities and behaviours. Staff were attentive to low mood, risks and trauma and young people were referred to G.Ps, alternative therapies, counselling and mental health services in regard to their diagnosis. Methodical work was completed to encourage them to reconnect with supports where they had disengaged, and staff supervision was increased at particular periods where necessary and reviewed appropriately. SENs were discussed and reviewed at team meetings and there was good oversight of the incidents at senior management forums. While a significant event review group was in place, how the learning from this was shared amongst the team was less clear and this should be reviewed and tracked for any gaps. Audits in place relating to behaviour management did not capture this deficit or those highlighted from this inspection and this must be addressed by the service director. Audits undertaken by the organisation must be in addition to regulatory inspections.

The centre had a restrictive practices policy in place and some practices were in use in the centre. While these were reviewed and monitored as part of general behaviour

management and risk for young people, they were not assessed independently, discussed or recorded as such at meetings or on young people's files and this must be completed and learning reflected on for the team.

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

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

### **Actions required**

- The registered proprietor must ensure that the policy is reviewed to reflect a behaviour management framework connecting all of the procedures in use. Staff must receive refresher training on the updated policy and procedures.
- The service director must ensure that any learning from the SERG is shared amongst the staff team and that the audits in place identify relevant gaps relating to this standard. Audits undertaken by the organisation must be in addition to regulatory inspections.
- The centre manager must ensure that each restrictive practice in use is reviewed and monitored as such and recorded on young people's files.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that the centre's admission's policy is reviewed and updated to reflect changes to the centre's admissions process as well as the statement of purpose. This should include a procedure for receiving young people on an emergency basis. Individualised transition plans must be in place as per the centre's policy.	<p>The management team in the centre have reviewed issue requiring action and made changes to the centre's admissions processes as well as reviewing our statement of purpose. Both revisions now include a more detailed account of the process of receiving young people into the centre care on an emergency and/or urgent basis – and detail also how transition plans will be in place.</p> <p>Individual written transition plans will be put in place for young people moving into the centre and those moving out of the centre. Transition plans will be agreed with young people, social work departments, the centre and relevant professionals relating to the young person. Each transition plan will include specific timeframes, actions required within the timeframe and person responsible.</p>	<p>The centre will continue to adhere to the updated admissions policy. Any future revision of the admission policy will be made in line with SWDs and the placement committee factoring in the interests of the child.</p> <p>A review of transition plans will be included to ensure agreed actions were completed and outlining any outstanding issues.</p>



	Centre management must ensure that transition plans are developed for all young people and that where extensions to placements take place, young people's needs must be consistently reviewed and individualised programmes updated and implemented to reflect these.	Centre management will ensure that transition plans are being developed to encompass all types of referrals, admissions and extensions. Needs assessments will be completed before any new transition plan is developed and individualised programmes contained within will reflect where each young person is at the time of assessment/transition plan.	Centre to continue adhering to the updated admissions policy as it applies to transition plans. All transition plans will be made in line with the SW Department and the placement committee factoring in the interests of the child.
<b>3</b>	<p>The registered proprietor must ensure that the policy is reviewed to reflect a behaviour management framework connecting all of the procedures in use. Staff must receive refresher training on the updated policy and procedures.</p> <p>The service director must ensure that any learning from the SERG is shared amongst the staff team and that the audits in place identify relevant gaps relating to this standard. Audits</p>	<p>The behavioural management framework has been reviewed and connects all procedures currently in use. The manager will ensure staff receive refresher training on updated policies and procedures, and one team meeting a month will be dedicated to behavioural management and significant event review group (SERG) analysis.</p> <p>The SERG Analysis Template is designed to further strengthen how SERG is shared and learned from.</p>	<p>One team meeting every 4 weeks to be designated for SERG and behaviour support plans (BSPs).</p> <p>The new SERG template will be used by all staff at team meetings. Any learning from SERG is to be tailored into young people's care records.</p> <p>To ensure learning is achieved SERG will</p>

	<p>undertaken by the organisation must be in addition to regulatory inspections.</p>		<p>be solely discussed at one team meeting per month ensuring all staff are aware of the review details and actions agreed to move forwards with.</p> <p>The centre manager has oversight of SERG completed internally and is responsible to oversee that leaning is adapted into placement plans. Externally the director of service will review SERG on a quarterly basis during auditing.</p> <p>The DOS auditing tool will be amended to reflect this is incorporated.</p>
	<p>The centre manager must ensure that each restrictive practice in use is reviewed and monitored as such and recorded on young people's files.</p>	<p>Manager has updated the policy and the newly formatted restrictive practice assessment report which allows the centre to review and monitor each restrictive practice in use in a more in-depth manner. These new documents will be recorded in each young person's files where restrictive practices have been used.</p>	<p>Restrictive practices will be reviewed every four to six weeks on the new format forms. Or earlier if needs be.</p>