



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Brighter Futures for Children Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced Inspection
Date of inspection:	08th July 2022
Registration Status:	Registered from 08th August 2021 to 08th August 2024
Inspection Team:	Janice Ryan
Date Report Issued:	25th October 2022

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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 08th August 2018. 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 an attached condition from the 08th August 2021 to the 08th August 2024 pursuant to Part VIII, 1991 Child Care Act.

The centre was registered to provide multi-occupancy placements, for up to two young people, male and female, aged thirteen to seventeen years on admission. The centre provided medium term care placements. The approach to working with the children was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. The centre's stated objectives were to provide a safe and structured residential environment with a high level of support in line with *The Three Pillars Model of Care (Three Pillars of Transforming Care, Bath and Seita, 2018)*. The model was based on three key elements: safety; connections and coping. There was one child living in the centre for a period of two years at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2 and 3.3

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

At the time of this inspection the centre was registered from the 08th August 2021 to the 08th August 2024. A draft report was issued to the centre manager, senior management, and the relevant social work departments on the 31st August 2022.

The registered 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 centre manager returned the report with a completed action plan (CAPA) on the 12th September 2022. Following a review of this CAPA the inspectors requested further information to be submitted and this was received on the 27th September 2022. The CAPA was deemed by Inspectors to be satisfactory.

The suitability and approval of the CAPA based action plan was used to inform the continued registration decision for this service. The findings of this report and assessment by the inspection service 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 Tusla, Child and Family Agency to continue to register this centre, ID 141 without attached conditions from the 08th August 2021 to the 08th August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

A desktop inspection commenced on the 07th July 2022 following receipt of an escalation from the Tusla National Private Placement Team. This escalation raised concerns in relation to recent significant events reported by the centre for one young person.

Inspectors found that a positive approach to the management of behaviour that challenged was promoted in the centre. The inspectors found that the centre had policies and procedures in place for the management of behaviour and these were reviewed in March 2022. The centre had an up-to-date Child Safeguarding Statement in place which was dated 08th November 2021.

The team were all trained in Children First: National Guidance for the Protection and Welfare of Children, 2017 and staff were trained in a recognised framework of behaviour management. The deputy social care manager confirmed that training in the centre's behaviour management policy had yet to take place and this would take priority over the coming months. On review of the centre's team meeting minutes, there was evidence of policies being reviewed and discussed as part of this forum. The inspectors recommend that ongoing training, support, and guidance is provided to staff to support the management of difficult and challenging behaviours in the centre given the complexities and needs of this young person.

The inspectors found that the centre was managing one young person on a single occupancy programme for a period of two years and found that the challenging needs of this young person placed great pressure on the staff team in managing challenging and complex behaviours daily. Centre records reviewed evidenced that the young person was at the core of the centre's decision in supporting them to understand and reflect on their behaviour in an age-appropriate manner. It was evident that a range of disciplines engaged with the young person and staff team to provide support and advice in managing the complexities of this young person's presenting needs.

Inspectors acknowledge that staff were provided with a range of supports through debriefs, team meetings, group supervision and self-care sessions provided by clinical personnel. However, these must be continually evaluated for effectiveness given the nature of behaviours being exhibited by the young person.

The inspector reviewed the associated significant events of this escalation and found that the centre had implemented a range of interventions to support this young person in placement. The interventions implemented included: 3 to 1 staffing; outside activities to encourage positive social interactions with other young people; daily plans; individual work regarding behaviours of concern and day to day structure and routines. As part of the centre team meetings all significant events were reviewed for learning and any recommendations requiring action were identified. This included the updating of individual support plans and placement plans.

There was internal and external clinical input sought on a regular basis to provide further support to the staff team and the young person in the management of behaviours and incidents. The centre and social work department had a detailed wrap around package for this young person to support them to achieve the best possible outcome in life. The inspectors noted that the organisation's clinical manager was currently not providing specialist advice in relation to the day-to-day management of this young person however, they were providing additional support to the staff team.

The young person had an up-to-date placement support plan in place. The inspectors reviewed these plans and found that they were very detailed and guided the staff team in supporting the young person through various interventions on a daily basis. The inspectors found that the plan addressed risk-taking behaviours which included aggression, targeting of staff and allegations against staff. On review of these the inspector found that they were robust and had the necessary control measures in place to manage these risks. This plan was updated on a monthly basis and in response to the young person's current presenting needs and staff responses to crisis behaviour. These were overseen by centre manager and the assigned social worker and were discussed as part of the staff team meetings with centre management, staff, and external clinicians. The social worker in interview confirmed also that the staff team and management had a good understanding of this young person's complex needs and spoke of how this young person was making good progress in the centre as a result of good planning.

The deputy social care manager confirmed that audits were in place in the centre and were completed by the social care manager whilst the Quality Assurance Manager was on leave.

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

There were appropriate policies and procedures in place in the centre for the notification, management, and review of incidents. On examination of the significant event register and the complaints register, combined with a review of a sample of significant events for this young person, the inspectors found that significant events were recorded and reported in line with policy. In interview, with the assigned social worker who had responsibility for the young person they confirmed that there had been a delay in communication with regards to one incident of concern and this had been acknowledged and rectified by the centre.

There was evidence of the centre manager providing oversight of significant events as was the allocated social worker for the young person. Inspectors also reviewed minutes of team meetings and found that there was space at each team meeting for the review of all incidents and a comprehensive discussion took place around the young person's behaviours and needs. This was attended by the clinician, staff, and management.

The young person was encouraged to raise any concerns through the complaints process in the centre. These concerns were reported and responded to in a timely manner with the young person being included in the outcome and decisions in relation to these complaints. The inspectors reviewed the centre's complaint log and recommended that all complaints that were reported in relation to staff members are reviewed, categorised correctly, and reported in line with policy and the young person's placement support plan to ensure transparency for all involved.

The inspectors reviewed a recent incident that had occurred in the centre involving one staff member. The incident occurred on the 06th June however, as mentioned above this was not reported immediately to the assigned social worker. The inspectors found that this incident met the threshold for reporting in line with Children's First, 2017 and the centre had completed same on the 09th June.

The inspectors reviewed all relevant information associated with this incident and found that the centre had responded appropriately to the management of this risk in line with the young person's placement support plan and risk assessment. A range of multi-disciplinary meetings had taken place to ensure this concern was managed robustly.

The inspectors reviewed the centre's risk register and risk assessments relevant to this concern. The inspectors reviewed three centre risk assessments and found that these were reviewed by centre management and at the centre's team meetings. However, on review of the centre risk register the inspectors found that some risks had not been categorised. The centre manager must review this register to ensure that all risks are captured and addressed appropriately.

Three staff members were allocated to work each day in the centre. On this occasion one staff member engaged in a non-routine hold without the intervention of two other staff members who witnessed same. This staff member had been working in the service for the past seven months and was working five days per week with this young person as an agreed work pattern. The inspectors found that working with a young person with significant complexities that this shift pattern was not effective and conducive for the young person or staff member and may have contributed to the incident on this date. The centre manager must review this and ensure that staff members are having appropriate breaks and time away from the service to support their wellbeing whilst dealing with a very challenging and complex young person.

The centre had a significant review process in place where significant events were reviewed in a range of forums for example team meetings, management meetings and senior management meetings. The inspectors reviewed two significant event review group minutes (SERG) following this event and the inspectors found that they did not identify further learning or recommendations to ensure best practice should this situation occur again. They found that the SERG process had not identified individual targeting of one staff member or identified trends or patterns from previous significant events. The centre manager must ensure that this process is reviewed.

Following this incident, the two staff members were offered but did not avail of a debrief however, two group supervisions took place on the 8th June and the 14th June facilitated by the Psychotherapist and Occupational Therapy Specialist and also as part of the staff team meeting. Centre management however, reviewed this incident with the psychologist assigned to this young person and as part of their own management and senior management meetings.

The inspectors found that the centre and professionals had carefully planned to explain and address this incident with the young person to ensure that they were supported to understand the outcome of same. The inspectors were satisfied with the centre's approach to managing this.

While multidisciplinary meetings to ensure safety took place, the organisation's own critical review of this incident had yet to take place. The inspectors found no evidence that staff on shift were challenged with regards to not intervening in this situation to ensure the safety of the young person involved. The centre manager must ensure that a full review with all professional parties takes place to ensure learning is identified. Inspectors found that this young person had complex needs and high-risk presentation and the centre was managing the risks to the best of their ability.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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	3.2 and 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The registered provider and centre manager must review all complaints in relation to staff members and ensure they are categorised correctly and reported in line with policy and the young person's placement support plan to ensure transparency for all involved.
- The registered provider and centre manager must review the centre's risk register to ensure that all risks are captured and addressed appropriately.
- The registered provider and centre manager must review the rostering practices in the service ensuring that young person's safety and staff welfare remain a priority which include appropriate breaks and time away from the service to support their wellbeing.
- The registered provider and centre manager must ensure that a self-care plan is implemented and reviewed on an ongoing basis in the centre.
- The inspectors recommend the centre review the rostering practices and ensure that staff members are having appropriate breaks and time away from the service to support their wellbeing whilst dealing with a very challenging and complex young person.

- The register provider and centre manager must review the significant event review process to ensure themes, trends and patterns are identified and learning from this is used to inform best practice.
- The registered provider must ensure a more comprehensive review takes place of the serious incident with all professional parties to include deficits highlighted during this inspection and the contributions that led to this event.
- The registered provider must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	The registered provider and centre manager must review all complaints in relation to staff members and ensure they are categorised correctly and reported in line with policy and the young person's placement support plan to ensure transparency for all involved.	The PSP was updated in August 2022 to advise how the complaints made by the young person are recorded and addressed by staff and management.	All complaints are discussed during House Management Meetings, Team Meetings and Senior Management Meetings. Discussions of patterns and behaviours will be noted within the minutes of these meetings.
	The registered provider and centre manager must review the centre's risk register to ensure that all risks are captured and addressed appropriately.	The Risk Register will be updated to provide a list of all Risk Assessments available within the centre. Driving Risk Assessment updated in August 2022.	Risk and Risk Registers are reviewed quarterly, and current high-risk Risk Assessments are taken to the team meeting by Management to ensure that control measures adequately mitigate against identified risks.
	The registered provider and centre manager must review the rostering practices in the service	Rostered Role in question was reviewed within SERG meeting part 3 in August 2022, and it was agreed that this will not	All roles/hours within the service are in line with the Working Time directive and all staff are supported/accommodated within

	<p>ensuring that young person's safety and staff welfare remain a priority which include appropriate breaks and time away from the service to support their wellbeing.</p> <p>The registered provider and centre manager must ensure that a self-care plan is implemented and reviewed on an ongoing basis in the centre.</p> <p>The inspectors recommend the centre review the rostering practices and ensure that staff members are having appropriate breaks and time away from the service to support their wellbeing whilst dealing with a</p>	<p>be provided to new staff members, regardless of their wishes.</p> <p>The organisation has a comprehensive self-care facility available to all staff through its EAP, "Health Assured App," through regular supervision, debriefing, Team meetings, Senior Management Meetings, Therapeutic Clinical Oversight meetings, TCI guidance meeting, and emotional group support with the Child and Adult Psychotherapist.</p> <p>As discussed above, rostering was reviewed during a 3rd SERG Meeting in August 2022.</p>	<p>their roles to ensure they have an efficient home/work life balance.</p> <p>Staff self-care is addressed formally through supervision and informally daily. If a staff member advises that their usual self-care routine is not adequate, management will support staff to identify a strategy that will be adequate.</p> <p>The Director values the importance of staff self-care and organises an annual self-care day for staff 2023 is the next scheduled event.</p> <p>All roles/hours within the service are in line with the Working time directive and all staff are supported/accommodated within their roles to ensure they have an efficient home/work life balance.</p>
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	<p>very challenging and complex young person.</p> <p>The register provider and centre manager must review the significant event review process to ensure themes, trends and patterns are identified and learning from this is used to inform best practice.</p> <p>The registered provider must ensure a more comprehensive review takes place of the serious incident with all professional parties to include deficits highlighted during this inspection and the contributions that led to this event.</p> <p>The registered provider must ensure that learning from this serious incident review is used</p>	<p>Management now ensures that their discussion regarding patterns is clearly noted within Minutes of Management and Team Meetings. Management discuss SENs with Therapeutic Clinical Oversight Meetings to ensure that all learning through SEN's is communicated to the Team and the PSP reflects this learning on each update.</p> <p>A 3rd SERG meeting took place in August 2022. This looked at all elements of this incident and actions to ensure learning was taken and filtered through all levels of the company.</p> <p>A meeting with all professionals involved in the care of the young person will take place when the young person's complaint</p>	<p>Patterns/Trends and Themes are examined within Senior Management Meeting and The Director also reviews SEN's to provide oversight to Management and all SENs reporting a physical restraint are sent to the organisations internal TCI trainer for comment.</p> <p>A revised standard SERG meeting agenda will now ensure that all incidents that require a SERG meeting will have all appropriate areas covered with a clear filter process for learning in all levels of the company.</p>
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	to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.	is closed by the Tusla Child & Family Agency in September 2022. A meeting to discuss and address any deficits will take place by 30.09.22.	
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