



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: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Brighter Futures for Children Ltd</b>
<b>Registered Capacity:</b>	<b>Two Young People</b>
<b>Type of Inspection:</b>	<b>Announced Inspection</b>
<b>Date of inspection:</b>	<b>21<sup>st</sup>, 25<sup>th</sup> &amp; 26<sup>th</sup> June 2024</b>
<b>Registration Status:</b>	<b>Registered from 8<sup>th</sup> August 2024 to 8<sup>th</sup> August 2027</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>3<sup>rd</sup> September 2024</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 08<sup>th</sup> August 2018. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without an attached condition from the 8<sup>th</sup> August 2021 to the 8<sup>th</sup> August 2024.

The centre was registered to provide medium term multi-occupancy placements, for up to two young people, aged thirteen to seventeen years on admission. Due to the specific needs of the young person in residence it was agreed that the centre would remain single occupancy at this time. The model of care was based on 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 young person living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
4: Health, Wellbeing and Development	4.3
6: Responsive Workforce	6.2

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 person, 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 30<sup>th</sup> 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 2<sup>nd</sup> August 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report, the assessment of the submitted CAPA and the re-registration application 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 8<sup>th</sup> August 2024 to the 8<sup>th</sup> August 2027 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The child was in a single occupancy arrangement for several years and viewed the centre as their home. They completed a feedback questionnaire for the inspectors and met formally with both inspectors. The child stated that they were satisfied the house was comfortable and personalised in accordance with their wishes. They had their own bedroom and had sufficient storage for their personal belongings. The child had photographs displayed of many activities and special occasions celebrated with the team and the registered proprietor over the years in placement.

The centre was adequately lit, heated and ventilated and the bathroom facilities were sufficient in number and ensured privacy. An outdoor shed attached to the premises was used by the child to pursue their hobby and interest in cars.

The inspectors found that areas of the centre both internally and externally required redecorating and upgrading. The interior of the house including doors, ceilings and walls required painting and the kitchen storage cabinets were being upgraded but not completed at the time of the inspection. Upgraded soft furnishings and curtains were required in the communal living spaces. The child's bedroom was in the process of being painted at the time of the inspection. The inspectors recommend that the furniture in their bedroom is modernised and more suited to the requirements of a teenager. The child should be centrally involved in selecting and buying new furniture for their bedroom when the bedroom is being upgraded. A new carpet was also required for the stairway as the current carpet was worn and stained. The inspectors were informed this was ordered prior to the inspection. There were aspects of the main bathroom that required a decorative upgrade. In addition, the

inspectors found the staff bedrooms were poorly furnished and required a decorative upgrade and new furniture. The exterior of the premises required weeding and the windows and gutters required cleaning. The centre maintained a record of all repair requirements and repairs identified in the logbook were evidenced as completed in a timely manner.

There was written confirmation furnished to the inspectorate that all statutory requirements relating to fire safety and building control were complied with when the centre was first opened in 2018. However, the inspectors noted that there was no emergency lighting in place leading to the designated fire exits at the back of the house. The registered proprietor must seek advice from the fire safety officer in relation to this matter and inform the inspectorate of their response and any recommended actions.

The centre maintained a fire safety logbook that was up to date and evidenced fire drills, quarterly service/maintenance checks and internal staff checks on the centre's fire safety systems. There were adequate arrangements in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. Fire drills were undertaken by staff members and by the child on a regular basis both in daylight and during the hours of darkness. Fire evacuation plans were displayed in the centre.

The registered proprietor submitted evidence of adequate insurance in place. The centre had a safety statement however the names of persons with specific roles and responsibilities was not up to date and the centre manager must ensure that all the staff members sign the document as required. Staff members were assigned specific duties under fire safety and health and safety as set out in the employee safety handbook. Staff interviewed were familiar with the team members who were the fire safety and health and safety representatives. The personnel files evidenced that each staff member had undertaken internal health and safety induction training and the record was signed by the centre manager and the employee. There were systems in place to assess and review the centre's compliance around health and safety by an external company. There were procedures in place to assess centre-based risks and evidence of internal oversight of health and safety matters. A recent maintenance report on the centre's oil tank recommended the oil tank be situated on a concrete plinth. The registered proprietor must ensure this recommendation is addressed. All cleaning materials were stored securely, and medicines were stored in locked cabinet. There were cleaning schedules in place and monthly audits on cleaning schedules and the provision of cleaning supplies. Monthly food and hygiene audits were

undertaken. A record was maintained of all medications administered including pro re nata (PRN) medications and staff members had completed online training in the safe administration of medication.

There were a sufficient number of first aid boxes in the centre and evidence they were monitored to ensure sufficient supplies were maintained. Staff members were trained as first aid responders. There were systems in place to record and report accidents and injuries that occurred in the centre. Accidents and injuries to staff were reported on and forwarded to the services human resources manager and placed on the staff member's personnel file. A record was maintained of any staff absence due to work related accidents and there were no accidents that required reporting to the Health & Safety Authority under health and safety legislation.

The centre maintained an accident register that was up to date. Accidents and injuries as they related to the child were reported to the social worker and an accident/incident report was placed on the care file and injuries noted on a body map. Accidents related to staff members were recorded on the staff files and forwarded to the HR Manager.

The centre vehicle was found to be roadworthy, insured, taxed and driven by staff who were legally licenced to drive the vehicles. The required safety equipment in the event of emergency or breakdown was located in the centre vehicle. There were systems in place at handover and at team meetings to review vehicle safety checks and maintenance requirement.

A copy of each staff members driving licence was maintained on their personnel file. The personnel files reviewed by the inspectors evidenced that staff had reviewed the centres driving for work policy and additionally had completed an online driving for work course which was certified on file.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</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 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre must ensure that the centre décor is upgraded as required.
- The centre’s safety statement must accurately identify all staff with specific roles and responsibilities for health and safety in the centre and be signed by staff members to evidence they have read and understood the safety statement. The safety statement must also identify staff who are trained as first aid responders.
- The registered proprietor must ensure the recommendations of the recent maintenance report on the centre’s oil tank is responded to and addressed.

## **Theme 4: Health, Wellbeing and Development**

### **Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

The care plan and the placement plans set out the goals identified to support the child’s education. The inspectors found that significant progress was made since the last inspection to secure more structured educational opportunities for the child in placement. The young person had engaged in a recognised online learning forum for the academic year. The focus of this educational programme was based on the child’s individual strengths and abilities. The staff team set out clear expectations and routines for the child while engaged in the online educational programme. There was evidence of positive reinforcements and support from staff team to help the child complete the academic school year. There was evidence of good communication with the educational providers and weekly progress reports were provided by the educators that reported on attendance, engagement and achievements.

The team supported the child in many aspects of their development to assist them to reach their potential. The care team received regular guidance and support from specialists external to the centre to assist them in their engagement and work with the child. The local educational and welfare officer was also involved in educational planning for the child.

Due to the single occupancy nature of the placement and the individualised educational programme the staff members were cognisant of the need to promote peer contact and there was evidence of their efforts to date in this regard and their plans going forward. In addition to the online education the staff provided opportunities for the child to engage in community-based activities and activities at the centre that promoted social skills and were designed around their particular interests. In addition, skills such as saving, purchasing and budgeting skills were developed throughout the year. Individual work was completed to promote healthy daily routines that included movement and exercise. Work experience and work placements were sourced by the team for the child. There was evidence they engaged positively with other adults and other young people in these settings. All such achievements were recorded on file. Their keywork records evidenced the safety planning completed with the child when undertaking new activities and experiences.

There was evidence the staff members consulted with the child about their preferences, interests, abilities and aspirations in relation to training and educational goals. The social care team worked collaboratively with the social work team and the multi-disciplinary team to meet these goals. There was a plan in place for the child to move to a youth training programme in the coming academic year and preparation for this had commenced at the time of the inspection. The child told the inspectors they were happy with the upcoming educational/training plan in place for them despite expressing some anxieties about commencing the programme.

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified.

## Regulation 6: Person in Charge

## Regulation 7: Staffing

### Theme 6: Responsive Workforce

#### **Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child-centred, safe and effective care and support.**

The centre had a staff recruitment policy in place. The inspectors reviewed the personnel files of eight staff members and the centre manager's file. The files were well maintained and there was evidence that staff were recruited in line with legislation and recruitment was informed by evidenced-based human resources practices. The service had recruited a HR manager to assist with staff recruitment and retention. There were always two or more managers on staff recruitment panels. The re-vetting of staff was undertaken in line with the centre policy. The inspectors found that for one staff member there were identified gaps in their curriculum vitae that were not accounted for on the file. The centre manager must ensure that gaps identified by the inspectors are accounted for on the relevant personnel file.

Overall, there was a consistent team in place. Two new members of staff were recently recruited to the team in June 2024 as one of the core members of the team was on extended leave. In addition, there was a change in centre management since the previous inspection and the former deputy manager was appointed to the centre manager post. This ensured a consistent management approach for both the staff team and the young person. The manager was appropriately qualified and had sufficient practice and management experience to manage the centre and meet its stated purpose, aims and objectives. The core team were experienced working with the child in placement and the staff information form evidenced the social care team were appropriately qualified and experienced.

Staff interviewed were aware of their roles and responsibilities and the management structure within the service. Job descriptions were on file and contracts of employment were signed by the employer and the employee. The personnel files contained training certificates and were up-to-date and accurate.

There was a written code of practice in the employee's handbook and the code of practice from the professional regulatory body was available to staff in the centre. While staff were aware that there was a staff code of conduct the staff interviewed

were not sufficiently familiar with the main principles in relation to the staff code of practice. The centre manager must ensure that all members of the team are familiar with the staff code of conduct.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</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 6.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- The centre manager must ensure that gaps identified by the inspectors on the curriculum vitae of a staff member are accounted for on file.
- The centre manager must ensure that all members of the team are familiar with the staff code of conduct.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre must ensure that the centre décor is upgraded as required.</p> <p>The centre's safety statement must accurately identify all staff with specific roles and responsibilities for health and safety in the centre and be signed by staff members to evidence they have</p>	<p>The young person's bedroom is now painted/furnished as of 14.07.24 with further plans made with the young person to customise room. Staff bedrooms have new chest of drawers and are scheduled for painting. Kitchen cupboards have been painted and the stairs have a new carpet fitted 16.07.24. Conservatory and staff bedroom windows have been measured for blinds. Gardener has reattended house on the 28.07.24 and tidied up weeds, with plan in place to tend to the weeds annually. All upgrades scheduled to be completed by 02.09.24.</p> <p>The external health and safety consultants were contacted on the 30.07.24 to review and amend this statement. Scheduled to be updated by 13.08.24. Sign sheet located behind the H &amp; S Statement in the</p>	<p>House decor will be reviewed quarterly, alongside continuous use of the maintenance log, to ensure all issues are dealt with within a reasonable time frame. System now in place that if issue is urgent, it is to be sent to company director and dealt with within three days.</p> <p>Annual review of the Health and Safety Statement will take place each year in line with H &amp; S Consultants visit. This visit is undertaken between Feb-April each year.</p>

	<p>read and understood the safety statement. The safety statement must also identify staff who are trained as first aid responders.</p> <p>The registered proprietor must ensure the recommendations of the recent maintenance report on the centre's oil tank is responded to and addressed.</p>	<p>H &amp; S folder. New sign sheet to confirm staff have read and understood this document will be placed behind when updated version is received.</p> <p>The registered proprietor is satisfied to implement a risk assessment for the tank for the environmental issue noted in the report as per guidance received from our H &amp; S Consultants on the 30.07.24. The risk assessment was completed on the 31.07.24. Safety representative from our H &amp; S Consultancy Service has agreed with this course of action.</p>	<p>Oil tank will be monitored as per risk assessment. This risk assessment is reviewed quarterly.</p>
4	N/A		
6	<p>The centre manager must ensure that gaps identified by the inspectors on the curriculum vitae of a staff member are accounted for on file.</p>	<p>The centre manager spoke with the relevant staff member who verbally clarified gaps. The staff member updated their curriculum vitae. This was completed by the 02.08.24 and is placed on their personnel file.</p>	<p>Currently, the company has a robust recruitment process in place, overseen by an internal human resource manager. The staff member in question began working for the company over four years ago and currently any gaps in applicants curriculum vitae are identified through the recruitment process.</p>

	<p>The centre manager must ensure that all members of the team are familiar with the staff code of conduct.</p>	<p>The staff code of conduct is available with sign sheet that staff sign to confirm that this is understood. This will also be added to the agenda of the team meeting on the 20.08.24.</p>	<p>Annual discussion with the team about the staff code of conduct to take place in team meetings and when the policies and procedures are updated. This will take place in April each year.</p>
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