



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Brighter Futures for Children Ltd
Registered Capacity:	Two Young People
Type of Inspection:	Announced Inspection
Date of inspection:	3rd, 4th and 5th November
Registration Status:	Registered from the 8th of August 2024 to the 8th of August 2027
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	22nd December 2025

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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 8th of August 2018. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from the 8th of August 2024 to the 8th of August 2027.

The centre was registered to provide multi-occupancy placements, for up to two young people aged thirteen to seventeen years on admission. The aim of the centre was to keep children safe whilst they are being cared for and to provide them with care using a transparent, child-centred therapeutic approach, premised on emotional awareness and emotional literacy whilst positively reinforcing behaviours that help the child develop internal behavioural controls that lead to the development of resilience and self-responsibility. The aim of the care programme was to help children to overcome the impacts of childhood trauma, build attachments and effectively regulate their emotions and behaviours. The model of care was trauma informed and was based on three key elements: safety, connections and coping. There was one young person living in the centre the time of the inspection who was in placement for several years. This was an approved single occupancy arrangement.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
7: Use of Resources	7.1

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 4th December 2025. 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 11th December 2025. 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: 141 without attached conditions from the 8th of August 2024 to the 8th of August 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

The inspectors found there were robust systems in place for undertaking care and placement planning to ensure the delivery of effective care to meet the young person's needs and to work towards the best possible outcomes for their future. The young person's care plan was subject to annual statutory reviews in line with the requirements of the regulations. Additionally, there were other forums in place to review the young person's presentation and discuss the agreed therapeutic interventions.

Meetings with a multi-disciplinary therapeutic team were undertaken monthly and the team received guidance and direction within this forum. The guidance from external therapists were maintained on the centre records for the staff team. The young person had an appointed Guardian ad Litem who visited them and developed a long-standing relationship over a five-year period. The social worker also had a well-established relationship with the young person and visited them at the centre. The young person had weekly meetings with an external therapist and feedback from these meetings was provided to the team to support them in their work. This therapist had also undertaken significant life story work with the young person.

Recent assessment reports were made available to the team to further inform them about the young person's abilities and needs. The young person was recently appointed a leaving and aftercare worker who had met them and commenced the aftercare needs assessment. The social worker and the aftercare worker had commenced a process to explore potential aftercare provision that would meet the specialised needs of the young person on leaving care. The current care plan outlined that aftercare planning would be the central focus of the next statutory review in 2026.

The inspectors found that all professionals involved with the young person displayed a commitment to them and were invested in their care, welfare, development and future care requirements. The inspectors observed warm, caring interactions between the staff members and the young person. It was confirmed by all professionals with whom the inspectors spoke to that the young person considered the house their 'home'. The social worker stated that it was evident that key staff within the centre cared deeply about the young person. The young person had significant attachments with key members of the team, both current and past staff members, who remained in contact with them in line with the care plan. The young person stated they were very happy in the house and with their care. They were able to tell the inspectors all their hopes and plans going forward.

There was an up-to-date care plan on file that was comprehensive and documented the overall improvements in the young person's life. A record of the statutory review meeting was maintained by the centre staff and located on the care records. The allocated social worker was satisfied that the team implemented the goals of the care plan. The young person attended their statutory care plan review and actively participated in the meeting. They completed a consultation form that was submitted to the review. They were provided with opportunities to prepare for the meeting with staff and met with their social worker prior to the care plan review. The inspectors found the voice of the young person was evidenced in the daily logs, in their regular one to one meeting with the centre manager, key working and at the statutory reviews. The external professionals interviewed by the inspectors confirmed that the managers and key staff were strong advocates for the young person. The social worker and the Guardian ad Litem were satisfied the placement was stable and the managers and staff team had the capacity to meet the young person's needs. They confirmed the young person had made significant progress particularly over the past two years.

There was an up-to-date placement plan on file that was reviewed and updated every three months as agreed with the social worker and was aligned to the care plan. A copy of the centre's placement plan along with monthly reports was provided to the social worker. The goals and tasks were then set out on an individual work schedule monthly and there were weekly planning processes in place to ensure work identified was completed. The inspectors found the plans were live working documents with updated goals and required tasks added to the plan or removed when the goal or task was completed. Key workers were appointed and identified on planning records and key work tasks were set out monthly. The inspectors found the placement plan could be further enhanced to reflect placement goals identified by the young person. The

centre manager informed the inspectors this was something they were currently addressing.

The young person's care records were well organised, and information was accessible. The records reviewed reflected their voice, for example, in relation to decisions around their future education. There was evidence the managers and key staff identified many vocational training opportunities and work experiences that were aligned to the interests and the ability of the young person. In many instances the young person was unable to sustain these opportunities however the team continued to explore options for them. The young person was provided with opportunities to engage with members of the community and participate in community events aligned to their specific interests. The team members used visual aids to support learning and house meeting records evidenced that the young person had opportunities to express their views and wishes. Weekly activity planners were developed to support the young person's routines. The external psychologist had developed a booklet for the young person that the social worker planned to use to help them understand all the 'whys' in their life and affirm all their personal qualities and strengths and explain why they faced various challenges in life to date. The booklet also outlined why a further assessment was required to ensure everyone could fully understand their needs and support them in the right ways when they are leaving care.

The inspectors found the directors, managers and key workers were strong advocates for the young person and this was confirmed by the social worker and the Guardian ad Litem. The social worker commended the team in relation to how they supported, prepared for and facilitated a meeting between the young person and previous carers and this resulted in a positive, affirming experience for the young person. The young person was also supported and facilitated to access the identified external supports and specialist services in line with their care plan. The required assessments were completed and a referral for an additional assessment was approved by the social work department. Where the young person declined to attend or engage with identified services or in circumstances where the services or supports were not meeting their needs, this was communicated to the social worker in a timely way. The care records maintained a record of all communications and the outcome of such communications with the social worker and other professionals involved. The social worker was satisfied that communication with the centre managers and key staff was effective. The inspectors found that all professionals worked cohesively as well as engaging in healthy robust discussions about the young person's care.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

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.

Overall, the inspectors found that the young person experienced positive care and support that promoted positive behaviour. There was evidence that staff implemented the model of care to support the young person in addition to implementing guidance from the therapeutic team. The social worker and Guardian ad Litem confirmed that over the past number of years the managers and the core staff team had developed a range of skills and responses to support the young person when they were dysregulated. The inspectors found that the managers and core team were familiar with the young person's presenting behaviours and were able to identify potential triggers throughout the day in addition to patterns of low mood at specific times of the year. There was evidence of a reduction year on year of significant events relating to the young person. This was confirmed by the social worker and the Guardian ad Litem.

The centre had policies and procedures in place to guide staff in the management of behaviours that challenge. Following a review of the policies the inspectors recommend that the centre managers/directors ensure these policies are aligned to

current practices and additionally incorporate a policy to guide staff practice in relation to positive behaviour support. This approach was evidenced in practice and outlined in the behaviour support plans however was not reflected in policy. All staff were trained in a recognised behaviour management model and refresher training was completed every three months to ensure it was embedded in practice. The benefits of this regular training were evident, and as previously noted incidents of high-risk behaviours had decreased. Despite the complex and challenging nature of incidents within the centre, staff interviewed indicated they felt confident to manage and support incidents of high-risk behaviours.

The centre had developed two separate written plans to support the young person's behaviour, the behaviour support plan (BSP) and the placement support plan (PSP). The placement support plan was a comprehensive and detailed document which outlined specific behavioural presentations and effective intervention strategies, it also set out the weekly routines to support the young person from morning to settling time at night. This document also contained the updated absence management plan, and the individual crisis support plan (ICSP), as required in line with their recognised model of behaviour management. The centre manager described the BSP as an easy to access document for staff to engage with when on duty. The inspectors recommend the managers review these documents to satisfy themselves that both documents as they relate to the management of behaviour are necessary, keeping in mind the principle of data minimisation. The deputy director of services stated that they would review both documents as recommended. These plans were updated monthly and reflected the changing safeguarding needs of the young person and changes in the interventions as the young person matured. A copy of the PSP was forwarded to the social worker.

Staff were alert to behaviours or emotions that might indicate a decline in the young person's mental health and wellbeing. There was evidence that when such concerns arose the team acted in a prompt manner and secured the appropriate intervention service. Several key staff left the service over the past twelve months, and the managers and core team were conscious of the potential impact on the young person's wellbeing. The inspectors found that the loss of key members of the core team was acknowledged and managed with sensitivity and care with input from the therapeutic team. The external professionals were satisfied with the plans in place to support the young person to manage staff moving on and there was no evidence that the loss of these staff members impacted adversely on the young person's continued progress.

Physical restraint interventions were not permitted in relation to the management of behaviour for this young person. There was one incident recorded on the centre register of a protective intervention since the previous inspection in June 2024. This incident and intervention were appropriately recorded and reported to the social worker. There were no reported incidents where the young person was missing from care or was involved in any incident of bullying or harassment.

The inspectors found ample evidence of reflective key working undertaken with the young person. Some aspects of this work were guided by the therapeutic team. There was evidence that team members outlined expectations and appropriate boundaries for the young person in relation to their behaviour. Life space interviews were undertaken or attempted with the young person following significant events. There was evidence of a restorative approach in response to behaviours that fell short of expectations or were unsafe or high-risk. Positive behaviours and positive events in the young person's life were subject to a positive significant event report. Natural consequences for poor behaviour were applied, and rewards, consequences and incentives were noted on the individual care record. There was evidence in the daily logs that natural consequences were explained to the young person.

Room searches were carried out in line with policy, and this practice was recently reviewed and reduced to weekly checks on the basis that there were no recent concerns identified. This practice was assessed and classified as a restrictive practice. The centre manager informed the inspectors that all restrictive practices were notified and agreed with the social worker and were reviewed approximately every six months. The centre manager must ensure that the practice of room searches is monitored on a more regular basis and only implemented for the shortest duration necessary.

Staff were able to describe to the inspectors what would constitute a restrictive procedure in relation to the young persons care. Internal doors were no longer locked however at the time of the inspection plastic glasses were only available to the young person following a risk associated with glass. Again, the centre manager must ensure a more regular schedule to review restrictive practices is devised. Restrictive practices in place were found to be subject to a written risk assessment and were approved by the social worker.

There were regular auditing and monitoring of the centre's practices. These audits were undertaken by the deputy director of services and by a centre manager external to the centre. A specific audit in relation to managing behaviour that challenges was

undertaken in February 2025. The auditor met briefly with the young person and staff on duty during the audit. There were some recommendations arising from the audit in relation to the review and updating of the restrictive practice register and this was evidenced as completed on the audit report. Audits were reviewed and discussed at senior management meetings and the findings of audits discussed at team meetings and in handover meetings. While the audit reports addressed many aspects of the standard being audited, the inspectors recommend these audits could be further improved with additional commentary on the quality of the work being assessed not just the recording systems in place. The centre auditors must also ensure they examine the implementation of centre policies and procedures as they relate to the areas of practice being monitored, additionally they must ensure they evidence in their audits that the practice within the centre is aligned to and reflected in the centres policies and procedures.

Compliance with Regulation	
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	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure a more regular schedule is devised to review restrictive practices.
- The centre auditors must ensure they examine the implementation of centre policies and procedures as they relate to the areas of practice being monitored, additionally they must ensure they evidence in their audits that practice is aligned to and reflected in the centres policies and procedures.

Regulation 7: Staffing

Theme 7: Use of Resources

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

There was evidence the staff team made the best use of resources available to them to ensure the young person received the care and support they required. The centre operated a weekly petty cash system, and the inspectors reviewed the systems in place to monitor and account for financial expenditure. Petty cash was balanced and accounted for in handover meetings. Petty cash folders, invoice logs, requisition logs were reviewed by the inspectors. Samples of weekly expenditure was examined and evidenced that adequate funding was available for food, clothing, repairs, upgrading of the environment, activities, trips away to name a few. The expenditure was centred around the care of the young person and their weekly needs. The young person received adequate clothing allowances and weekly pocket money and financial rewards. These were accounted for in their care records.

Staff and managers stated that there was a requisition system in place whereby staff submitted a request for additional monies that may be required for more expensive activities, outings, accommodation, upgrades to the home. Additional finances were requested through a requisition form submitted to the deputy director, and these were signed off in a timely manner. The centre finances were subject to oversight by the services accountants and the deputy director stated that there were no issues to date with the centre's internal accounting procedures.

Staff stated that there were sufficient financial resources to ensure the young person could attend activities of interest to them. Staff interviewed stated that funding requested was never denied however they may be asked to provide evidence they have sought best value for money. They told the inspectors that funding to support the young person was always forthcoming.

There was evidence that the service directors had provided significant financial resources to support the young person's special interests, and this is to be commended. However, the inspectors found evidence that the centre managers had on several occasions requested additional funding from the social work department to support the young person's general placement requirements that, in the inspector's view, should have come from the services funding arrangement. Further clarity is

required between the social work department, the contracting service and the service provider in relation to expectations around funding and what is included in the contracting and funding arrangements. Funding for required therapeutic assessments was provided by the social work department.

Resources were made available to upgrade areas of the centre where required and the inspectors observed that specific areas of the home had been upgraded since the last inspection which resulted in a brighter and homelier environment. Upgrading the home was incremental and in consultation with the young person who oftentimes found changes to the environment challenging. The staff had to plan changes to the living environment in a careful and sensitive manner to ensure the young person was invested in such changes to their living space. The young person showed the inspectors their bedroom which was clean and well maintained.

The centre had recently upgraded the centre vehicle which was a more sustainable vehicle that was designed to result in better fuel efficiency and lower emissions. The staff had systems in place for recycling, and the young person was incentivised to recycle bottles and cans as they received the monetary return on these items. The young person had a savings account and was encouraged to save. The young person had signed their care record to verify their savings.

Staffing resources were depleted during the year and this impacted on the managers and the core team who had to undertake additional shifts across the rota. Welfare check-ins were undertaken at team meetings which evidenced the impact of staffing deficits, and this was acknowledged by the directors and managers. The directors and managers had undertaken intensive recruitment drives which resulted in new staff recruited to the team. At the time of the inspection there were sufficient staffing resources, and the centre manager has access to an active panel of relief staff.

The service invested in staff training and apart from the mandatory training staff were provided with opportunities to undertake further education, additional training, or attendance at conferences. All staff including the most recently recruited staff members had completed their mandatory training. To support staff welfare an employee assistance programme was available to them and the directors recently provided six sessions with an external facilitator to support their development as a team. Staff retention initiatives such as increased pay scales and maternity leave were introduced over the past year.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	N/A
Practices did not meet the required standard	N/A

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure a more regular schedule is devised to review restrictive practices.</p> <p>The centre auditors must ensure they examine the implementation of centre policies and procedures as they relate to the areas of practice being monitored, additionally they must ensure they evidence in their audits that practice is aligned to and reflected in the centres policies and procedures.</p>	<p>The centre manager has completed a review on the restrictive practice register for December on the 10th December 2025.</p> <p>The centre auditors and senior management have reviewed the current audit template and have agreed to look at specific policies under ‘policies and procedures’ in each audit theme, in line with the National Standards for 2026 monthly audits onwards.</p>	<p>The centre manager and senior management have agreed that a three-monthly review is now in place for the restrictive practice register.</p> <p>These audits will continue to be discussed at monthly senior management meetings, with a specific focus on policies that align with the audits, to ensure that this continues to be completed.</p>