



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 193**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</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</b>
<b>Date of inspection:</b>	<b>27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> March</b>
<b>Registration Status:</b>	<b>Registered from the 17<sup>th</sup> May 2021 to the 17<sup>th</sup> May 2024</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>22<sup>nd</sup> June 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 17<sup>th</sup> of May 2021. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without conditions from 17<sup>th</sup> May 2021 to 17<sup>th</sup> May 2024.

The centre was registered to provide multi-occupancy placements, for up to two young people aged thirteen to seventeen years on admission. 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. The therapeutic approach focused on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour and to promote resilience and responsibility. There was one young person living in the centre at the time of the inspection. At the time of completing this report an appropriate alternative residential placement was secured and the young person was no longer living in the centre.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 department on the 18<sup>th</sup> May 2023. 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 9<sup>th</sup> June 2023. 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: 193 without attached conditions from the 17<sup>th</sup> May 2021 to the 17<sup>th</sup> May 2024 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 9: Access Arrangements**  
**Regulation 11: Religion**  
**Regulation 12: Provision of Food and Cooking Facilities**  
**Regulation 17: Records**

#### **Theme 1: Child-centred Care and Support**

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

The centre had policies, procedures and systems in place that promoted young people's rights and responsibilities. This was evidenced in staff interviews and from a review of the daily logs, individual work and agreements with staff about free time from the centre. There was evidence that the centre manager reiterated to the staff team the importance of consultation with the young person and their participation in decisions about their care. The views of the young person were included in team meeting discussions. The centre manager encouraged the young person to participate in their care plan reviews and the staff and managers were strong advocates for the young person. They highlighted to the social worker issues of concern brought to their attention by the young person. There was evidence that the staff informed the young person of the systems in place to raise complaints or issues of concern through Tusla's feedback and complaints procedure '*Tell Us*'. There was detailed information on this process in the centre's complaints policy and procedure.

There was evidence that the young person was aware of the national independent advocacy service for people in care (EPIC). There was information about EPIC displayed in the centre and evidence the young person's parent had registered them with EPIC.

The inspectors noted that the young person had expressed issues relating to the remote location of the centre and was clearly struggling with the distance from their home and community. There was no evidence this issue was relayed to their social worker or identified as a complaint. The centre manager must ensure that such issues of concern are logged on the centre's complaint register and if not resolved for the young person it should be formally notified to the social worker. While the

inspectors acknowledge there is a shortage of placements available, Tusla when placing children, must give consideration to the distance from family, community and specialist services as this can impact on the wellbeing of the child, the capacity of the child to settle in the centre and be open to the care provided. The registered provider stated they had raised the issue with the national private placement team in relation to referrals of children to the service who are considerable distances from their community of origin.

There were systems in place to hear the young person's views and house meetings were scheduled; however, there was poor engagement of the young person in this process. There was evidence of the efforts of staff to develop daily and weekly plans for the young person based on their expressed interests. Despite the best efforts of staff to encourage regular eating patterns and sharing of meals with the staff the young person declined to engage in most aspects of the care programme.

At the time of the inspection that young person had an assigned a key worker. There was a system in place for young people to appoint a key worker of choice when relationships with staff were more established. The key work schedule was developed by the key worker and there were systems in place to track and monitor that key working was completed. Again, the young person in placement had not participated in key working in any consistent way but the inspectors saw the efforts made by staff.

There was a booklet available to the young people that provided information about the centre. The inspectors recommend a review of the booklet to ensure the information can be easily understood and the language used is child friendly. The booklet also required some additional information, as advised by the inspectors, in specific sections namely bullying, keeping safe, complaints and house meetings.

There was evidence on the centre records that the young person was made aware of what was written about them, what records were maintained on file and their right access to these records.

Compliance with Regulations	
Regulation met	<b>Regulation 5</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 12</b> <b>Regulation 17</b>
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 1.3
Practices did not meet the required standard	Not all standards under this theme were assessed

### Actions required

- The centre manager must review the young person's information booklet to ensure the information can be easily understood by them and the language used is child friendly. The booklet should also be updated to include additional information in specific sections namely bullying, keeping safe, complaints and house meetings.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 16: Notification of Significant Events**

### Theme 3: Safe Care and Support

**Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

The organisation had a range of policies and procedures in place for safeguarding young people and for reporting and managing concerns. These included a recruitment policy, code of conduct, child protection and safeguarding, one-to-one working, bullying and whistleblowing policy. The inspectors found there were safe recruitment practices in place with appropriate references and vetting procedures.

The centre had developed a child safeguarding statement that was reviewed by Tusla's child safeguarding statement compliance unit. Staff interviewed knew where the statement was displayed in the centre and there was evidence the statement was

discussed at a team meeting. Staff interviewed were able to identify the potential risks of harm/abuse that may occur when a young person resided in the centre. Staff had undertaken Tusla's Children First e-learning programme: Introduction to Children First and Tusla's mandated person's training. Staff were also trained on awareness of child sexual exploitation and the relevant reporting mechanism. There was evidence that staff had reviewed the centre's child protection policy at a team meeting.

The centre manager confirmed that all staff were employed as social care workers and were considered to be mandated persons and this was set out in their child protection policy. Staff interviewed were aware of their responsibility as mandated persons to report child protection and welfare concerns through the Tusla Child and Family Agency portal. They were familiar with the appointed designated liaison person (DLP). The centre manager who was the named DLP had received specific training in this role.

The inspectors reviewed the centre's child protection policy. The policy did not provide clarity in relation to reasonable grounds for concern or provide accurate guidance for mandated persons on the thresholds at which, or above which, they have a statutory obligation to report the concern under the Children First Act 2015. The policy needs to be updated in this regard and aligned with the guidance set out in Children First: National Guidance for the Protection and Welfare of Children 2017, (DCYA).

The centre maintained a register to record and track all child protection and welfare reports submitted. There was one child protection concern on the register and a mandated report in respect of the concern was completed and submitted through the Tusla portal. The inspectors found that the register did not allow for staff to record information on concerns that do not meet the threshold for a mandated report. The centre manager must ensure that the register facilitates recording the reason for not completing a mandated report and any further actions taken by staff or advice from the social worker to be clearly recorded on the register. Additionally, the inspectors found that the system in place to store all relevant information relating to the reporting, recording and outcome of mandated reports should be reviewed by the manager to ensure that all documents are stored in one location and are accessible as required.

The centre had a policy in place to address all forms of bullying, in line with Children First, and to minimise its effect where it does occur. There were no incidents of

bullying within the centre. The young person in placement was in a single occupancy arrangement. There were no reported incidents of bullying in the community however the staff were acutely aware of the young person's vulnerabilities within the community when out with peers.

There was evidence that the centre manager had undertaken training with staff at a team meeting on the management and assessment of risk. Individual areas of vulnerabilities for the young person in placement were identified on their placement plan and on the pre-admission risk assessment. The inspectors found that risk assessments were completed based on the known and current risks presented by the young person. There was evidence that risk assessments were discussed and reviewed at both team meetings and senior management meetings. The current absence management plan reviewed by the inspectors was not individualised in terms of the specific risks associated with the young person's absence from the centre. However, there was a separate risk assessment on the care records for unauthorised absences from the centre and the inspectors recommend this is incorporated into the absence management plan or attached to it to ensure staff have all relevant information on managing unauthorised absences in one document.

A review of the young person's care records evidenced there was collaborative work with multi-disciplinary and inter-agency communication and planning to support safe care. There was regular communication with the parent, the social worker, Gardaí and the recently appointed Guardian ad Litem. This was confirmed in interviews with supervising social worker and the Guardian ad Litem. At the time of the inspection there was evidence of staff working in partnership with the young person's parent who was significantly involved in their child's care. Inspectors recommend that further clarity is provided about the procedure in place to inform the young person's mother of any incident or allegation of abuse as staff interviewed provided different responses in respect of who would inform the parent.

The centre had a policy on protected disclosures that was included in the employee's handbook and in the centre's child protection policy. The registered provider confirmed there were no reported protected disclosures in the past twelve months. Staff interviewed were aware they could report any concern about the organisation to their manager, the registered provider or any other manager within the wider service. As there was a family connection between the manager and the registered proprietor an independent protected disclosure representative was identified. However, this external person had recently ceased working in the service therefore the registered proprietor must identify an alternative protected disclosure representative in line

with the services protected disclosure policy. Staff interviewed stated they would be confident they could challenge a colleagues practice and would be supported by their manager in supervision to address any issues arising.

<b>Compliance with Regulation</b>	
<b>Regulation 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 3.1</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 and the centre manager must ensure the child protection policy is reviewed and updated so that it is fully aligned with the guidance set out in Children First National Guidance for the Protection and Welfare of Children (DCYA), 2017.
- The centre manager must ensure the child protection inspectors register allows for staff to record information about concerns that do not meet the threshold for a mandated report.
- The centre manager must ensure that the risks associated with any young person's absence from the centre are identified on the absence management plan.
- The centre manager must ensure there are agreed procedures in place, on the admission of any young person to the centre, to inform parents or guardians of any incident or allegation of abuse.
- The registered proprietor must identify a protected disclosure representative in line with the services protected disclosure policy.

## Regulation 10: Health Care

### Theme 4: Health, Wellbeing and Development

#### Standard 4.2 Each child is supported to meet any identified health and development needs.

The care records outlined the young persons physical and mental health needs. The staff were provided with previous assessment reports that informed their understanding of the young person's needs. The young person was involved in the community mental health services in their local community however was not engaged with mental health services at the time of the inspection. There were recommendations on file regarding further assessments however these could not be provided until the young person was more settled and stable place himself and secure placement. As previously stated in the report this placement was a short-term temporary placement while awaiting a placement more suitable to their presenting needs.

There was evidence that staff registered the young person with a local GP and encouraged and supported the young person to attend both GP and dental appointments. This was confirmed in interview with the young person's mother and social worker. The young person's medical records were requested to be transferred to new GP. Dental appointments were also secured and there was evidence that dental records were requested to be transferred. The staff maintained a record of all medical appointments.

The centre had a policy on medication management. Staff were not administering any prescribed medication at the time of the inspection. All staff were trained in the safe administration of medication and the use of an anti-ligature knife. This knife was easily accessible to staff in an emergency situation. There were procedures in place to record the administration, storage and disposal of medications. The medication cabinet was secured in the staff office. Inspectors found there were no medication errors reported in the past twelve months. First aid boxes were located in the centre and the centre vehicle and were checked and restocked as required.

The young person's mother confirmed all early childhood vaccinations were received. The social worker confirmed they would follow up on any vaccinations that may have been missed due to disruptions in the child's school placement in previous years.

At the time of the inspection concerns about the young person's mental health and wellbeing was highlighted to the social worker by the centre manager. There was evidence that both the social worker and the Guardian ad Litem were actively trying to secure an appropriate placement to meet the young person's needs. There was evidence that staff made efforts to plan and engage the young person on a daily basis however with little progress. The young person's mother, social worker and staff were particularly concerned about the young person's lack of routine in all aspects of their life in the centre. The young person's health and wellbeing needs were highlighted and discussed in their child in care review.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.2</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



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must review the young person's information booklet to ensure the information can be easily understood by them and the language used is child friendly. The booklet should also be updated to include additional information in specific sections namely bullying, keeping safe, complaints and house meetings.	The centre manager has updated the young person's booklet in line with feedback received. This was completed by 31 <sup>st</sup> May 2023.	This young person's booklet will be reviewed by the centre manager on a quarterly basis commencing end August 2023.
3	<p>The registered proprietor and the centre manager must ensure the child protection policy is reviewed and updated so that it is fully aligned with the guidance set out in Children First National Guidance for the Protection and Welfare of Children (DCYA), 2017.</p> <p>The centre manager must ensure the child protection inspectors register</p>	<p>The registered proprietor is currently reviewing the child protection policy to amend and align with the Children First National guidance for the Protection and Welfare of Children (DCYA) 2017. Scheduled completion date is 31<sup>st</sup> July 2023.</p> <p>The register has been updated to include all child protection concerns. Staff will be</p>	<p>The company's child protection policy will be reviewed at 6-month intervals by the Senior Management Team (Director, Deputy Director and HR &amp; Organisational Manager). The first review will occur by 31<sup>st</sup> January 2024.</p> <p>The centre manager will ensure this is reviewed on a quarterly basis going</p>

	<p>allows for staff to record information about concerns that do not meet the threshold for a mandated report.</p> <p>The centre manager must ensure that the risks associated with any young person's absence from the centre are identified on the absence management plan.</p> <p>The centre manager must ensure there are agreed procedures in place, on the admission of any young person to the centre, to inform parents or guardians of any incident or allegation of abuse.</p>	<p>advised that if the social work department advises the reported concern does not meet the threshold, this information must also be recorded on the register. This allows for patterns of concern to be identified which might meet the threshold for a CPWRF.</p> <p>Risk assessments for young people absconding in Northern Ireland and absconding in the Republic of Ireland, have been added to the absence management plan. These are updated and specific to each individual young person.</p> <p>12<sup>th</sup> June 2023</p> <p>The centre manager will agree with the social work department, pre-admission of young people, which agency will be responsible for informing the parents/guardians of any allegation of abuse. A signed consent form will be obtained from the social work department, to confirm the agreement. This procedure will commence from 12<sup>th</sup> June 2023.</p>	<p>forward. All staff will continue to be asked, within supervision, if they have any child protection concerns that they have not yet shared.</p> <p>The centre manager will ensure that these procedures are implemented fully. The absent management plan, including risk assessments will be reviewed monthly, or following an incident of absconding.</p> <p>The centre manager will ensure that this process is followed as part of the pre-admission procedure with every new young person. This will also be reviewed on a quarterly basis and assessed against young person's current access with family member's, in line with the social work department.</p>
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	The registered proprietor must identify a protected disclosure representative in line with the services protected disclosure policy.	The registered proprietor has identified the company's HR Manager as the Protected Disclosure Representative. The HR Manager has been in post since 8 <sup>th</sup> May 2023.	All staff will be advised on 12 <sup>th</sup> June 2023 they can contact the HR Manager to raise a protected disclosure in addition to or as an alternative to raising a protected disclosure with a house manager or senior member of management.
4	N/A		