



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: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</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>6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> October</b>
<b>Registration Status:</b>	<b>Registered from the 17<sup>th</sup> May 2024 to the 17<sup>th</sup> May 2027</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Sinead Tierney</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> of December 2025</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> May of 2021. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 17<sup>th</sup> of May 2024 to the 17<sup>th</sup> of May 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, to effectively regulate their emotions and behaviours so that they can function happily and productively throughout their lives within wider society. 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 inspectors examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.4

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 21<sup>st</sup> November 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 8<sup>th</sup> 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: 193 without attached conditions from the 17<sup>th</sup> of May 2024 to the 17<sup>th</sup> of May 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 centre developed written policies that guided care and placement planning, key working, participation and consultation with family and young people and guidance for working with social workers and other professionals. The social worker, Guardian ad Litem and the parent interviewed by the inspectors provided positive feedback to the inspectors in relation to the care approach, consultation and effective communication. All external interviewees stated the young person was responding to the care programme and were able to identify areas of progress and improvements in the young person's wellbeing and personal development.

An up-to-date care record for the young person was maintained that contained all the required information in relation to the care and placement planning processes. The admission to the centre was considered and assessed against the centre's statement of purpose and was in line with the provider's admission policy. The young person had an up-to-date care plan on file. There were arrangements in place to review the care plan in line with the requirements of the statutory regulations, and this was evidenced on the care records. The key workers or centre managers maintained a record of the discussions and decisions taken at child-in-care reviews. The social work team leader interviewed by the inspectors was satisfied that the managers and staff team implemented the goals identified in the statutory care plan.

The young person was supported and encouraged to participate in their child-in-care reviews either by attending the meeting or completing a consultation form. Where they declined to attend, they were met with by their social worker and key worker prior to the meeting. There was evidence that both managers and key workers were strong advocates and represented the wishes of the young person at their review meetings. The young person also had an appointed Guardian ad Litem who advocated for them and liaised with all professionals involved and represented the young persons' best interests and wishes. The Guardian ad Litem stated the

managers and team were strong contributors to the care planning process for the young person. They stated the staff identified and requested specialist assessments as required.

The care plan and child-in-care review meeting records reviewed by inspectors demonstrated that the young person's safeguarding needs were being assessed on an ongoing basis. The young person's care plans recognised their individual vulnerabilities and strategies and supports were put in place to address these. Individual work was carried out with the young person to help and support them. Further assessments and additional supports were arranged as required to enable the staff and the external professionals support the young person to plan effectively for their future. The young person was recently allocated an aftercare worker, and the aftercare needs assessment process was due to commence following the initial visit of the aftercare worker. The young person was informed about the role of their aftercare worker.

There were a number of plans developed within the centre to support the young person's care. Placement plans were developed for the young person which set out the placement goals and were in line with the care plan. In addition, a behaviour support plan and a placement support plan was developed which incorporated the absence management plan, the crisis intervention plan, the behaviour management plan and the routine management plan. These plans were updated monthly and reflected the changing safeguarding needs of young person. Placement plans and placement support plans were forwarded to both the social worker and the Guardian ad Litem. The inspectors found the placement plans did not reflect consultation with the young person in their development and in identifying their own goals. This was confirmed by the young person in their interview with the inspectors. While it was evident their voice was heard through key working and at house meetings the manager should ensure the placement plan reflects goals identified by the young person.

The staff completed monthly individual work schedules that identified the specific key work and individual work tasks for the month ahead. These were live working documents that evidenced which tasks were completed, when and by whom. The inspectors found that the individual work schedule reflected the overarching goals of the placement plan. External audits were completed which identified improvements across the placement planning documents and the inspectors found the identified actions were implemented by the team. The team meeting records evidenced that placement planning was discussed in this forum. However, the inspectors found that

the staff interviewed on the day of the inspection did not display a working knowledge of the care plan or the key goals of the placement plan. Additionally, the inspectors found that newly recruited staff who had limited experience working with young people in residential care were assigned responsibility to update the placement plan. Monthly updates on the placement plan were also delegated across team members. The inspectors recommend that the manager ensures that experienced staff members or key workers support the less experienced staff to undertake this task. The centre manager should also ensure they review the care plan and the placement plan with each staff member in their individual supervision.

There were a range of support services in place for the young person. There was evidence that staff facilitated and encouraged the young person to engage with external supports in the community. This was evidenced in the individual and key working sessions and through the interview with the young person. The young person had recently commenced an educative training programme and there was evidence of regular attendance and active engagement to date.

A review of the young person's care records showed that staff worked closely with social worker, Guardian ad Litem and the multidisciplinary clinical specialists prior to and since their admission. The centre manager effectively collaborated with the relevant professionals to identify and implement additional supports for the young person as required. Where concerns emerged and the managers and team members were concerned about their capacity to meet the young person's safeguarding needs these concerns were escalated to senior managers within the service, the relevant social work department and to the placing authority. The managers and care staff developed safety plans and alternative interventions were implemented to support the young person's safety and wellbeing until they stabilised. Regular placement meetings and professionals' meetings were undertaken with key personnel from the placing authority to discuss issues of concern and identify additional strategies to support the placement. There was also evidence of regular meetings with external professionals to review interventions and assess their effectiveness. Both the social work team leader and the Guardian ad Litem were satisfied that the advice and guidance from external professionals was implemented by the team to good effect.

Monthly progress reports were well detailed and comprehensive and forwarded to the relevant professionals. There was evidence the young person had made progress to date and despite being unhappy themselves about the distance from their family and community of origin. The inspectors found evidence that they were responding well to the care provided. External professionals outlined the commitment of the team to

encourage and support family participation in the young person’s care. The parent who spoke to the inspectors stated they had established good systems for communication with the care team and were kept informed of all matters relating to their child’s life. The young person met with the inspectors and completed an inspection questionnaire. They identified aspects of their care that were unhappy about such as limits on free time, room searches and the geographical distance from family. The inspectors found that the centre staff advocated for the young person and there was a plan in place to reduce restrictive practices based on risk reduction.

There was evidence of good collaboration between all relevant professionals. Feedback from the social work team leader and Guardian ad Litem about the service was positive. Overall, professionals said that communication from the centre was good and that they were informed of incidents or concerns in a timely manner. Professionals said that the staff effectively identified safeguarding risks for the child and were skilled in their approach to support the young person to build a trusting relationship with the adults caring for them. They described a child-centred approach that helped the young person connect and ground them. Professionals stated the managers and care staff displayed a sincere commitment to the young person’s care and wellbeing. This view was reiterated by their parent who spoke with the inspectors.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 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>Standard 2.2</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 identified

## Regulation 5: Care Practices and Operational Policies

### Regulation 6: Person in Charge

## Theme 5: Leadership, Governance and Management

### Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The inspectors found there were systems in place to assess the quality of care and ensure practice was in line with the required standards. Compliance audits were undertaken by an external centre manager based on the themes of the National Standards for Children’s Residential Centres (HIQA) 2018. Audits were reviewed and discussed at senior management meetings and the findings of audits discussed at team meetings and in handover meetings. There was evidence that these compliance audits were produced in a timely manner and the centre manager acted promptly and effectively to implement the recommendations or address the required actions. The service had developed an annual schedule for undertaking compliance audits. There was evidence that the external auditor met with the young person and staff on visits alongside undertaking a review of the centre records and the young person’s care records. The director of services also visited the centre and made recommendations for improvements through their audits which were responded to. While the audit reports addressed most 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 had a policy on managing complaints. Complaints were classified as major or minor and there was a procedure outlined for the management and reporting of such complaints. The inspectors reviewed the written policy and recommended the policy is reviewed in relation to several areas such as the pathways and timeframes for complaints resolution and the identified thresholds for minor complaints. Staff told the inspectors that when a minor complaint occurred over three occasions the matter was escalated to a major complaint however this was not outlined in the policy. The process for providing feedback to young people when making complaints should be included in the written policy and the young person’s information booklet must outline information about Tusla’s Feedback and Complaints Procedure ‘Tell Us.’

There was evidence that complaints were discussed at both team meetings and at management meetings, the purpose being to review the status of the complaint or to

implement actions arising from the complaint. Complaints were recorded on a complaint register and individual work was conducted with the young person to acknowledge their issues of concern and help them understand the rationale behind decisions made. There was evidence that when the young person made complaints the staff supported them and advocated for them with the placing agency where relevant. Distance from community and family of origin was an issue for the young person however the inspectors found that this was being managed pro-actively and appropriately with the young person by the managers, staff team and the external professionals. In some instances, the inspectors found that practices had changed following issues raised by the young person such as free time and bedtime. While the young person interviewed was of the view that things would not change for them there was evidence that all professionals involved were reviewing the child's progress and reducing the level of restrictions in place as progress was made and safety concerns reduced. The inspectors found that the systems for recording complaints from the point of identification of the complaint to the final resolution and feedback to the young person required improvements to ensure more robust tracking and analysis of the complaints procedure by management and auditors. The inspectors recommend that all information relating to a complaint is maintained on the child's care record in one location.

The centre manager and interim regional manager had undertaken an annual review of compliance with the centres objectives for 2024 and had identified actions taken to promote improvements in work practices. The inspectors found aspects of the compliance report required improvement. The report contained personal information relating to the child in placement in 2024 that had impacted on the centre's operations. The managers must ensure that personal information specific to the children in placement should not be included in the annual review of compliance. The focus of the report must be on the centres compliance with its stated objectives, adherence to policy, best practice, standards and regulations over the previous year and to identify areas of improvements and actions to address gaps in compliance identified both internally and following statutory inspections. The compliance report was not signed off by the registered proprietor to confirm the report's accuracy and to acknowledge responsibility for compliance.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</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 5.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered proprietor must ensure the written complaints policy is reviewed and updated to ensure the policy reflects the practice within the centre and that the recording and management of complaint records are organised in a manner that facilitates oversight and analysis of complaints to facilitate learning and promote improvements.
- The centre manager must ensure that personal information about the children is not incorporated into the annual review of compliance, and the registered proprietor must sign the report to confirm the report's accuracy and to acknowledge responsibility for compliance.

### **Regulation 6: Person in Charge Regulation 7: Staffing**

### **Theme 6: Responsive Workforce**

### **Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

The inspectors found there was a training programme in place and good efforts were made to ensure the continuous professional development of staff members. For staff members working in the centre for a period they were afforded opportunities for career progression. Staff were provided opportunities to attend relevant conferences and training programmes related to their work and their model of care. There was a specific induction programme for staff undertaking leadership roles such as the social care leader and deputy manager roles. There was also a system in place to provide

induction training and support for key workers in their role. Learning and development of skills and responses to the young person was also evident within the team meeting processes where Tusla's consultation and therapy service guided the team in their work.

The training policy stated that all staff should complete their mandatory training within the first four weeks of their employment, and the inspectors found this to be the case. Required training in Children First national guidelines and in a recognised behaviour management model was completed by staff prior to commencing work in the centre. Refresher training in behaviour management model was completed every three months to ensure it was embedded in practice. The benefits of this regular training were evident, and incidents of high-risk behaviours had decreased. There was evidence of a positive supportive reflective approach to managing behaviours that challenge.

The centre manager maintained an electronic database of all staff training, and this was updated and subject to a six-monthly audit. The database identified when refresher or updated training was required. Training certificates were stored on the personnel files however some training certificates were not evident on the personnel files reviewed by the inspectors. The centre manager must assure the inspectorate that all outstanding training certificates have been secured on file.

The centre experienced a large turnover of staff since the last inspection in February 2024 including two centre managers, two social care leaders, who transferred to the centre's staff relief panel and four social care workers. The annual compliance report outlined the challenges faced by a predominantly female team that impacted on staff resignations. At the time of the inspection the centre had their full complement of staff with access to a relief panel of six care staff. All staff including relief staff had the required relevant qualifications. The centre manager was an experienced practitioner and had worked in the centre for almost four years and was appointed to the role of centre manager at the end of January 2025. Given the staff turnover, the team were very much in the initial stages of team development and cohesiveness. The inspectors found that despite this the management team were focused to ensure staff had induction training and received the required mandatory training and development opportunities. The social work team leader, Guardian ad Litem and the parent interviewed were aware of staff turnover however were satisfied that the manager and a core team provided consistency and effective communication.

While staff supervision had occurred in line with policy the inspectors found improvements were required. There was a substantial list of trainings to be completed in a short timeframe and while the induction training was structured there was a substantial amount of learning for new staff members to assimilate. The inspectors noted that some staff had completed up to seven online training modules in one day. Following a review of the supervision records and interviews with staff members the inspectors recommend the initial supervision meetings embed the learning for staff in relation to policies, procedures and training. The supervision records did not evidence that staff discussed or demonstrated the knowledge and learning from training and how it was incorporated into their practice. In addition, the supervision records did not evidence the identification of professional goals for staff members, and the centre manager should ensure this aspect of staff development and learning is built into the supervision process most especially for newly recruited and less experienced staff members. The supervision process was focused mainly on the areas set out in the supervision pro forma rather than a broader focus on the key purposes of supervision such as reflective practice, support and guidance, accountability and professional development. The centre manager must also ensure that the agenda for each supervision session is defined, and both the supervisor and the supervisee contribute to the agenda and actions or decisions are recorded at the end of each supervision meeting.

<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 6.4</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 assure the inspectorate that all outstanding training certificates have been secured on the relevant personnel files.
- The centre manager must ensure that supervision practice incorporates key elements for staff such as reflective practice, support and guidance, accountability and professional development.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered proprietor must ensure the written complaints policy is reviewed and updated to ensure the policy reflects the practice within the centre and that the recording and management of complaint records are organised in a manner that facilitates oversight and analysis of complaints to facilitate learning and promote improvements.</p> <p>The centre manager must ensure that personal information about the children is not incorporated into the annual review of compliance, and the registered proprietor must sign the report to confirm the report's accuracy and to acknowledge responsibility for compliance.</p>	<p>The registered proprietor has reviewed the complaints policy and a new documentation for recording and management of complaints has been introduced and has been in use since 27<sup>th</sup> November 2025.</p> <p>Although children were not identifiable by name or details in the previous compliance reports, a new compliance report template has been created, which will come into effect in December 2025 when the new compliance reports are being generated, that focuses on key elements of company and centre performance. The registered proprietor will review and sign these by</p>	<p>The new documentation set in place, clearly outlines the complaint procedure, and is organised in a manner that facilitates oversight and learning. This document should prevent future confusion around this policy.</p> <p>A new compliance report template has been created that will ensure this issue does not arise again.</p>

		mid-January 2026.	
6	<p>The centre manager must assure the inspectorate that all outstanding training certificates have been secured on the relevant personnel files.</p> <p>The centre manager must ensure that supervision practice incorporates key elements for staff such as reflective practice, support and guidance, accountability and professional development.</p>	<p>The centre manager and deputy director forwarded evidence of these certificates to the inspectorate on 21.11.2025.</p> <p>The centre manager will continue to use the current template but will ensure that the focus remains on reflective practice, support and guidance, accountability and professional development but tailoring the supervision to each individual, to meet their needs in that supervision. The centre manager is aware that not every topic has to be discussed in every supervision going forward.</p>	<p>The centre manager will ensure that the most recent training certificates are stored on all personnel files.</p> <p>Supervision direction and value will be discussed at each senior management meeting, to ensure that supervision is serving the correct purpose for the staff team.</p>