



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 141

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Brighter Futures for Children
Registered Capacity:	Two young people
Type of Inspection:	Announced themed inspection
Date of inspection:	10th, 11th and 14th March 2022
Registration Status:	Registered from 08th August 2021 to 08th August 2024
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	11th May 2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 08th August 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle.

The centre was last inspected on the 29th of November and the 01st and 02nd December 2021. At that time the centre was not deemed to be operating in adherence with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 5: Care Practices and Operational Policies and Article 7: Staffing. The centre was subsequently registered with an attached condition from the 08th August 2021 to the 08th August 2024 pursuant to Part VIII, 1991 Child Care Act. That condition being:

- There should be no further admissions of a young person to this centre until such time as the proprietor can provide evidence to demonstrate that suitable care practices and operational policies are in place and the number, qualifications, experience, and availability of members of staff in the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

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

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 5th April 2022. 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 28th April 2022. 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 08th August 2021 to the 08th August 2024 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.

There was one young person living in the centre under an agreed single occupancy arrangement. The young person reached the age range stated within the statement of purpose and there was no longer a requirement to hold monthly child in care review meetings to comply with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. The statutory child in care reviews were now scheduled for every six months, however the social work department have scheduled bimonthly strategy meetings to include all relevant professionals to ensure there is robust planning and oversight of the placement.

There was an up-to-date care plan on file which clearly set the aims and objectives of the placement and was a comprehensive assessment of needs to inform placement planning.

Inspectors found evidence of regular communication with the social work department to implement the goals set out in the care plan. Reports prepared for statutory child in care reviews and other strategy meetings were comprehensive and written to a good standard.

Good participation and consultation with the young person noted in the previous inspection was evident again through this inspection. Management and staff identified creative ways of working with the young person to facilitate this. Inspectors found that there was an emphasis on encouraging them to participate in care and placement planning processes in line with their abilities. The voice of the young person was well represented, and they had attended part of the review meetings. It was evident that they were listened to, and they were supported by staff to express their views and opinions.

The placement planning process was clear and staff could explain how it worked in practice. Staff interviewed by the inspectors were knowledgeable and familiar with the individual needs of the young person, the goals of their placement plan and how they were to be met. The young person had a up to date placement plan on file that was aligned to the goals of the care plan and updated regularly.

There was a key work schedule aligned to the placement plan that was set in advance and followed by the staff team. Tasks were identified to meet specific needs and there was good oversight by management. It was also evident that staff were held accountable for the work assigned to them and that placement plans were discussed in team and management meetings. This was an improvement noted since the last inspection. There was a good focus on the staff/child relationship through supervision practice, however the inspectors recommend those discussions in relation to the young person's placement plan and individual work with staff are evidenced on the supervision records. This would be-beneficial to further ensure that individual work was discussed, and outcomes/progress tracked through staff supervision.

Inspectors observed that the model of care in relation to Trauma and Attachment Informed Practice was used effectively in practice. Placement plans were also subject to review as part of external audits of the centre and were forwarded to the social work departments for their input and agreement.

In line with the care plan, a recommended specialised intervention was in place. There was evidence that direct work with the young person and support and guidance to the team was working well and producing positive outcomes. The guidance and direction from external professionals was taken on board by the staff team and utilised in the placement planning to positive effect.

The young person told inspectors that they liked living there and that there was nothing they would change. This was also evident across centre records, key working, house meetings and daily logs.

Inspectors found evidence of significant progress the young person had made. Improvements since the last inspection were noted in respect of strong clinical guidance, good supports, good oversight by managers and from this, positive outcomes for the young person were evident.

Inspectors found evidence of good interagency and inter-disciplinary practice. There was effective communication with social workers through phone calls, emails, sharing information and their regular visits to centre. The organisation also contracted two consultant specialists who worked with the team to support them with specific interventions and approaches to care.

The social work team leader who spoke with inspectors was satisfied with recent improvements in the operation of the centre and that care being provided was safe and met the needs set out in the care plan. They informed inspectors that the young person had not expressed any concerns about their 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 were assessed
Practices did not meet the required standard	Not all standards were assessed

Actions required

- None identified

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Inspectors found that the organisation had clearly defined governance arrangements and management structures with defined lines of authority and accountability. Each staff member had a job description appropriate to their role and roles and responsibilities were discussed during induction and through professional supervision.

Following a review of centre records, interviews with staff and external professionals the inspectors found there was strong and effective leadership of the centre and that deficits highlighted in the previous inspection in December 2021 were adequately addressed. The centre manager was the named person in charge and was appointed in November 2021. They held the required qualification and were suitably experienced in residential work. They held overall executive accountability for the delivery of service, and it was evident through the inspection process that they had oversight on all areas of practice. They reported directly to the registered proprietor and were supported in their role by a deputy manager. While the centre had undergone significant change, the two managers had developed an effective working relationship and issues identified previously such as inconsistent leadership, lack of guidance, poor staff morale and blurred roles and responsibilities had all been addressed and positive results were clearly evident from review of centre records and through inspection interviews. Staff interviewed during inspection expressed confidence in all levels of management stating they were supportive and available to the team. Staffing issues in the centre were resolved and the social care manager and deputy were no longer required to work shifts to cover staff shortages. They were available to attend fully to management tasks and this significantly improved governance management and oversight in the centre.

There was a strong emphasis on the provision of child centred safe and effective care which was led by the centre manager and deputy manager. The managers were based in the centre from Monday to Friday and one always attended handovers and strategy meetings.

Deficits regarding audits were an area requiring attention at the time of last inspection that had now been adequately addressed. Inspectors found improved systems of governance and oversight across the organisation. There were arrangements in place to ensure external audits were undertaken while the quality assurance manager was on scheduled extended leave. This system was working well in practice and inspectors were provided with copies of recent audits and completed action plans. There was also evidence that audit findings were discussed at senior management level and issues arising in audits were shared with staff at team meetings and action taken to address identified deficits within reasonable time frames. The registered proprietor was aware of all issues of risk in the centre and had oversight of implementation of action plans.

Managers also completed internal audits and provided information to the registered proprietor. There was evidence that there was now a culture of learning and focus on improvement. The registered proprietor visited the centre regularly, was accessible to staff and to the young person and had spent quality time with them.

Inspectors reviewed a range of centre records including team and management meetings. There was evidence that management meetings took place regularly and in line with policy (eight since last inspection). These were well attended and clearly documented. There was evidence of discussions around child protection, safeguarding, significant events, behaviour management, risk, workforce planning, staff development, audits, shared learning, complaints, Covid 19, and other operational issues. Internal meetings took place also between the managers and social care leaders which focused on all key matters for the young person and the operation of the centre.

Team meetings took place regularly were well attended and chaired effectively by centre management to facilitate planning. They were child focused and evidenced utilising the model of care and advice and guidance from specialists and consultants. There was good transparency and evidence that team and managers held each other to account. Inspectors found that there was a focused review of significant events and any restraints to analyse them and put measures in place to reduce them in duration, intensity and frequency and, there was evidence that this was working. There was evidence of a priority focus on risk management and behaviour management. Individual crisis support plans and other risk management/safety plans were promptly updated and communicated where agreed decisions were made at team meetings.

Supervision records for centre manager were of a good standard and issues arising were well analysed with focused follow up. There was good evidence of staff being supported and care practices monitored.

This service was not currently part of a contracting arrangement with the National Private Placement Team (NPPT) and were still operating on a former placement agreement. The registered proprietor informed inspectors that they were applying for a new contract through tender process. There was regular contact with the NPPT.

Inspectors received a copy of the operational policies that were updated in line with the National Standards for Residential Centres, 2018 (HIQA). These were completed and just signed off at the time of inspection and included the centre's child safeguarding policy that was updated to bring it in line with the Children First Act, 2015 and Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre manager described a clear plan to disseminate these to staff and have a system to assess staff knowledge of policies through team meetings, auditing and supervision processes.

Inspectors found also that actions arising from inspections across the organisation were discussed at management and team meetings.

Review of policies and procedures were one of the actions requiring attention at the time of last inspection and are now deemed met. The inspectors found that the centre now complies with Regulation 5 of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 in relation to the care practices and operational policies.

The centres Child Safeguarding Statement was deemed compliant by the National Child Safeguarding Statement Compliance Unit (CSSCU) on 02/03/22. There was a plan in place to provide specific internal training on the organisation's own child safeguarding policy and child safeguarding statement.

There was a risk framework and supporting structures in place in the centre for the identification, assessment and management of risk. There were significant improvements in how the system was understood and operated in practice. Staff were able to describe the system and how it supported the identification, management and review of risks. They were alert to risk and there was continued good identification of individual risks associated with the young person's behaviour. Staff understood the matrix and used it in practice. Inspectors found many examples of mitigating measures being implemented and risk scores being reduced. The young

person had up to date placement support plans to facilitate structure and reduce risk. Within these, Individual Crisis Support Plans (ICSP) and Individual Absence Management Plans (IAMP) were up to date and reviewed regularly or when required. There was a system in place to alert staff when plans were updated. Inspectors found that reviewing and monitoring of risk was a priority at all levels of management.

Covid 19 has been and continues to be well managed in the centre. There were robust protocols in place and guidance was updated in line with public health guidance. Cleaning schedules, regular sanitisation, and adequate provision of PPE were all in place. There was now sufficient relief staff to implement a staffing contingency plan that would not negatively impact the young person.

The internal management structure was appropriate to the size and purpose of the centre as required. There was a social care manager, deputy manager, two social care leaders and an acting social care leader.

Strong and robust leadership was confirmed during staff interviews and also in interview with the social work team leader who commented that there were now good communication practices and oversight of placement planning. They stated that this, along with stabilisation of the staff team and more quality assurance measures, had made a big difference to the progress the young person was now making in placement. They said these alleviated concerns they had in 2021 around the time of the last inspection and the social work department now feel the placement was meeting the identified needs of the young person.

A qualified and experienced deputy manager acted up as centre manager during periods of leave by the social care manager. There was evidence that they used the internal management meeting to formally identify, delegate and assign management tasks between them. While this was useful, this delegation record could be improved by having a process in place to clearly identify who assumes responsibility for specific tasks if the social care manager is absent as this was often spread between several people. There is also a requirement to ensure that all key decisions are formally recorded during this period.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The centre manager must ensure that a delegation record in place that clearly identifies who assumes responsibility for specific tasks if the social care manager is absent as well as a record of all key decisions made during this period.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There were significant deficits relating to staffing during the last inspection in November/December 2021. This was also a concern for the supervising social work department at the time. Inspectors reviewed the staffing information provided, rotas from November 2021 to March 2022 as well as daily logbooks and other centre records. The findings of this inspection were that the standard in relation to the planning, organisation and management of the workforce was now met. Inspectors spoke to the social work team leader with responsibility for the case and they are also satisfied that significant improvements have been made in respect of staffing. They stressed that this level of consistency was benefitting the young person hugely and must be maintained.

At the time of the inspection there was a plan in consultation with the social work department to slowly reduce the staff/child ratio from 3:1 to 2:1. There was good evidence of risk assessments and discussions with the social workers to do this in a safe way. There was a dedicated time in the day for handover of information to staff coming on shift to facilitate effective planning.

Inspectors found that there were now appropriate numbers of staff employed in the centre to fulfil the centre's purpose and function and meet the needs of the young person.

The current team comprised of social care manager, deputy manager, two social care leaders plus one acting social care leader and five social care workers. Inspectors determined that the centre would meet the 50% required social care staff when one staff member achieves their level 9 qualification in February 2023.

Following the last inspection where one staff member was recruited and was not qualified the registered provider subsequently moved this staff to supernumerary position following risk assessment in consultation with the social work department. This person was not yet qualified and was undertaking study to bring them up to the required standard in 2022. Inspectors noted that there was no practice element to the course they were undertaking and recommend that they, and centre management ensure that this qualification will meet the requirements to be considered a relevant qualification.

There was inadequate relief staff available at the time of last inspection. New staff were recruited and there were now three dedicated staff available to cover all types of planned or unplanned leave as it arose, plus another identified person who was on boarding at the time of inspection.

There was evidence that from review of management meetings that workforce planning was a priority and was now built into strategic development for the organisation. Measures such as on-going and regular recruitment, a panel of staff and connections with colleges were all being pursued at the time of inspection.

Inspectors found that there was good evidence of a stable and consistent team since the last inspection in December 2021. Review of various young person's records centre records including house meetings, individual work and 'supervision' the young person had requested with the centre manager showed that they have commented on the positive changes in the centre.

Rotas were reviewed from December to March. Improvements noted at the time of this inspection were that there were no back-to-back shifts or double shifts. The requirement for staff to do overtime was eliminated. Also, staff were no longer doing three sleepover shifts each week and were able to plan to take annual leave. The inspectors found that due to investment and improvement in recruitment and retention, Regulation 7 of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 in relation to staffing was now met.

There was a good team dynamic, and everyone said it was a good place to work. Inspectors observed this on site when sharing lunch with staff and the young person.

The inspectors found staff had the necessary competencies and experience to meet the needs of the young person currently in placement. There was supportive but challenging culture where areas for development were identified and supports put in place. Centre management organised the roster to ensure that there was a social care leader working each day. There was evidence that they modelled good care practice and provided practical support to less experienced staff members.

There was a system in place to conduct and evaluate exit interviews to inform service improvements and feed into staff retention. There was one exit interview undertaken with the staff member who left. This was an extensive template which gave opportunities to comment on good experiences and areas that required improvement. Significant issues were raised during this interview which could impact on staff retention if not addressed. There was evidence through managers commentary that the issues were being taken seriously but it was too early to see tracking of issues and links to service improvement through management meetings.

There was a staff forum where consultation took place with staff teams in relation to employee issues/benefits. Staff interviewed named measures in place to value and retain staff such as, quality supervision, an employee assistance programme, pension contributions, pay scales, training opportunities, supportive management and specialist guidance.

Sample of personnel files showed that some gaps and deficits identified during the last inspection were being attended to and almost complete. There has been an extensive audit of personnel files as per CAPA response to the last inspection. Efforts were made to source extra references and verbal verifications were now on file as required.

There was an effective on-call system in place to support staff after office hours and at weekends/holidays. On call was provided on a rotational basis between the centre managers, deputy managers and social care leaders. Staff were clear of thresholds for contacting the on-call manager and were satisfied it worked in practice.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	The centre manager must ensure that a delegation record in place that clearly identifies who assumes responsibility for specific tasks if the social care manager is absent as well as a record of all key decisions made during this period.	The standardised agenda for management meetings has now been updated to include a delegation of tasks section which will note tasks to be handed over in the managers absence. This was implemented on 16.03.22	<p>The standardised agenda is used for every management meeting moving forward to ensure that management discuss any upcoming absences and delegation is implemented as appropriate.</p> <p>On return from absence, a management meeting will take place where handover on all delegated tasks will be given. There is a shared communication book and diary to ensure that all important communications are noted and received by management staff. This has been in use since 29.12.21</p>
6	None identified		