



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 029

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Don Bosco Care
Registered Capacity:	6 young people
Type of Inspection:	Unannounced
Date of inspection:	3rd & 4th of July 2023
Registration Status:	Registered from 04th December 2021 to 04th December 2024
Inspection Team:	Catherine Hanly Lisa Tobin
Date Report Issued:	14th August 2023

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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 in 2003. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without conditions from the 4th December 2021 until 4th December 2024.

The centre was registered to provide multiple occupancy residential and aftercare support for up to six young males aged 17 years at the time of admission. One of the centre's aims was to enable the young people to acquire the skills necessary to live independently. The overall goal was to provide a safe, therapeutic environment that facilitates openness, healing and growth. There were five young people living in the centre at the time of the inspection, one was under 18 years and four were over 18 years of age.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.6 only
4: Health, Wellbeing and Development	4.3 only
6: Responsive Workforce	6.4 only

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, some of the allocated aftercare and social workers. 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.

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 and aftercare departments on the 11th of July 2023. There were no issues requiring action identified during this inspection across the standards examined therefore no requirement for the registered provider to submit a corrective and preventive actions (CAPA) plan to the inspection and monitoring service. Two minor factual inaccuracies were identified by the registered proprietor in the draft report, and these were corrected for this final report.

The findings of this report 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:029 without attached conditions from the 04th December 2021 to 04th December 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 2.6 Each child is supported in the transition from childhood to adulthood.

The purpose and function of this centre was specifically to support the development and acquisition of skills to enable young people to live independently. Young people were referred to the service from the age of seventeen. Inspectors found evidence in placement plans and support work records at the centre, and through interviews with two of the current residents that demonstrated that young people were listened to in all aspects of their lives with particular emphasis on their transition to adulthood. There was evidence that young people were being prepared in many ways for their move on from residential care, with evidence of emotional support being provided. Records, and conversations with the young people themselves demonstrated that leaving care and future options regarding accommodation, education, training, family and social connections were discussed frequently with individual young people both on informal daily basis and formally at placement planning meetings on an eight-weekly basis. There was clear evidence of good, positive, supportive relationships between the young people and staff members. Several ex-residents also maintained contact with the centre.

There were five young people residing at the centre at the time of this unannounced inspection, one of whom was under eighteen years of age. The four young people aged over eighteen each had a Tusla aftercare plan on file. These had been informed by an assessment of need and were conducted in consultation with each individual young person. Some were more and better detailed than others. The content of most of these plans was out of date and did not always represent a current and accurate picture of the young person's wellbeing and current challenges from them. Aftercare workers that inspectors interviewed were complimentary of the service being provided to the young people in this centre and confirmed good and frequent contact with their respective young person. They spoke of the collaborative working relationship with the centre which, in their view, contributed to positive outcomes for young people. Some acknowledged that aftercare plans often were not reflective of the current presentation of the individual young person due to the requirement to

only review annually, however they felt that plans could still be made and reflected within these. The allocated social worker for the young person under eighteen was of the view that their young person may have moved to this type of placement too prematurely and were not managing as well as they might have if they had waited further time for the semi-independent environment. They felt that they required additional supports to help them manage better regarding their social engagement choices. The social worker did acknowledge that it was early in the placement and progress could yet be made.

Placement plans were developed upon admission, taking account of known information from the referring persons, and updated on an ongoing basis at eight-weekly intervals throughout the placement. Each updated document reviewed the progress achieved on the previously outlined goals or focus areas and set a new list of objectives for the months ahead. These plans were reviewed on a weekly basis at the staff team meeting where progress on the implementation of the goals was monitored. There was a clear connection between placement plans and individual work being done with young people by their identified support workers. An area of development for consideration that inspectors suggested in feedback to benefit service delivery was to formalise the structure around the work that the centre does. For example, a formal assessment of need across the domain of independence skills to be completed upon admission which would ascertain a young person's readiness for this placement, could then be tracked to ascertain progress/development throughout the placement via the placement plans. A formal review of placement could then be conducted at discharge stage against the assessment of need to establish progress made and to identify any learnings or areas for change and development within the service delivery.

Two of the young people were awaiting a move on date to another service within the agency. This had been identified by the staff team as the most appropriate option for each of these young people in accordance with their current respective needs. Other young people in the past have moved to similar services and some moved home to live with family members. There was ample evidence across records of these various options being discussed at length with the young people and necessary attention to the development of social skills necessary for independence. Young people all had their own bank account and were registered with a GP practice. The two young people inspectors met with confirmed their knowledge and ability of how to make relevant appointments, manage their own banking, were aware of the importance of saving, and demonstrated an insight into what they perceived as their main

challenges in living independently. They spoke about the support provided by the manager and staff team in achieving their respective identified goals.

Young people were afforded the opportunity to read their file and contribute to it but both young people interviewed by inspectors stated they had no interest in doing so. Young people were provided with relevant documents from their file on discharge, when moving outside of this agency. This was not included in the various policy documents related to leaving care and discharge and it may be useful to incorporate it in the next policy review.

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

Compliance with standards	
Practices met the required standard	Standard 2.6
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required:

- None identified.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

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

There was evidence that education was promoted by the management and staff team at the centre. It was identified by the staff as an important aspect of the young people’s placement although not a requirement. The staff team supported and encouraged the young people to maintain their educational placements and, where there were disruptions, actively worked with the individual young person to reengage.

Records reviewed by inspectors evidenced regular engagement with educational services, particularly where there were periods of non-engagement by the young person or where it had become apparent that a young person was struggling to attend their educational course consistently. There was documented evidence of constant efforts to encourage young people to continue in education for their own benefit. There were financial implications for persistent non-engagement and where this impacted young people they were encouraged and supported by the staff team to advocate for themselves with the Tusla aftercare service to rectify the situation.

Young people were supported, where possible and necessary to attend their school placement, for example when scheduled exams or important meetings were happening. There was evidence that the staff team listened to young people regarding the challenges they experienced in consistently attending their training or education course. There were efforts underway at the time of the inspection to obtain an educational assessment for one young person to support their understanding of their difficulties in this aspect of their life.

The staff team had built up a wealth of knowledge on available services that young people could access including training and education opportunities. There was evidence that applications had been made for several young people for the Autumn academic cycle.

Inspectors found that records of educational achievements on file for young people were minimal. There were brief records on file, created at the centre, which provided an overview of each young person's individual educational history. Some minor additions, such as including timeframes/dates and greater detail on course content, would serve to represent the full extent of the individual educational achievement. Three of the young people currently resident had completed a barista training course. One young person informed inspectors that they had completed their junior certificate prior to coming to the centre but inspectors did not see a certificate obtained for this. It would be good practice to secure records of courses where they have been completed prior to admission for the individual file at the centre as young people are often more likely to return to a centre for their records.

The interim director of services spoke at length with inspectors about furthering the development of education and training opportunities for young people accessing this service. This is an extremely positive development and will provide young people with skills and knowledge that will undoubtedly improve their opportunities in life beyond this centre.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required:

- None identified.

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.

Staff spoke positively of the opportunities available to them in the agency for ongoing training and development. The centre manager had recently commenced a system of recording and tracking training and development. The interim director of services informed inspectors that this system would be further developed in future in the style of a database system. There was a programme in place to attend to the core training needs of the staff team on a rolling basis. Staff had completed training in the Therapeutic Crisis Intervention (TCI) model of working; had completed online Children First; mandated persons; first aid and fire safety. The agency had experienced difficulties in accessing the TCI training, including refresher training and thus some staff were out of date in this. The interim director of services had recently had a meeting with Tusla senior management where this matter had been discussed and commitment given by Tusla to endeavour to resolve the issue which had been ongoing for some time. The staff team had completed training to inform them in supporting one young person's identified medical needs. Additional training that

some staff had completed over the past number of years included child sexual exploitation, GDPR, therapeutic childcare, safeTALK and ASSIST. In addition to this training, staff members had attended conferences over the years. Appraisals completed throughout the year by the manager and team leaders at the centre had a focus on training and development with the areas of need and actions identified for individual staff members. The progress of the achievement of these goals will be monitored through the supervision mechanism.

The centre manager was undertaking a Masters in the field of management and this further study was being supported by the agency. The interim director of services confirmed that other such formal study by staff members would be supported by the agency where it was identified as being of benefit to the service delivery.

The interim director of services informed inspectors about plans at senior management level to further develop the agency’s approach to and delivery of training and professional development for staff. There was a financial commitment given to support the rollout of the planned programme.

There was a formal induction for new staff arriving to work at the centre. There was a guiding policy for the whole organisation supported by written guidelines specific to this centre. There was a checklist mechanism to ensure that staff had been informed about/familiarised themselves with all relevant documents, paperwork and policies relevant to his centre.

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

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

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	N/A		
4	N/A		
6	N/A		