



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 029

Year: 2018

Lead inspector: Cora Kelly

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Don Bosco Care
Registered Capacity:	Six young people
Dates of Inspection:	11th & 13th September 2018
Registration Status:	Registered from 4th December 2018 to 4th December 2021
Inspection Team:	Cora Kelly Eileen Woods
Date Report Issued:	12th November 2018

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification

of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2003. At the time of this inspection the centre were in their fifth registration and were in year three of the cycle. The centre was registered without conditions from the 4th December 2015 until 4th December 2018

The centre's purpose and function was to accommodate residential care and aftercare for six young males must be 17 at age of referral for a period of up to two years. Through an approach of enablement, the ethos of the centre is to support the young people in gaining skills to live independently. Their model of care was described as young person centered using the therapeutic community principles that include belonging, safety and containment, communication and participation.

The inspectors examined standards, 2 'management and staffing', 5 'planning for children and young people' and 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 11th and 13th September 2018. At that time six young people over 18 years of age were resident in the centre.

1.2 Methodology

This report is based on a range of inspection techniques including:

- ◆ An examination of a pre-inspection questionnaire and related documentation completed by the manager.

- ◆ An examination of questionnaires completed by:
 - a) The centre manager
 - b) Two social care leaders
 - c) Five social care workers
 - d) Three relief social care workers
 - e) The director of services

- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.

- ◆ An examination of the centre's files and recording process.
 - Centre care files and daily logs
 - Staff supervision records
 - Staff personnel files
 - Centre registers: admissions and discharges, significant events register
 - Maintenance log
 - Health and safety documentation
 - Fire safety documentation
 - Team meetings and external management meeting minutes
 - Internal audit report

- ◆ Communication with the lead inspector with responsibility for oversight of notification of significant events for the centre

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) One social care leader
 - c) One social care worker
 - d) One relief social care worker
 - e) The director of services

- ◆ Telephone interviews with two aftercare workers allocated to two young people

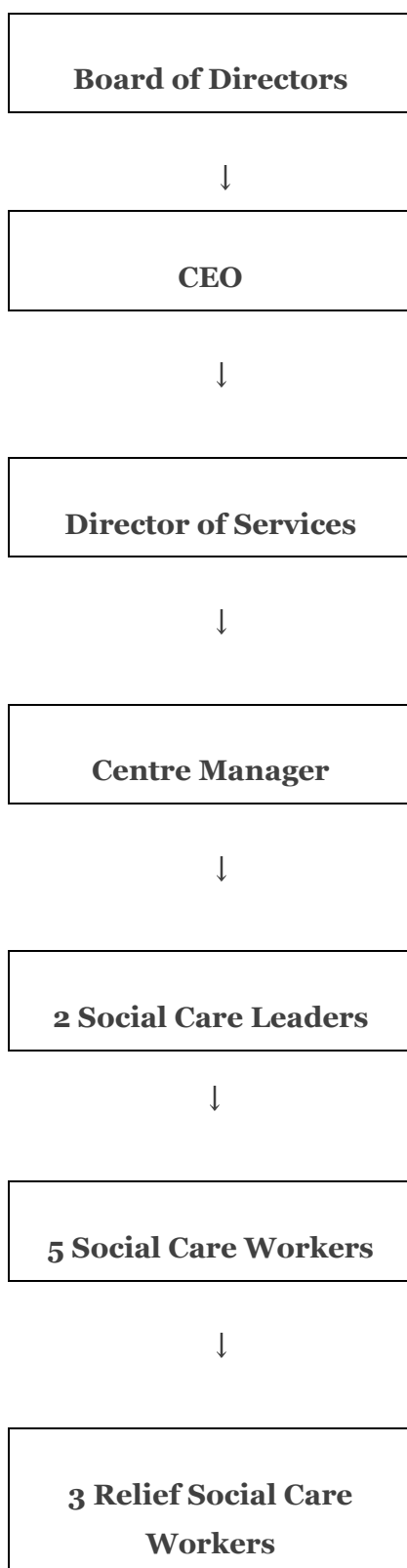
- ◆ Observations of care practice routines and the staff/young person's interactions.

- ◆ Inspector's observation of a staff meeting and shift handover.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 12th October 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 26th October 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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 4th December 2018 to 4th December 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

There had been a change in centre management since the last inspection in 2015. From the review of files, observations, interviews and pre-inspection documentation inspectors found the centre manager who was fully qualified and experienced in the area of social care was committed to ensuring that the young people were core to the work of the centre and that their best interests were met developmentally and emotionally. The care planning framework was facilitated by the centre manager's leadership approach of empowering staff to implement their work in a clear, focused and professionally developmental manner. From evidence gathered via questionnaires from all staff and interviews conducted with three staff members care practices were implemented in the centre in a supportive way that also demonstrated the organisations ethos. Staff reported to the inspectors that the centre manager was approachable and supportive. The framework of supervision, training, facilitation, team days, team meetings and daily handovers namely the process of reflective practice has allowed the centre manager to develop consistent and effective management and care practices within the centre. The inspectors found that the centre manager was aware of the needs of the young people and their oversight role was evidenced by signatures in care files and daily logs, interviews with staff and director of services and an inspector's observation at a team meeting and a handover.

The centre manager was supported by two experienced social care leaders who were tasked with supportive management roles including supervision and yearly internal auditing of files. This group met informally and was supported by an external facilitator. The inspectors recommend that any decisions relevant to direct practice for implementation should be noted by the centre manager.

The director of services carried responsibility for overseeing care practices provided in the centre and provided support to the centre manager on an on-going basis and via

supervision. Part of the director's role involved assessing the quality of the care practices which is conducted by attending staff team meetings as much as possible, discussions at senior management meetings, visiting the centre regularly to see the staff and young people and attending significant event review group meetings. This was confirmed by the centre manager and staff the latter whom also stated that the director is also available to them as support. Both the centre manager and director informed the inspectors that the director and external facilitator met with the service centre managers on a monthly basis where current issues for the centres and young people were discussed. As above, the inspectors recommend that any decisions relevant to direct practice for implementation should be noted by the centre manager.

Inspectors found to evidence external oversight in the form of senior management meetings which were scheduled to take place every eight weeks, after the board of management meetings. A sample of minutes of these meetings that took place to date in 2018 were made available to the inspectors. Areas of discussion during these meetings included staffing, safeguarding, training, section on young people, Tusla and housing, new data protection regulations (2018), finance and fundraising. There was evidence of previous decisions from matters arising being reviewed.

With regard to the centres process of evaluating the quality and effectiveness of its work the inspectors were informed by management and staff that the evaluation process consisted of completing or attending the following: placement outcome reports, exit interviews with young people, significant event review group meetings and internal audits. These learning and developing tools were used by the centre to inform future practice. Inspectors found evidence to corroborate the above. Two placements outcome reports were completed in conjunction with an external facilitator in 2018. One young person completed an exit interview in 2018. Inspectors viewed that there were positive comments about the team and their approach to care in the centre. Team meeting minutes evidenced feedback from significant event review group meetings. Complaints and a review of young people's files were the focus points of the 2018 internal audit.

Register

The centre's register was in the standardised Dublin North East format. The register was completed in full and was up-to-date. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a standardised procedure for the notification of all significant events. It was evident that all sections in the register of significant events were completed in full. Regarding significant events for young people under 18 years of age the lead inspector with responsibility for oversight of these for the centre confirmed that they were promptly reported and further, were clearly expressed. It was noted that two sections in the register required the same data i.e. entry number and the reference number. It is recommended that one of these entries is altered to detail the young person's specific SEN reference number.

Supervision and support

As part of the inspection a review of supervision records was completed. All records were stored in a secure filing cabinet in the centre manager's office. There was evidence of the centre manager receiving supervision by the director and that it was in line with the centre's policy. Supervision arrangements included the centre manager supervising the two social care leaders and two relief staff. The social care leaders held responsibility for supervising the remaining full-time staff and the remaining relief staff member. The director, centre manager and social care leaders have completed appropriate supervision training. Supervision contracts that were signed and dated were in place for all staff and supervision was up-to-date and in line with policy. Themes of professional development, maintenance issues, therapeutic principles, training, leadership, community reinforcement approach, role of support workers, planning for young people were evidenced as areas of discussion during the review of supervision files. There was evidence of actions agreed and followed up on in following sessions.

Staff meetings are held in the centre on a weekly basis which was confirmed during the inspector's review of team meeting minutes for the current year. Attendance by all staff members is compulsory. The meetings were found to be structured, reflective of practice and young person focused. Arising from the inspector's observation of a staff meeting and review of minutes there was evidence of each young person's placement being reviewed with goals for the coming week being set and one young person's placement discussed in detail every six weeks. There was also time and opportunities for the views of young people to be heard and discussed. As an additional support an external facilitator attended the meetings on a monthly basis. The external facilitator is also available as a support to staff members on an individual basis.

As mentioned earlier in this report handovers take place daily. One inspector attended a handover during one of the inspection days. The process was reflective, informative and

focused on the young people. Support work conducted with young people was evidenced in addition to clear communication and shift planning by staff. Petty cash was found to be stored securely and was accounted for by all staff.

Administrative files

Regarding young people's files inspectors were restricted to reviewing files maintained by the centre as all young people at the time of the inspection were over 18 years old. The inspectors found both the centre's files and young person's care files were organised and up-to-date. There was evidence of the centre management, director's and social care leaders monitoring of centre and care files.

Inspectors found during the review of fire safety records that improvements could be made to some records namely the 'register of persons in house at night', nightly fire equipment check log' and 'daily inspection of means of escape routes'. The latter document was recorded in loose pages that were stapled to the fire and general register. For more efficient recording practices, it is recommended that the three logs are compiled into one log.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre had a core staff team that comprised of one full-time centre manager, two full-time social care leaders, four full-time social care workers, one social care worker on a 30-hour week rota and five relief social care workers three of whom are employed on a regular basis. With the exception of relief staff, the social care leaders and workers have worked in the centre for a number of years. The most recent relief staff member was appointed in 2016. Employment contracts were evidenced during a sample of staff member's personnel files.

The centre manager carried out their role Monday to Friday and for the most part on a 9am – 5pm basis. The daily staff ratio comprises of two staff who work a 25-hour overnight shift. Two hours of this time comprises of handovers conducted at the start and end of the shift. The centre manager shares the on-call rota with managers from other centres within the organisation and the director of services.

All staff are appropriately qualified in the area of social care to a minimum of level seven. With the exception of one staff member there was evidence that qualifications were verified with colleges. The task of verification remains outstanding and must be attended to in order to meet required criteria.

As informed by the centre manager and evidenced by reviewing a sample of personnel files vetting requirements for all staff members were up-to-date. As per criteria there was evidence of three references including the most recent reference on file for three staff members included in the above mentioned sample. However, three references on file for one staff member were testimonials which fall outside of the required criteria. Centre management must obtain appropriate references for this staff member and evidence their efforts in conducting this task.

Training and development

Inspectors found through interviews with the centre manager and the director, review of individual training files and of staff personnel files that all staff and the centre manager had up-to-date mandatory training in a model of behaviour management and first aid. Children's First training has been availed of by all staff over the last number of years. However, not all staff have completed the up-to-date e-learning programme in place since 2017. Centre management must ensure all staff have completed the 2017 Children's First e-learning programme and that certificates are placed on staff personnel files.

Following an intensive training schedule in 2017 a plan for further training is currently being devised by centre management. Training undertaken by staff in 2017 included foetal alcohol spectrum disorder training, assist training, leadership training, response ability pathways (RAP) training, equality and diversity, health, safety and security, daily life events. A number of staff have received training on the 'community reinforcement approach (CRA)' intervention whilst other staff members have identified the need for the training. It is recommended that all staff receive this training. In its absence centre management advised the inspectors that the CRA model is integrated into the care provided by staff through daily language and skills of staff which is role modelled to staff who have not received formal training. The CRA model is further utilised by the centre in its care planning processes namely individual placement plans and placement plan review forms for young people. The areas of attachment, mental health and drug and alcohol misuse was also identified as training needs. It is recommended that these topics are part of the training schedule being devised by centre management.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.*

Required Action

- Centre management must verify one staff member's qualification with the relevant awarding college.
- Centre management must obtain appropriate references for one member and evidence their efforts in conducting this.
- Centre management must ensure all staff have completed the Children's First e-learning programme and that certificates are placed on staff personnel files.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre accepts referrals from Tusla Child and Family Agency resource panel in the Dublin North East (DNE) region. Some referrals are accepted from outside the region following recommendation of the DNE resource panel. Admission to care forms were the standard DNE forms. As evidenced through interviews conducted and questionnaires completed prior to the onsite inspection the centre manager and staff were of the opinion that sufficient background information on the young people was received to the centre at the initial stage of referral. Staff advised this was limited on

occasion but that this was due to information not being available for young people who had no previous experiences of care or came from long term foster care placements. Referrals were discussed at team meetings where feedback was requested. Upon the review of team meeting minutes there was evidence of this being done.

The centre manager advised the inspectors that the admission process required the completion of pre-admission collective risk assessments (PA-CRA) which included the impact of potential risks to the young person being admitted to the centre and also of the potential risks presented to young people already living in the centre. This was in line with the centre's admissions policy. Inspectors found that of the sample of PA-CRA's examined for the young people currently in the centre they were detailed, included mutual impact of potential risk behaviours, and were actioned where required. It was noted by the inspectors that there was a gap between the time the PA-CRA was conducted for one young person and the time the young person moved to the centre. The centre must satisfy themselves that they have up-to-date information on young people upon admission to the centre. Also, during the file review it was noted that PA-CRA's were not fully signed by the relevant parties. The inspectors recommend that PA-CRA's are signed in full by all involved in their completion.

Following a positive PA-CRA being agreed placements are offered to young people who if accept participate in a structured four to six-week preparation programme. This induction programme involved young people visiting the centre initially with their social worker or aftercare worker on a phased basis from daily visits to the build-up of sleepovers in the centre. During this time young people received the centres young person's booklet and are informed of the centres rules, fire procedures, complaints procedures, rent policy. Staff assessed each young person's practical independent living skills during this process. The centre manager and staff were satisfied that the process was informative, young person centred and worked well for the centre. The inspectors are of a similar view. The purpose of the induction period was to allow young people to decide for themselves to accept a placement and actively engage with the centre in learning independent skills. The process of admission meetings formalised placements to the centre where young people sign a resident's contract which outlines the rules and expectations during the young person's placement. The inspectors viewed a sample of these resident contracts. Upon review of the admissions and discharges register it was clear that the system was working as for the most part young people completed full term placements in the centre. The centre manager, staff and aftercare workers interviewed were satisfied that the current placements were suitable and were meeting the needs of the young people.

Statutory care planning and review

At the time of the inspection all young people in the centre were over 18 years of age, had an allocated aftercare worker and an aftercare plan. There was evidence of the aftercare plans being linked to the centres placement plans. The centres placement plans were informed by community reinforcement approach and are similar to the aftercare plans. The focus of the placement plans comprised of ten domains and include family and relationships, independent living skills, emotional life, health, money management, communication, using/ drinking with each having a section to detail short or long term goals. The format of the plans was an outline of the ten domains and sections of views of the young person, focus for the following six weeks, actions and those responsible for actions.

In consultation with the young people placement plan review forms, which support the work of the overall placement plan are completed by support workers on a weekly basis and are presented at the weekly team meetings for discussion. As informed by the centre manager and staff each young person's placement plan was discussed in detail every six weeks at team meetings. Upon the review of care files, interviews and an inspector's observation at a team meeting it was clear to the inspectors that there was a good link between aftercare plans, placement plans, placement plan review forms, support work logs and of plans being developed in line with the centres timeframes. There was also evidence of short and long term goals being met, of input by an external facilitator, of the community reinforcement approach by staff tending to specific issues using the approach, and of management oversight.

Overall, there was evidence of a rounded linking of all care planning processes and it was individualised to meet the needs of the young people. In interview and following the review of files there was evidence of the views of young people being sought and heard across the team and of young people engaging with the centre and aftercare workers in fulfilling the actions outlined in the aftercare and centre's placement plans.

Contact with families

Given the age of the current group of young people in the centre contact with families was based on their own wishes. As per centre policy on contact with families there was good evidence of the centre being proactive in supporting young people's contact with their families and that where necessary this was appropriate to the needs of the young people.

Supervision and visiting of young people

As mentioned above all young people in the centre are over 18 years of age and had an allocated aftercare worker. There was evidence of the aftercare workers visiting the centre and of young people engaging positively with their aftercare workers. Centre management and staff also confirmed this.

Emotional and specialist support

It was clear to the inspectors that the centre manager and staff were aware of the emotional needs of the young people from the outset of young people's placements. There was evidence of support workers supporting and facilitating young people in engaging in specialist therapeutic supports that the young people were engaged in prior to moving to the centre. In interview staff were knowledgeable of the specialist services available and of those local to the area that the young people could access. Also, staff had an important role in identifying the emotional needs of the young people and in supporting young people in meeting their needs. The role of the support workers ensured this was in line with the centre's planning framework. It was clear from the interviews conducted with the centre manager and staff that the community reinforcement approach was being utilised both formally and informally by the centre. However, inspectors were unable to find evidence of this. The inspectors recommend that the centre ensures that the approach is recorded more effectively to reflect the work of the staff.

Preparation for leaving care

In line with their purpose and function the centre provided care to the young people who were in the process of transitioning from care and preparing to live independently. This process commenced during the preparation programme stage which was prior to the young people moving to the centre. During this induction period staff assessed the young people's practical independent living skills such as cooking, completing laundry and budgeting. This process assisted support workers in developing initial placement plans areas and supporting young people in meeting identified needs. The work was reflected and is tracked in the ongoing placement plans, weekly placement plan reviews and support worker logs. All staff supported the young people in developing independent living skills for example through cooking, conducting weekly flat checks, supporting emotional needs. In interview staff informed the inspectors that young people engaged positively with the placement planning process. The care and centre file review reflected this.

Discharges

The centre had a policy on discharges both planned and unplanned. A total of two unplanned discharges occurred in 2017 due to the placements not being utilised by the young people. There were two planned discharges from the centre in 2018.

Following placements ending an evaluation tool to review placements was utilised by the centre in the form of placement outcome reports. These were completed for both of the 2018 discharges. The reports are formatted under the headings of necessary life skills, development of resilience, training/ employment and suitable accommodation. The reports are reviewed and discussed at team meetings in the presence of external facilitator. Also, as a further learning tool for the centre aimed at hearing the point of view of young people, an exit interview was conducted with one of the young people discharged. This task yielded positive comments about the staff and their approach.

The centre manager and staff informed the inspectors in interview of ex-residents visiting the centre and that these were positive interactions for current residents to observe.

Children's case and care records

The inspectors viewed the centres files held on the young people and found these to be organised, easy to read and navigate. They contained relevant documentation including birth certificates, resident contracts, consent forms, aftercare plans, pre-admission collective risk assessment form, admission to care form. There was evidence of oversight by the centre manager across the young people's files.

3.5.2 Practices that met the required standard in some respect only

Aftercare

The centre manager and a staff member attended training provided by Tusla, Child and Family Agency on the implementation of the updated aftercare policy in 2017. In line with national policy and as reflected in the centres aftercare policy young people are required to have an aftercare worker. At the time of the inspection all young people had an allocated aftercare worker and an aftercare plan. There was evidence of leaving care needs assessments on young person's files. The general content of the aftercare plans included sections on housing, training/ education, finance, health and well-being and family support. They also included recommendations, actions and timeframes for tasks to be completed by named people. There was evidence also of advocacy services and other community voluntary services included in the plan. Inspectors found that there were inconsistencies in the quality of the aftercare plans viewed. Some were of better

quality than others. Tusla, Child and Family Agency must ensure that aftercare plans fully reflect the young person's current placement and are signed by the relevant parties.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

- Part IV, Article 23, Paragraphs 1 and 2, Care Plans
- Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan
- Part V, Article 25 and 26, Care Plan Reviews
- Part IV, Article 24, Visitation by Authorised Persons
- Part IV, Article 22, Case Files.

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

- Part III, Article 17, Records
- Part III, Article 9, Access Arrangements
- Part III, Article 10, Health Care (Specialist service provision).

Required Action

- Tusla, Child and Family Agency must ensure that aftercare plans are up-to-date to fully reflect the young person's current placement and are signed.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre consists of three floors with flats for six young people across two floors. Living and office space for staff makes up the rest of the centre. At the time of the

inspection the kitchen floor was damp. Both the centre manager and director informed the inspectors that funding was available to repair the floor and that it was being repaired later that month. The centre manager advised that the young people have not made any complaints about this.

The centre manager and staff informed the inspectors that each flat contained adequate cooking facilities and laundry facilities were located elsewhere in the centre. Young people are supported by staff in maintaining their flats and decorating them. The décor of the communal living areas gave a pleasant ambience. The hallway, stairs and landing were viewed by the inspectors as areas of the requiring updating namely the carpets and other finishing touches for the centre to maintain a high standard as per centre policy. The inspectors viewed the centres insurance policy and it was deemed to be in compliance with the relevant legislation.

Maintenance and repairs

Maintenance records showed that items requiring repairs were completely quickly but larger maintenance jobs required quotes and outside contractors which delayed the speed that repairs were completed. Repairs were recorded, dated and tracked. The director was aware of the ongoing issue on the kitchen and also informed the inspectors that funding was secured for repairing the floor.

3.10.2 Practices that met the required standard in some respect only

Safety

The centre had a health and safety statement in place and staff member trained in health and safety was the nominated health and safety officer. As per centre policy health and safety checks of each flat are scheduled to be carried out every three months and also of the centre. Upon the inspector's review of the centre's 'health and safety checks' folder it was evident that two centre health and safety checks were carried out in 2018. This is slightly outside of the centres time-frame. It was not clear to the inspectors when items requiring attention were actioned or completed. It was not an easily trackable system and items were not fully cross referenced on maintenance records. The centre manager must ensure that clear and detailed health and safety records are maintained.

Inspectors noted that health and safety was discussed at a recent team meeting and health and safety issues were addressed and discussed with young people. All staff are trained in first aid. Given the age of the current young people they are responsible for managing their own medication. Staff are available to support the young people with

this. Secure facilities for storing medication are available should young people under 18 years of age be placed in the centre.

Fire Safety

The centre had written confirmation that they met the statutory requirements with regard to building regulations. In line with their policy the centre had a nominated fire safety officer. The centre maintained a general fire register and the inspectors viewed this as part of the inspection. This document contained the dates fire safety systems in the centre were serviced namely the fire alarm system, emergency lighting and fire extinguishers. All three measures were shown to have been serviced in line with the appropriate regulations. Signage for some fire extinguishers was partially removed. The centre must ensure these are replaced. Further safety measures in place included the centre having fire doors, exit signs and both marked and sufficient fire escape routes.

The centre manager advised the inspectors that fire evacuation and drills are completed when there are new admissions to the centre. A total of two fire drills took place in the centre between November 2017 and May 2018. During this time two young people were admitted to the centre. This falls outside of the centres fire safety policy. Centre management must ensure that fire drills occur when young people are admitted to the centre. Also, the centre manager must evidence oversight of the fire drill record.

With the exception of one individual centre staff participated in fire safety training in 2016. This training was valid for two years. Fire safety training remains outstanding for one staff who in interview informed inspectors of the fire safety and evacuation procedures in place for the centre. In line with the pending expiry date centre management must ensure that all staff complete the next set of fire safety training due later this year.

Daily fire safety checks of the centre are completed by staff nightly. These are recorded in the centres register of persons in house at night log, nightly fire equipment checks log and daily inspection of means of escape routes. The records comprise of two logs which commenced in 2007 and the third record being pages stapled to the general fire register. The inspectors recommend that the centre maintains one log to contain all of the required information to include clear details and instructions on how staff are to conduct the fire safety checks.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that clear and detailed health and safety records are maintained.
- Fire extinguishers signage must be displayed at all locations where fire extinguishers are placed within the centre.
- Centre management must ensure that fire drills occur when young people are admitted to the centre.
- Centre management must ensure that all staff participate in the next set of fire safety training due later this year.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Centre Management must verify one staff member's qualification with the relevant awarding college.</p> <p>Centre Management must obtain appropriate references for one member and evidence their efforts in conducting this.</p> <p>Centre Management must ensure all staff have completed the Children's First e-learning programme and that certificates are placed on staff personnel files.</p>	<p>Centre Management will complete this task by the end of November 2018.</p> <p>Staff member has a limited previous work experience. Staff member will obtain references from previous managers and placement supervisors. To be completed November 2018.</p> <p>Centre Manager will ensure all staff have completed the Children's First e-learning programme and will liaise with Head Office to see that certificates are placed in staff personnel files. This will be completed by the end of October 2018.</p>	<p>Going forward all qualifications will be verified when put into staff files. Centre Management will oversee that this is done through consultation with staff and Head Office.</p> <p>Centre Management will ensure references for all new staff are obtained in a timely fashion upon offer of a position with Don Bosco. Centre Management will liaise with Head office and the Director of Services to ensure this is done.</p> <p>Going forward Centre Management will ensure that staff have completed the Children First E-Learning programme with proof of training held on personnel files. All staff will be directed to send any additional certification to Head Office as soon as they receive it. This will be</p>

			recorded at a team meeting on November 15 th 2018.
3.5	Tusla, Child and Family Agency must ensure that aftercare plans are up-to-date to fully reflect the young person's current placement and are signed.	No response from Tusla, Child and Family Agency.	No response from Tusla, Child and Family Agency.
3.10	<p>The Centre Manager must ensure that clear and detailed health and safety records are maintained.</p> <p>Fire extinguishers signage must be displayed at all locations where fire extinguishers are placed within the centre.</p> <p>Centre Management must ensure that fire drills occur when young people are admitted to the centre.</p>	<p>A new health and safety recording system will be introduced; templates will be sent to the inspectorate for review. This will be completed by 29th November 2018.</p> <p>The Centre Manager will ensure that signage is displayed and this will be completed by November 2018.</p> <p>Fire drill carried out for all current residents, Oct 2018.</p>	<p>Centre Management will ensure that the new health and safety recording system is implemented by said date and will oversee the implementation of same.</p> <p>The Centre's new health and safety system will require staff to inform the Centre Manager of any missing signs immediately. Centre Manager will ensure signage and fire safety systems are maintained at all times.</p> <p>Centre Manager will ensure a clear message must be giving to each young person about the importance of responding to fire drills and why they are necessary. Fire drills will take place when young people are admitted to the Centre. Centre Manager will oversee that this occurs.</p>

	Centre Management must ensure that all staff participate in the next set of fire safety training due later this year.	A date for new fire training to be confirmed. The team will receive fire training on 6 th December 2018.	Centre Manager will ensure fire training is updated on time and that all staff participate.
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