



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: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Don Bosco Care</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>20<sup>th</sup> &amp; 21<sup>st</sup> October 2021</b>
<b>Registration Status:</b>	<b>Registered from 4<sup>th</sup> December 2021 to 4<sup>th</sup> December 2024</b>
<b>Inspection Team:</b>	<b>Lisa Tobin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>22<sup>nd</sup> December 2021</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance 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 sixth registration and was in year **three** of the cycle. The centre was registered without attached conditions from 4<sup>th</sup> December 2018 to 4<sup>th</sup> December 2021.

The centre was registered to provide residential and aftercare support for up to six young males aged 17 years at time of admission. The centre aims to enable the young people to move towards acquiring the skills necessary to live independently. The overall goal was to provide a safe, therapeutic environment that facilitates openness, healing and growth. There were **three** young people living in the centre at the time of the inspection, one under 18 years and two over 18 years of age.

## 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 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. This was a blended inspection with part completed onsite and interviews completed via MS Teams.

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 departments on the 29<sup>th</sup> November 2021. 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 13<sup>th</sup> December 2021. 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 029 without attached conditions from the 4<sup>th</sup> December 2021 to the 4<sup>th</sup> December 2024 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### 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 personal development.

There was one young person under 18 years and two over 18 years of age in the centre. Inspectors reviewed the young people's files and found that care plans were in place for those under 18 years of age. All three young people had aftercare plans in place and had been allocated an aftercare worker. Inspectors noted that a child in care review had not taken place in October 2020 for one young person prior to turning 18 in January 2021. The centre must ensure that there was evidence of requesting child in care reviews from the social work department.

Inspectors reviewed placement plans and it was noted that relevant goals were in place for the young people and their voices were heard through their attendance at the placement plan meetings that occurred monthly. Inspectors noted the goals in place required more detail around how the work was undertaken as this would benefit the documentation and show the progression that had occurred with the young people. For one young person, it was noted that the first placement plan on file was in August 2021 despite moving in in May 2021. An appropriate timeline for completion of placement plans must be in place and outlined in the organisations policies. There was a care plan on file for this young person dated May 2021 with relevant actions which gave the appropriate guidance required for completing the relevant placement plan. Placement Plan Review Forms were completed weekly for the team meeting where goals achieved and planned were discussed. These were clear documents and enabled the team to know what goals required completion.

Support workers documented their work with the young people addressing goals that had been identified on care plans, aftercare plans and in the placement plans. Inspectors noted that safety plans were identified in the care plan for one young person but were not on file when checked. A safety plan procedure was later furnished to inspectors. This deficit had also been captured by the external audit completed during the file review. One of the allocated social workers interviewed commented on the safety risk that had been identified was now no longer a safety concern hence why the safety plan wasn't on file, however there was no



documentation outlining this. The reporting of work with the young people required a review to a standardised process showing the topics discussed, consistency from the team around its use and format and allowing for better tracking of the work undertaken.

External supports were in place for the young people which included Jigsaw, Pieta House and Teen Counselling. Referrals were made to child adolescent mental health service (CAMHS) where age appropriate or to the Health Service Executive (HSE) when over 18. The young people had access to a Tusla psychologist when they required support.

During interviews the social workers and aftercare workers commended the work that was being undertaken and being completed with the young people. Inspectors were informed that communication with the centre was positive, informative and effective. These professionals were part of the planning processes in attending the placement plan meetings and informed inspectors that the young people's voices were listened to during this time. Weekly reports were sent to the social workers and aftercare workers which informed them what work/goals had been completed and what was planned for the coming week. Significant event notifications and individual absent management plans were also forwarded to the social workers when they occurred.

Family was included in the placement planning of the young people through their attendance at placement planning meetings. The staff linked with family members when required as identified in the young people's contact documents.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

## **Actions required**

- The centre manager must ensure that there was evidence of requesting child in care reviews from the social work department when they were required.
- The centre manager must ensure that recommendations of safety plans from child in care reviews are in place or evidenced through documentation if no longer required.
- The centre manager must ensure placement plans were completed in an appropriate timeline and ensure the time frame is outlined in the organisations policies.
- The centre manager must ensure the placement plans identify how the work is completed with the young people in order to show the progress that has occurred.
- The centre manager must review the support work document and ensure there is a standardised process which shows the topics discussed, consistency from the team around its use and format, allowing for better tracking of the work undertaken.

### **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.**

Leadership was demonstrated by the centre manager and was supported by the director of service and the social care leaders in the centre with oversight of the young people's files, supervision and overseeing the team meetings. The centre manager had overall responsibility for the centre, however, was due to be replaced internally with a team member qualified and experienced for the role. The current centre manager was taking up a post in a new service within the organisation. There were defined governance arrangements and structures within the organisation which were identified by the staff during interview. Staff were aware of their respective responsibilities and of those who work within the centre.

The director of service was the line manager to the centre manager and provided supervision every 4-6 weeks as per centre policy. The centre manager completed

monthly centre audits with oversight on the staffing, training, aspects of the young people's care, health and safety and risk management. An action plan was incorporated with details of task, person responsible and completion date. The centre manager completed a managers report monthly which gave an overview of the young people, the staff team, external facilitation, policy issues and maintenance. The director of service oversaw these reports and linked with the centre manager ensuring the relevant supports were in place to address any outstanding actions. A social care leader within the organisation completed a file audit on the young people's files which outlined any gaps in the paperwork. A follow up meeting was scheduled to discuss the deficits and a plan around addressing them. The gaps identified were the same as what inspectors noted during onsite file review which showed good oversight in this process. The director of service had not commenced an organisational quality improvement plan at the time of inspection, however informed inspectors that this was being looked at.

There was a service level agreement in place with Tusla and the director of services linked with Tusla when required. Relevant reports were sent to Tusla regarding the provision of service in line with the service level agreement.

The centre manager was identified as the person in charge over the delivery of service in the centre and had the relevant experience and qualification for the role. The policies and procedures were reviewed recently following another inspection within the organisation. Inspectors were informed that there was a review of the risk management framework underway as a recommendation from previous inspection within the organisation. Alongside the review, a risk committee was being set up. The current risk framework included collective preadmission risk assessment (CPARA), individual/house/organisational risk assessments, safety plans, individual crisis management plans (ICMPs) and individual absent management plans (IAMPs). The format and completion quality of the CPARA required improvement especially with reference to the impact of behaviours on the other young people and how these behaviours were managed. Safety plans if stated as required must be in the young people's files or documentation stating why they are not there, for e.g., if the risk was no longer ongoing. The risk management framework must outline risks that have been updated, reviewed or closed in order to show tracking and outcomes that the interventions were reducing the risks identified by the service.

There was an internal management structure appropriate to the size and purpose of the organisation however the director of service had approached Tusla for extra funding to enhance the organisational structure to include a deputy manager for the

centres and a deputy director for the organisation. This funding was not granted to date.

Inspectors were informed that when the person in charge was absent, the social care leaders stepped up and completed any managerial tasks required while remaining on their line on the rota. There was evidence that staff members had certain roles within the centre such as health and safety officer, first aid and training officer which was written up. There was no written delegation log for when the centre manager was absent.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must review the format and completion quality of the CPARA especially with reference to the impact of behaviours on the other young people.
- The centre manager must ensure the risk management framework outlines risks that have been updated, reviewed or closed in order to show tracking and outcomes that the interventions were reducing the risks identified by the service.
- The centre manager must ensure a written delegation of tasks is kept for when the centre manager is absent.

**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.**

Workforce planning was undertaken at senior and centre management level through the oversight of staffing vacancies, required relief and training requirements which was evident to the inspectors. The staff in the centre were qualified and experienced appropriately for their roles.

Inspectors reviewed a sample of staff personnel files, and these were found to be compliant in the majority. There was one qualification that required translation into English. The staffing complement included the centre manager, 2 social care leaders, 6 social care workers and 3 relief social care workers which was in line with the purpose and function of the centre. The relief staff covered annual leave, study leave and parental leave. There were currently no vacancies on the team.

Inspectors reviewed the training log where deficits were noted for the physical intervention element in the model of behaviour management. There were several trainings required for the relief staff in first aid, fire safety, child protection and the model of behaviour management. Inspectors were informed that the current deficits in training were due to covid restrictions and the availability of training.

Staff retention was not an issue at present and staff identified a number of reasons why they continue to work for the organisation including the support received, external group facilitation, EAP, ethos of the centre and the training available to the team.

There was an on-call system in place in the organisation which the staff stated was effective and they were aware when to utilise it.

Compliance with Regulation	
<b>Regulation met</b>	<b>Regulation 6</b> <b>Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure that all staff have completed mandatory training.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<b>2</b>	<p>The centre manager must ensure that there was evidence of requesting child in care reviews from the social work department when they were required.</p> <p>The centre manager must ensure that recommendations of safety plans from child in care reviews are in place or evidenced through documentation if no longer required.</p> <p>The centre manager must ensure placement plans were completed in an appropriate timeline and ensure the time frame is outlined in the organisations policies.</p> <p>The centre manager must ensure the</p>	<p>Support workers with support of Social Care Manager will ensure a written request is made in timely fashion requesting a Child in Care Review in circumstances where Social Worker has not arranged.</p> <p>If a safety plan is recommended the support worker will outline it in the Young Person weekly Placement Plan Review Form - to ensure the team are following the plan and addressing the risk.</p> <p>The Policy has been amended and going forward the centre will draw up the Young Person's first Placement Plan with Social Worker and Aftercare worker and other relevant people at Young Person admission meeting.</p> <p>Going forward all placement plans will</p>	<p>Internal Audits/ Oversight</p> <p>The centre have allocated specific Social Care Workers who will have responsibility for auditing files.</p> <p>Internal Audits.</p> <p>Regular Internal Audits will add to oversight and ensure accountability of safety plans being completed and followed.</p> <p>Policy has been amended and Procedure will be followed going forward.</p>

	<p>placement plans identify how the work is completed with the young people in order to show the progress that has occurred.</p> <p>The centre manager must review the support work document and ensure there is a standardised process which shows the topics discussed, consistency from the team around its use and format and allows for better tracking of the work undertaken.</p>	<p>clearly break down steps taken to help Young Person achieve goal.</p> <p>A template has been devised and all support workers are following this when drawing up support work notes.</p>	<p>Centre manager will ensure format is being followed each time entries are being signed off.</p>
5	<p>The centre manager must review the format and completion quality of the CPARA especially with reference to the impact of behaviours on the other young people.</p> <p>The centre manager must ensure the risk management framework outlines risks that have been updated, reviewed or closed in order to show tracking and outcomes that the interventions were reducing the risks identified by the service.</p>	<p>The Centre manager has reviewed the CPARA and added a section to clearly note the impact of new admission on Other Young People already in service.</p> <p>The organisation has set up a Risk Management Committee, devised a framework and amended register to note status of risk. The register will be reviewed monthly for audit and risks monitored closely.</p>	<p>The risk management Committee will meet at regular intervals and review risks.</p>



	The centre manager must ensure a written delegation of tasks is kept for when the centre manager is absent.	Going forward the Social Care Manager will clearly devise a written delegation of tasks.	
6	The centre manager must ensure that all staff have completed mandatory training.	<p>First Aid</p> <p>The organisation has run a number of first Aid training groups to ensure Staff are up to date.</p> <p>TCI</p> <p>Social Care Staff have availed of all training available and once dates are set for core training any staff needing training will be released to attend.</p> <p>Children First</p> <p>Social Care Workers are up to date and will refresh training when necessary</p> <p>Fire Training</p> <p>The organisation held training in October 2021 and the majority of staff are up to date. A further training date is being organized for early 2022 to facilitate all other Staff needing training .</p>	