



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Don Bosco Care
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	06th & 07th & 16th September 2022
Registration Status:	Registered from 04th December 2021 to 04th December 2024
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	05/12/2022

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

The centre was registered to provide 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 six young people living in the centre at the time of the inspection, two under 18 years and four over 18 years of age.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 people, 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 27th September 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 sought an extension on the return of the report with a CAPA and submitted both on the 7th November 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: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 operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found evidence of strong commitment, care and support being provided to young people by an experienced and generally constant staff team which contributed greatly to secure relationship-building between both. Stable connections were established from once young people moved into the centre and despite some challenges currently, inspectors could see that young people were progressing well in their placement and receiving individualised support to meet their goals. Social workers described how young people were getting on well in their placement and that the staff team were providing a safe space for them to develop and move on with their lives independently.

There was evidence of a culture of openness amongst the team and they spent time with young people listening to their views and preferences specifically in relation to placement planning. Dedicated meetings were set up weekly between keyworkers and young people so that they had regular opportunities to voice their ideas and influence their daily and future plans for independent living and progression was taking place from week to week in this regard. In addition, young people and parents were encouraged to attend statutory child in care reviews. Where this did not happen, their contributions were gathered prior to these scheduled meetings so they could be considered as part of any plans being implemented. Young people's care was discussed at team meetings and decisions made were explained to them as part of their ongoing one to one support with key workers.

A preparation programme was completed with each young person on admission as part of an induction process. The centre's complaints procedure was outlined at this stage and they were made aware of how to raise any dissatisfactions and informed of the way they would be resolved. While a young person's booklet was in place, it did not include information on Tusla's 'Tell Us' policy or how and when to access ancillary agencies such as EPIC or the Ombudsman for Children's Office. Inspectors

recommend that this booklet is reviewed to reflect contact details for these supports so they can be made known to young people along with parents or guardians.

The system in place in the centre for managing all complaints consisted of two procedures, formal and informal. However, there were no formal complaints outstanding at the time of the inspection with the last entry in the register noted as September 2018. The centre manager told inspectors that the staff team's priority was to address the issues affecting young people as quickly as possible so that in general they get resolved before they reach the threshold for the formal process to be instigated. One social worker told inspectors at interview how a young person had complained directly to them three months previously that their clothing allowance provided by Tusla was insufficient, this issue remains unresolved by the Child and Family Agency. Inspectors recommend that centre staff provide the young person with information on Tusla's 'Tell Us' process and support them with the option to submit a formal complaint.

Each young person had a dedicated informal complaints log as part of their centre file where dissatisfactions were documented. This included details of the complaint, the response by the staff member, the outcome and if the young person was offered a complaints form or not. Despite this, some further information must be maintained on the record so as to provide a full account of each issue including the resolution and the young person's response to the outcome reached. In addition, this must show clearly if they were happy with the solution provided or not. An informal complaints register had been in place that preceded the individual log system. From a review of the entries inspectors observed that in some incidents, the quality of the information recorded was not sufficient to determine if they should have been responded to under the informal or formal process. Both systems should be reviewed by senior and centre management to consider if it is working effectively for young people. Any learning should be implemented in practice and centre policy updated accordingly.

While discussions on complaints were an agenda item they were not adequately documented at team or senior management meetings. The centre's complaints policy was dated October 2015 and this requires review to take account of the change that has taken place in the centre's process regarding recording informal complaints along with any that will occur as a result of this inspection. The organisation had recently created a role for the centre manager to seek feedback from young people in the wider service on their experience of the complaints process. This had yet to be undertaken in this centre. Staff at interview had a good understanding of their role in supporting young people to access the complaints process and how to escalate complaints to

senior management. Currently young people were not linked in with independent advocacy services such as EPIC, however the organisation had been invited to the centre previously to share information with past cohorts of young people.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure that the complaints records consistently contain full details of resolutions, the young person's response to any outcome reached and show if they were happy with the solution provided or not.
- Senior and centre management must review the formal and informal complaint's system to consider if it is working effectively for young people. Centre policy should be updated accordingly.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a child safeguarding policy and procedures in place which was recently updated and was aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. Inspectors reviewed the document and recommended that the mandated reporting procedures outlined are strengthened for clarity purposes. Further, the process for reporting

child abuse disclosures should include the mandated person's obligation to complete a report as per the legislation. The policy contained a procedure for responding to adults who disclose abuse. During the inspection process, the centre's child safeguarding statement whose renewal had elapsed had subsequently been reviewed by the centre manager and resubmitted for audit to the child safeguarding statement compliance unit (CSSCU). A letter was issued by them and received by the registered provider stating that they were compliant with their statutory requirements.

While staff interviewed by inspectors were aware of the importance of keeping young people safe in their care as well as having had practical experience of submitting mandated reports in the past, there was a gap in their knowledge of policy. In addition, improvements were required in their wider understanding of what constituted child safeguarding risks for young people when they were in and outside the centre. For example, they could not identify individual areas of vulnerabilities that compromised the safety of some of the young people living there. These were contained in the young people's preadmission risk assessments completed on admission.

While the staff had attended Tusla's Introduction to Children First E-Learning module, ancillary training had not been provided on the centre's updated child safeguarding policy and this must be refreshed with the team as a priority. Inspectors would also recommend that staff gain access to the Mandated Person E-Learning session recently available on the Tusla website. All social care staff were appointed mandated persons and a designated liaison person (DLP) and deputy were in place. Specific training for these roles has been sought by the centre manager and dates have been scheduled for November 2022. The role of the DLP was clearly laid out in the centre's policy.

Safeguarding was promoted by staff in their work with young people through consistent joint working with placing social workers as well as regular contact with their families and this was increased at times where young people were missing from care. Individual crisis management plans, absent management plans and risk assessments had been developed and on file and there was evidence that these arrangements were being followed. For one young person who had regular incidents of missing from the centre, staff were routinely in communication with the placing social work department to establish their location, who the young person was with and if they were known to Tusla. They made persistent efforts to encourage the young person back to the centre and ensured they returned safely. Updates were provided to the young person's family where this was appropriate to do so and under the

guidance of the allocated social worker while also considering what the young person wanted and was comfortable sharing. Inspectors saw evidence that the number of missing's from care had decreased recently for the young person and they were remaining in the centre more frequently and building up stronger relationships with staff and family. While strategy meetings with relevant professionals had been taking place at the time the missing episodes escalated, meetings had not been called to include the Gardai and inspectors recommend that this is implemented for all young people in line with 'The Children Missing From Care Joint Protocol'. The centre manager had made a request to the social work department to instigate the protocol however this had not occurred. The allocated social worker told inspectors that this process had been considered in this instance but a decision was taken not to activate it as the social work department were aware of where the young person was staying when missing.

One to one work was routinely taking place and focused on building up secure relationships with young people as well as conversations on topics such as keeping safe, self-care and protection, misuse of alcohol and drugs and the impact on their lives of youth offending. As this key working was in the majority guidance-orientated, inspectors would recommend the use of additional programmes and interventions to strengthen the learning and also to include areas such as consent and sexual health. One young person who spoke to inspectors stated that they were happy living in the centre and felt safe and they 'liked the quietness and independence' that it provided. They had someone to speak to if they needed to and described how peers 'didn't bother each other' there. They said that the centre was close to the community they grew up in where family and friends lived nearby and this was important to them for moving on to aftercare.

The centre had a system in place to monitor the progress of child protection referrals including a register which was maintained for reports submitted to Tusla. This was opened in 2020 and three entries were documented in the log. However, the record did not indicate if the reports remained open or had been already closed off and this information must be updated and a column included for this purpose. As referred to, preadmission risks assessments (PARA) were in place and safeguarding concerns were identified where appropriate. The centre manager told inspectors that they had followed up with the relevant social work departments on any specific issues from the PARA as part of the centre's risk assessment process. Inspectors recommend that this information is recorded on the young person's file so as to indicate if any outstanding child safeguarding issues remain and also to track those concerns.

There were no incidents of bullying observed on centre records at the time of the inspection. The policy in place to address bullying and harassment should be updated to reflect possible exploitation on the internet and social media. Garda vetting had been conducted on staff working in the centre as in line with legislation. There were protected disclosures procedures in place and staff were aware of who to report to without fear of consequences to themselves.

As part of the review of centre files, inspectors saw evidence that on five occasions there was only one staff member on duty for certain periods during shifts in the centre. Staff were being relocated from this centre to support emergency deficiencies in cover in another. The centre and senior manager stated that this was as a consequence of profound staffing challenges during specific periods in other services within the organisation and assured inspectors that this was no longer occurring. These incidents create a serious safeguarding risk for young people and staff and ACIMs must be informed when this occurs. A strategy must be implemented to manage issues should this arise in the future. The centre must maintain a minimum of two staff on shift at all times in order to comply with the centre's registration obligations.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that ancillary child safeguarding training is provided to the staff team and must include a refresher on the centre's child safeguarding policies.
- The centre manager must ensure that the information entered in the child protection and welfare reports (CPWR) register records if the CPWR remain open or are concluded and closed-off.
- The registered provider must ensure that the bullying policy is updated to reflect possible exploitation on the internet and social media.

- Senior and centre management must ensure that ACIMS are informed where the centre is unable to provide adequate staffing cover in the centre. A strategy must be implemented to manage deficits in preparation of these issues occurring in the future. The centre must maintain a minimum of two staff on shift at all times in order to comply with the centre's registration obligations.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Young people's health needs were well promoted and planned for in the centre. They were each registered with a local doctor and also had access to dental, optical and audiology care when they needed them. Each young person had a medical card contained within their file and had undergone a medical when they began living in the centre. The team worked closely with health care professionals and placing social workers to promote young people's health and wellbeing and access appropriate services when required. They were supported to link with therapeutic agencies if they needed to in order to support their emotional and psychological well-being.

Given the nature of the service provision in the centre, staff encouraged young people to make medical appointments independently and also to remain consistent with their engagement with these services. Follow-up visits were clearly recorded and tracked. Where young people disengaged, one to one work was completed by key workers to support them and to find alternative ways to meet their well-being needs. In addition, the staff team had prioritised the gathering of medical information for each young person. For one young person, immunisation records were on file as well as copies of assessments and specific diagnosis which positively impacted any decisions made regarding their current and future health plan. Where this was not the case for some, there was evidence that the staff team had sought this information for the young person from their placing social work department but this proved difficult to secure from their country of origin.

Inspectors found that reports and recommendations on file were being considered by the centre and incorporated into young people's placement planning. Staff at

interview were aware of the importance of mental health supports and these needs were closely monitored and reviewed so that they were maintained as part of the overall goals for each young person. This included counselling and psychology appointments as well as revisiting access to occupational therapy for one young person. Ancillary supports such as Youth Advocacy Programmes (YAP) and Extern were also considered but these services could not be sourced for young people. There was good attention to detail across the young people's records in relation to health needs and evidence of this area being a strong focus for discussion and review at team meetings.

The centre had a medical management policy in place. Records reviewed by inspectors relating to administration of medication were complete and showed oversight from the centre manager. However, audits regarding medical management were not in place and inspectors recommend that these are implemented as part of safe monitoring in the centre. A medication consent form was on file for one young person. The majority of the team had attended first aid training so that there was at least one person on each shift who had completed the course. In addition, safe administration of medication had been provided and completed by staff.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme 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
1	<p>Centre management must ensure that the complaints records consistently contain full details of resolutions, the young person's response to any outcome reached and show if they were happy with the solution provided or not.</p> <p>Senior and centre management must review the formal and informal complaint's system to consider if it is working effectively for young people. Centre policy should be updated accordingly.</p>	<p>Young people's (YP) informal complaints logbook has been edited to include a section recording the</p> <p>The nature of their voice (voice, query, feedback).</p> <p>YP's response to the outcome and solution is also recorded. A register of YP's grievances has been added to each YP's individual grievance log.</p> <p>Informal complaints were reviewed at team meetings. We identified the differences between complaints, YP's Voice, queries and feedback. We noted the importance of making this distinction and recording appropriately.</p> <p>DOS is reviewing the Complaints Policy to ensure we have a more robust policy. Once completed the policy will be reviewed in the policy Group and BOM will then</p>	<p>The inspection has highlighted our need to give more time and focus at team meetings to complaints and the YP's voice/ feedback. In addition to this, complaints will be explored in depth at meetings with the YP's support workers, and the Complaints Officer will audit the YP's file to ensure complaints are heard and dealt with.</p> <p>Each team meeting, we review and revise a policy. This is a chance for staff to refresh their knowledge and understanding and update themselves on any changes. It also gives staff an opportunity to contribute to the updating of the policy. If an update is deemed necessary – the policy will be brought to the policy group with suggestions.</p> <p>The in-house complaints officer plays a</p>

		sign off on same. The complaints policy to be completed by end of 2022	role in overseeing compliance also. The agency Complaints Officer is an added layer of oversight to this process.
3	<p>The registered provider must ensure that ancillary child safeguarding training is provided to the staff team and must include a refresher on the centre's child safeguarding policies.</p> <p>The centre manager must ensure that the information entered in the child protection and welfare reports (CPWR) register records if the CPWR remain</p>	<p>All Staff training records have been updated to make clear a note of when refreshers are needed in various training areas.</p> <p>Child safeguarding training has been completed with staff in October 2022</p> <p>All Staff completed Tusla Mandated Person training and it has been added to list of core training needed.</p> <p>The CPWR Register has been updated to include a section that notes if the notification is open or closed.</p>	<p>Training has been added to Team meeting and agency meeting agendas. This is to highlight any training that has been undertaken in the last week and highlight any training needs.</p> <p>SCL with responsibility for training will provide oversight also.</p> <p>SCM will provide oversight in this area too.</p> <p>At each team meeting, we review and revise a policy. This is a chance for staff to refresh their knowledge and understanding and update themselves on any changes.</p> <p>It also gives staff an opportunity to contribute to the updating of the policy</p> <p>If an update is deemed necessary – The Policy will be brought to Policy Group with suggestions</p> <p>Monthly audits completed by the centre manager will provide oversight and ensure that any deficits on the register will be identified.</p>

	<p>open or are concluded and closed-off.</p> <p>The registered provider must ensure that the bullying policy is updated to reflect possible exploitation on the internet and social media.</p> <p>Senior and centre management must ensure that ACIMS are informed where the centre is unable to provide adequate staffing cover in the centre. A strategy must be implemented to manage deficits in preparation of these issues occurring in the future. The centre must maintain a minimum of two staff on shift at all times in order to comply with the centre's registration obligations.</p>	<p>Bullying Policy is on the agenda to review and update at Policy Group Completed on the 9th November</p> <p>ACIMS will be informed where they are unable to provide adequate cover on rotas. The manager's group have discussed the issue of staffing and are looking at a variety of ways to prevent deficits. The organisation has rolled out a recruitment campaign and held interviews. Agency staff have been called upon when needed. Where there are deficits, on call will cover these shifts.</p>	<p>Consistent cycle of review for policies are taking place at team meetings and anything requires update/amendments this is brought to the policy review group for inclusion.</p> <p>Staff recruitment continues to be a serious challenge for services and the organisation is consistently addressing and engaging with Tusla with regards to pay restoration and pay parity including pensions so as to retain and attract staff to the organisation. The organisation is to consider the benefit of having a rolling recruitment campaign.</p>
4	None identified		