



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: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Don Bosco Care</b>
<b>Registered Capacity:</b>	<b>6 young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup>, 14<sup>th</sup> &amp; 17<sup>th</sup> February 2025</b>
<b>Registration Status:</b>	<b>Registered from 04th December 2024 to 04th December 2027</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> of May 2025</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 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 eight registration and was in year one of the cycle. The centre was registered without conditions from the 4<sup>th</sup> December 2024 to the 4<sup>th</sup> December 2027.

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

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
5: Leadership, Governance and Management	5.1
8: Use of Information	8.2

Inspectors look closely at the experiences and progress of young people. They considered the quality of work and the differences made to the lives of young people. They reviewed documentation, observed how professional staff work with young people and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, and other relevant professionals. Wherever possible, inspectors will consult with children, young people 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, and centre manager on the 28<sup>th</sup> February 2025. At that time there had been no actions required to address through the findings in the report from the standards inspected under. However, the registered provider was required to complete and sign a statutory declaration as the fire safety records submitted at the time of the inspection were not satisfactory. Subsequently, the requirements stipulated within the statutory declaration were not undertaken within the requested timeline of twenty one days. Consequently a revised draft report was issued on the 27<sup>th</sup> March 2025 reflecting a regulation not met under Standard 5.1 and outlining an action required regarding the fire safety issues.

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 10<sup>th</sup> April 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues being addressed along with a plan for the full completion of all works in relation to the fire safety concerns.

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 2024 to 4<sup>th</sup> December 2027 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

**Regulation 7: Staffing**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.**

At the time of the inspection, there were three young people living in the centre and all were over the age of 18 years. Inspectors found that young people were receiving a very high standard of care and support from a committed staff team and they were progressing well in their placements. Preparation for leaving care was a core aim of the centre's purpose and each young person was engaged in an independent living skills programme. This was specific to their individual needs and aligned to the goals of their aftercare plan and placement plan. Young people were encouraged to do well in their jobs and education and to develop a sense of belonging where they lived. They were supported to achieve their ambitions through opportunities and trust built with staff. There was a strong recognition amongst the staff team for important relationships with their families, friends and other significant people in their lives. Inspectors noted positive interactions between staff and young people while they were at the centre and at interview staff spoke warmly of young people and the connections they had developed with them. The centre was managed by a consistent, stable and experienced team which ensured stability for the young people living there as well as supporting them to carry out their purpose and function.

One young person talked with inspectors and described how he met with his keyworker often and he felt listened to about his preferences for shopping and cooking the foods he enjoyed eating. They said they liked their newly decorated flat and how visitors were allowed to come and spend time there. Two young people completed questionnaires and both said they were happy and safe and one stated that the best thing about living there was that 'everyone is lovely and nice and the house has a good atmosphere'. Inspectors observed from a review of records and in consideration of the findings from the previous inspections that the centre had continued to make improvements in practice and implementation of policy across each year of the inspection cycle.



There was comprehensive evidence across the centre's files that the staff team prioritised positive links with family, friends and those who played a significant part in each young person's life. Young people were actively meeting up with those closest to them at the centre, in their flat or at arranged access in their own community with their families for overnights or weekends as well as holidays away. Young people were listened regarding how much involvement they wanted family and friends to have in their daily lives. Some family members had participated in the admission process and had helped young people choose furniture, kitchenware and décor for their individual flats. They would also call with groceries or requested essentials at various times that were planned in advance. Rules and guidelines were in place too around safety and security when family and friends visited, and these were clearly explained and adhered to by each young person and the staff team.

Staff were available when young people needed emotional support after certain visits where they may have been challenging or upsetting for them. They offered to accompany young people to some meet ups and supported them to reach out and maintain contact with extended family that they had not communicated with in many years. Placement plans, aftercare plans and key working records, reflected the central role family and friends featured in the goals outlined for each young person. These were regularly reviewed according to young people's requests or preferences. With the agreement of young people, some family members were invited to participate in the review of aftercare plans and were provided with relevant updates on their progression in the centre.

Young people were encouraged to join activities and sports clubs and pursue special interests as part of their independent living skills programme. All of the young people had developed friendships that were important to them and who they regularly met up with for social events such as concerts and other events. There was evidence too that special occasions and birthdays were celebrated with the staff team in the centre.

The inspectors found that the young people had access to a mobile phone, television, and internet. They had appropriate contact with staff when out of the centre and were given lifts if required and supported to organise their own transport as part of their preparation for leaving care.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
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.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 6: Person in Charge**  
**Regulation 13. Fire Precautions**

#### Theme 5: Leadership, Governance and Management

**Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.**

Inspectors found evidence that there was strong and effective governance systems in place in the centre which was guided by the National Standards, relevant legislation and the centre-specific policy and procedures. The suite of policies and procedures in place were aligned to the National Standard for Children's Residential Centres, 2018 (HIQA). A review of all policies was almost completed by the service director and a draft was due to be forwarded to the board of management for sign off at the time of this inspection.

A substantial renovation project had been undertaken in the centre in 2024, however, there were difficulties and challenges with completion of the works. This impacted the full installation of all of the fire protection systems necessary to be compliant with the requirements of fire safety legislation and relevant building regulations.

Inspectors requested a fire risk assessment report which was subsequently completed. This report identified work that was necessary to bring the centre into compliance with fire safety measures. Until such time as the findings from the fire assessment are fully implemented, ACIMS have been assured that control measures were in place to mitigate against the risk of fire in the centre. The findings in the fire risk assessment report must be addressed by the registered provider with immediate effect and evidence to support the management of the issues forwarded to ACIMS as a priority.

While the service director was responsible for the development of policy, the centre manager and staff team maintained a role in the review of procedures and how they related to practice with young people. This ensured any changes made were relevant to the centre as well as addressing any gaps that had developed. Policy implementation was taking place regularly and discussed by the centre manager and staff at team meetings. Discussions on policy and practice also occurred at senior management meetings. Staff at interview were knowledgeable about policy and could describe how certain procedures operated as part of young people's daily plans. Inspectors found evidence that there was a robust commitment to continuous improvement and as mentioned above, the centre and senior management had shown continued improvements in practice and implementation of policy across each year of the inspection cycle. This influenced the positive outcomes for young people living there and helped sustain a child-centred and effective service.

There was robust accountability by the centre manager observed through monthly governance reports, internal auditing and regular meetings with staff and the service director taking place. While there was no external auditing in operation currently, the service director informed inspectors that this would be implemented as soon as possible. There was an auditing plan on file which outlined a schedule for every three to four months and where recommendations would be outlined for action by the centre manager. Inspectors recommend that this is implemented imminently. The staff team were responsive to any deficits identified in the internal auditing system and completion of actions in relation to these were recorded clearly on file.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6 Regulation 13</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 5.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure that the findings from the fire risk assessment report are implemented with immediate effect and evidence to support the management of the issues forwarded to ACIMS as a priority.

## **Regulation 17: Records**

### **Theme 8: Use of Information**

**Standard 8.2 Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.**

Inspectors found evidence to show that there were robust arrangements in place for management of records and the centre took great care in protecting the personal information of each of the young people living there. As mentioned above, all young people were currently over the age of 18 years. Records were maintained to a high standard and young people's files were person-centred, up to date, accurate and relevant to the purpose of their placements. At the time of admission, young people were made aware of what information was gathered and what details may be shared with external professionals as well as the specific rationale for this. A consent form was stored on each young person's file which they had signed and it described how their information was only exchanged on a 'need to know basis' and the reasons for it. Their signature was also contained on a second consent form specifically relating to their family. There was evidence to show that any updates to parents was discussed with young people first before contact from the centre took place.

At interview all staff gave a good account of what procedures were in place relating to information governance and the centre manager told inspectors how the staff team were cognisant of the language used when completing and reviewing placement plans, contact sheets, one to one sessions and team meetings. Inspectors found that the standard and quality of report writing was high, appropriate details were recorded, and the content was clear, respectful and reliable. Therefore, each young person's progress was easily identifiable in relation to their needs, goals and outcomes. Appropriate files and information including aftercare plans had been provided by the relevant social work department and where there were gaps, these had been sought by the centre manager or another member of the staff team.

There were policies in place that governed record management and access to information within the centre. These included, a privacy policy outlining how personal data was collected, used, stored and protected. This was in line with requirements under Data Protection Regulations (GDPR) and the Data Protection Act 2018. At interview staff were able to outline an efficient retention and destruction procedure within the centre and the system in place for the safe and secure storage of files. However, inspectors would recommend that the updated policy in this regard outlines the destruction process in more detail to include the system operating with Tusla, the Child and Family Agency regarding the transfer of files once young people transition from the centre. There was a named GDPR staff member in place and young people had been told that they could have access to their files at any time. Each were given a copy of their placement plan as part of the review and were made aware what details were contained in their aftercare plans. They had also been informed that ACIMS inspectors were visiting the centre and the purpose of the visit.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 8.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **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	N/A		
5	The registered provider must ensure that the findings from the fire risk assessment report are implemented with immediate effect and evidence to support the management of the issues forwarded to ACIMS as a priority.	<p>Carpentry works have commenced on site 10<sup>th</sup> April 2025. Carpenters are replacing doors and ensuring all doors will meet fire regulations. These works will take 3-4 days to complete.</p> <p>Once carpentry work is completed (week of 14-18 April 2025) a fire company will complete the works – (emergency lighting, automatic release valves) They will ensure the entire house is compliant with fire regulations and certify their work. They will also be contracted to carry out regular ongoing maintenance of the system.</p> <p>3 quotes were sought from three different contractors.</p>	The issue arose from recent incomplete renovations. This will not be an ongoing issue. Once the works are completed there will be ongoing regular maintenance of the system, in line with regulations and standards.
8	N/A		