



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 030**

**Year: 2022**

## Inspection Report

|                              |   |
|------------------------------|---|
| <b>Year:</b>                 | <b>2022</b>   |
| <b>Name of Organisation:</b> | <b>Don Bosco Care</b>   |
| <b>Registered Capacity:</b>  | <b>Five young people</b>  |
| <b>Type of Inspection:</b>   | <b>Announced</b>  |
| <b>Date of inspection:</b>   | <b>11<sup>th</sup> &amp; 12<sup>th</sup> October 2022</b>                   |
| <b>Registration Status:</b>  | <b>Registered from 13th<br/>December 2020 to the 13th<br/>December 2023</b> |
| <b>Inspection Team:</b>      | <b>Lorraine Egan<br/>Sharon McLoughlin</b>                                  |
| <b>Date Report Issued:</b>   | <b>13/12/2022</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 September 2003. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from 13<sup>th</sup> December 2020 to the 13<sup>th</sup> December 2023.

The centre was registered as a multi occupancy unit to provide medium to long term care for up to five young people from 12 to 17 years on admission. The centre's model of care was operated day to day on the therapeutic principles of belonging, safety and containment, communication and participation. There were four young people living in the centre at the time of the inspection.

## 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 3<sup>rd</sup> November 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 returned the report with a CAPA on the 23<sup>rd</sup> 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: 030 without attached conditions from the 13<sup>th</sup> December 2020 to 13<sup>th</sup> December 2023 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 that young people in the centre received good quality, individualised, child-centred care. Their right to be listened to was strongly promoted by the staff team and they were consistently consulted with and participated in the planning of all aspects of their own care. Opportunities were provided so that their opinions were heard in various ways such as individual key working sessions which supported preparation for their child in care reviews and placement planning. Young people were given a choice to attend statutory care meetings and informal conversations and interactions with the staff team were used to gather their likes and dislikes. Inspectors observed young people's views reflected in care plans, placement plans, key working reports and one to ones with keyworkers. Ideas and suggestions relating to their own interests and hobbies were also considered when scheduling their daily activities and free time. Community meetings were taking place regularly and young people were encouraged to join in the group at their own pace. When they felt comfortable to do so they were supported to chair the gatherings if they wished. One young person who spoke to inspectors said that when he moved into the centre, the complaints procedure was explained to him and he was given a booklet highlighting who to talk to if he was unhappy or had any issues or concerns that he wanted to raise. He said he felt safe and so far, liked the staff and other young people there. He described ways his preferences were responded to speedily by his keyworkers such as shopping for his favourite bars and food as soon as he started living there. Social workers described how they experienced a culture of openness with the staff team who prioritised what was important to young people. They said updates from the centre were consistent and thorough which included information on any concerns or complaints made.

The centre had a complaints register in place with eight entries. These contained informal complaints only and the majority were resolved appropriately through dialogue and agreement as soon as they were raised by young people. Some examples included dissatisfactions with the shared living spaces and the use of the play station



so that it was made fair for everyone's benefit. However, information recorded on the register for one complaint that had been open for five days required more detail. This should include further information on the issues brought to the attention of staff by the young person as well as how it was resolved and what the young person's response was. The centre manager told inspectors that a new system was currently being introduced within the organisation whereby a specific complaint's log would be maintained for each child outlining the substance of the issue, the investigation and resolution as well as informing young people, parents and social workers of outcomes and whether the young people were satisfied or not with the way it was managed. This process had been recently observed by inspectors in a sister service and recommend that the guidance provided from that report in that inspection is implemented in this centre without delay.

There was a complaints policy in place which stated it had been updated in 2020. However, there were no procedures outlined within the document regarding informal or formal complaints processes and this must be completed and refreshed with the staff team as soon as possible. Terms that remain in use within the policy such as 'grievance' should be reviewed and changed to reflect the new practices that will be introduced within the centre. Staff that were interviewed had a good understanding of the steps to take in practice to resolve complaints and to support young people to raise issues that they were unhappy with from time to time. Each of them could give examples of how incidents were resolved and said that community meetings and one to one conversations were usually positive forums to find solutions and to hear issues from the young person's perspective.

Information was provided to the young people about other supports available to them outside of the centre if they had complaints or concerns. The booklet provided to them on admission contained details for external bodies such as the Ombudsman for Children and Empowering People in Care (EPIC) who they could contact for advice or help. EPIC hadn't recently been invited to meet with young people and inspectors recommend that this takes place. The booklet also outlined how each young person could raise issues and make complaints if they were unhappy with any aspect of their care. A centre manager within the organisation had been appointed a complaints officer for all of the centres within the organisation. Their role was to welcome and receive feedback on young people's experience of the process so that its efficiency could be reviewed and improvements made. However, there were no findings from this work currently concluded. The staff team were proactive where appropriate in informing parents of everyday issues and significant incidents affecting young people.

Their input was seen as a valuable contribution in how resolutions were agreed for the benefit of young people.

| <b>Compliance with regulations</b> |   |
|------------------------------------|---|
| <b>Regulation met</b>              | <b>Regulation 5<br/>Regulation 16<br/>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>Not all standards under this theme were assessed</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 1.6</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 complaint's policy and procedures are fully reviewed and updated and refresher training is completed with the staff team.

**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.**

Inspectors found that young people were kept safe in the centre. Safeguarding was prioritised by the staff team through close supervision of young people, planned routines and timetables were in place along with individual safety plans, risk assessments and absent management plans. These were regularly reviewed, discussed between the staff at team meetings and then updated when required. There was evidence of robust collaboration on records between the centre, young people and their families, placing social workers, Gardaí, and specialist services so as to promote child protection and strengthen safeguards for children at times of greater risk. Centre files showed that consistent communication and updates to families and

professionals had been established in practice and for some young people, this enhanced their safety in the community and while on access. Safety mechanisms were detailed within their individual absent management plans where young people were staying out of the centre and in places unknown to them and to social work. For one young person whose at-risk behaviour had increased their vulnerability and decreased their safety outside of the centre, strategy meetings were taking place and interventions were trialled to mitigate particular risks. In addition, these incidents had been escalated to senior management within the organisation as well as to placing social work teams, however the behaviour continued. Inspectors recommend that these significant events are further escalated to Tusla, the Child and Family Agency as well as to the Gardai for the protection of the young person and other young people living in the centre.

Young people's goals that related to child protection and safeguarding as identified in their care plans were evident in the centre's placement planning records and outcomes were easily tracked from month to month. Referrals made by social work departments to specialist treatment services were supported and appointments were facilitated for young people and scheduled on their timetables in advance. In addition, engagement between the staff team and these agencies were forged so that their guidance could be considered for input to individual safety plans and risk assessments. Young people learned about keeping safe and received key working in areas such as self-care and protection, consent, safe touch and boundaries. These sessions supported one young person to benefit from the introduction of free time alone which was implemented as part of their weekly plan on a phased basis. There were additional protections and safeguards in place too such as reducing access to the internet for some young people as well as blocks to phone use at certain periods of the day. In addition, close supervision was practiced by the staff team of young people's gaming patterns.

While the centre had child protection policies in place which stated they were updated in 2022, these remained part of a 2020 policy document submitted to inspectors for review. As a consequence, the policy was confusing to read and it was difficult to discern which procedures were intended to be implemented in practice and which were no longer in use. Gaps remained within the reporting procedures including the mandated persons process. Also, the policy was generic rather than centre specific. These child protection policies must be updated and aligned with Tusla's guidance document, Child Safeguarding: A Guide for Policy Procedure and Practice to ensure they are compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The staff team must be provided with

refresher training on the reviewed policy. Despite these deficits, at interview, staff were aware they had been appointed as mandated persons and described their role in reporting child protection concerns through the use of the portal and informing the Designated Liaison Person (DLP) that a report was made. Most staff had received training in Children First, however ancillary training on the centre's child protection policy had not been provided. In addition, while the centre manager was the DLP, they had not attended training in this specific module and this should be completed by them. A child protection register was maintained by the centre, notwithstanding this, the inspectors found that the outcomes of allegations were not routinely recorded and known, and this could be improved in order for staff to help children to understand the outcome of allegations in a timely, planned and supportive way. While preadmission risk assessments were on file for most young people, two of the social workers told inspectors that they were unaware of the known risks for new young people being admitted to the centre. They said it would be preferable for them to be updated on this information so they could consider its impact on the young person they placed there.

The centre had a child safeguarding statement (CSS) in place dated 04<sup>th</sup> July 2022 and this had been forwarded to the child safeguarding statement compliance unit (CSSCU) for review. They were awaiting a response from the unit and when received it will be submitted to ACIMS. There was an updated protected disclosures policy in place and staff were aware of the steps to take should they need to make one.

| <b>Compliance with regulations</b> |                                       |
|------------------------------------|---------------------------------------|
| <b>Regulation met</b>              | <b>Regulation 5<br/>Regulation 16</b> |
| <b>Regulation not met</b>          | <b>None identified</b>                |

| <b>Compliance with standards</b>                                 |                        |
|--|------------------------|
| <b>Practices met the required standard</b>                       | <b>None identified</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 3.1</b>    |
| <b>Practices did not meet the required standard</b>              | <b>None identified</b> |

### **Actions required**

- The registered provider must ensure that the centre's child protection policy and procedures are fully aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017.

- The centre manager must ensure that all of the staff team completes the relevant online child safeguarding training provided by Tusla as well as being provided with ancillary training on the centre's policy. The centre manager must be provided with designated liaison person training to support them in this role.
- The centre manager must ensure that the child protection register routinely records the outcome of the child protection reports submitted.

## 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.

Inspectors found that there was a very comprehensive and proactive response to young people's complex health and wellbeing needs by the staff team. Each were registered with a doctor and had access to dental, audiology and optimal care services when they needed them. Young people's up to date care plans identified their physical and mental health goals. Placement plans were thorough and reflected detailed actions to address their needs and these were completed in a timely way. Outcomes were routinely tracked on weekly reviews by keyworkers so that progression was apparent. For one young person, who had a specific diagnosis and had not routinely attended consultant appointments prior to admission, there was strong evidence to show that an individualised medical plan had been implemented by the staff team as soon as they moved into the centre. Reengagement by the young person with these services was immediate. The interventions in place were informed by medical assessments and the staff team had completed training in the management of the condition before the young person's placement began. Close collaboration with health care professionals and allocated social workers to achieve the highest standard of care for young people was apparent across the files. A multidisciplinary approach was adopted by the centre and meetings with health care providers within the community and specialised hospital units were taking place and treatments reviewed regularly. Young people had a central role in the management of their own medical care and families were communicated with regarding updates from the various appointments and reviews.

In addition, young people were facilitated to access therapeutic supports where necessary to support their emotional and psychological well-being. This included referrals to such services as ACTS, CAMHs, Tusla psychology hubs and Extern and recommendations were incorporated in daily plans and activities with young people. Where appointments were missed, these were swiftly rescheduled for each young person and they were encouraged to attend through key working and daily interactions with the team. Robust efforts were made by the staff to address all medical issues associated with trauma from young people's childhood and they were currently receiving guidance from a trauma informed practitioner to support them with this. Young people's sleeping patterns and meal planning was also considered and included as part of their overall health management in daily programmes and long-term goals. Social workers described how staff were consistent, proactive and very caring in their approach with young people and how they prioritised their medical and psychological health. They said they took onboard direction and advice readily.

Medical consent was on young people's files and there was a record of the administration of prescribed and unprescribed medication in place. However, these logs require improvement regarding the details entered on the file. The centre manager stated that a new system of medical recording was being introduced and inspectors recommend that this is implemented without delay. The centre had a medicines management policy in place and although some staff were not refreshed in first aid, there was at least one person on each shift who had completed the course. Safe administration of medication training was being scheduled for those on the team who had not completed it. The centre manager told inspectors that while regular audits of medication records were not taking place, these were to be implemented imminently.

| <b>Compliance with regulations</b> |                        |
|------------------------------------|------------------------|
| <b>Regulation met</b>              | <b>Regulation 10</b>   |
| <b>Regulation not met</b>          | <b>None Identified</b> |

| <b>Compliance with standards</b>                                 |                        |
|--|------------------------|
| <b>Practices met the required standard</b>                       | <b>Standard 4.2</b>    |
| <b>Practices met the required standard in some respects only</b> | <b>None identified</b> |
| <b>Practices did not meet the required standard</b>              | <b>None identified</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     | The registered provider must ensure that the complaint's policy and procedures are fully reviewed and updated and refresher training is completed with the staff team.   | All team members to sign off on complaint's procedure and policy as being fully understood.<br>A schedule for refresher training to be implemented from January 2023.  | All matters relating to the practise of an active complaints policy will be discussed weekly at team meetings and will be monitored by the training officer as part of the overall training needs of the service.   |
| 3     | <p>The registered provider must ensure that the centre's child protection policy and procedures are fully aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The centre manager must ensure that all of the staff team completes the relevant online child safeguarding training provided by Tusla as well as being provided with ancillary training on the centre's policy.</p> <p>The centre manager must be provided</p> | <p>The centre's child protection policy and procedures will be reviewed at the policy group to be fully aligned with Children First: National Guidance for the Protection and Welfare of Children. This will be completed by January 2023.</p> <p>All online training will be completed by the end of January 2023, and a plan for ancillary training will be agreed with the registered provider at the next scheduled senior management meeting.</p> <p>The centre manager will be participating in DLP training on 29<sup>th</sup> &amp; 30<sup>th</sup> Nov. 2022.</p> | <p>A review of the child protection policy and procedures will be carried out by the policy group and any updates and changes will be feedback to the team at the next available team meeting.</p> <p>Quarterly audits of the training log by the centre manager and training officer will ensure necessary training and refreshers are completed as soon as is feasible.</p> |

|   |  |  |   |
|---|--|--|---|
|   | <p>with designated liaison person (DLP) training to support them in this role.</p> <p>The centre manager must ensure that the child protection register routinely records the outcome of the child protection reports submitted.</p> | <p>The centre manager will ensure all CPW reports are recorded centrally in the centre register and that follow up correspondence with the social work department reflects the efforts made to ascertain the outcome to the appropriate level operationally.</p> | <p>All CPW reports will be updated in terms of whether they are still open or closed in line with follow up audits.</p> |
| 4 | None identified  |  |   |