



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: ID 007

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Novas Initiatives
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	09th & 10th June 2021
Registration Status:	Registered from 13th March 2021 to the 13th of March 2024
Inspection Team:	Lisa Tobin Eileen Woods
Date Report Issued:	24th September 2021

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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 seventh registration and was in year one of the cycle. The centre was registered without attached conditions from 13th March 2021 to 13th March 2024.

The centre was registered to accommodate six young people of both genders from age twelve to seventeen years upon admission. It provided medium to long term care placements for separated young people seeking or granted asylum. The model of care was described as a person centred, holistic approach where young people were met with unconditional positive regard. It was based on Maslow's hierarchy of needs and sought to meet basic, social, emotional, educational, developmental and religious needs. There was a focus on preparation for leaving care. There were five 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
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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 11th August 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 15th September 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: = 007 without attached conditions from the 13th March 2021 to 13th March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

Inspectors found that workforce planning was evident with regards to oversight of the staffing and capabilities. There were eight staff that had worked in the centre for a number of years which allowed for continuity of work within the centre. The centre manager had an awareness of the responsibilities around workforce planning in identifying the needs of the young people, shift planning and ensuring an appropriate mix of staffing. The regional manager was new to the post in the last month and will be involved in the workforce planning of the centre regarding training, staffing and career development. Workforce planning around staffing levels and issues were discussed at senior team meetings.

There was a centre manager, a team leader and seven social care workers in the centre. Currently there were vacancies for a social care leader and a social care worker. One new team leader was due to commence in three weeks and recruitment for another social care worker was underway. The vacancies were being filled by the relief staff and by the main staff team to cover the rota. Inspectors found that there were sufficient numbers of qualified social care staff to meet the needs of the purpose and function of the centre.

There was a contingency plan in place around Covid 19 regarding requirements for extra staffing, cleaning schedules and the use of personal protective equipment. All guidelines from the HSE and National Public Health Emergency Team (NPHE) were followed by management and the team. There were relief staff available for the centre and from across the organisation if required.

There was no staff retention policy in place in the centre. This had been identified by the human resource manager and they were looking to draw up a policy around staff retention. There was a formal on-call procedure in place for both weekdays and weekends in line with the on-call policy.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

There was a staff induction policy and a staff recruitment and training policy in place. These identified the responsibilities for new staff, items for the induction agenda, the recruitment process and training and development. Inspectors reviewed a selection of staff personnel files and noted that further oversight was required. Some files did not contain a signed contract and there was no evidence of verbal references completed. There were Garda vetting checks completed and proof of qualifications were sought from the accrediting colleges.

There were some staff members that were working towards further educational training which was being supported by the organisation. A team leader and a social care worker had made arrangements to undertake a relevant social care qualification in Autumn 2021 as neither had a qualification in social care or a related relevant field. The centre manager was also preparing to commence a management course for human services in November 2021. All staff must have a social care or relevant qualification as per memo from Alternative Care Inspection and Monitoring.

There was evidence of written job descriptions on file for the staff. Inspectors found that the staff were aware of their roles and responsibilities when asked during interviews and while reviewing the questionnaires. Staff files were stored in a locked cabinet secured in the manager's office. The code of conduct was made available to the staff during induction and in the staff handbook. Staff were aware of what was outlined in the code of conduct when questioned about it.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors found that the staff had awareness of the policies and procedures that guided their work. However, inspectors noted in reviewing questionnaires that staff would welcome further opportunities for advancement within the centre and organization. Staff expressed the positive support offered by management during supervisions and in general on a day to day basis. It was noted by inspectors that when a staff member had an issue, it was addressed by management and came to a positive conclusion. Staff were able to identify when they had opportunity to use their professional judgement when asked by inspectors.

Team meetings occurred every two weeks and are currently online due to Covid 19. It was noted that there were difficulties around ensuring all staff had their voices heard during the online meetings. The centre manager addressed this issue and ensured all staff had the opportunity to give feedback on relevant areas of work. There was a new format introduced for the team meeting which included discussion around policies, risk management, SERG and review of practice. The young people's progress and placement planning were also discussed at every team meeting.

Policies and procedures were in place to ensure staff safety including relevant training provided. Staff identified their colleagues and management as a source of support. Training was provided on the therapeutic interventions used relating to the behaviour management of the young people.

There was a supervision policy in place in the centre which outlined supervision occurred every 4-6 weeks. Inspectors found that supervisions were not occurring in line with this policy as gaps were seen. Inspectors were informed this was due to a number of reasons such as lack of opportunity due to shift changes, management working from home and being identified as a covid close contact. As this was a difficult period for some staff during Covid, alternative arrangements to ensure supervision took place needed to be looked at such as over the phone or on zoom to ensure staff were receiving the appropriate supports. There was a matrix attached to the supervision process which wasn't always completed. Supervisors must ensure the matrix is completed to show areas for professional development and supervisors must use the same format for consistency.

There was no system in place for appraisals; however, this was being reviewed by the human resource manager and the centre manager. There was no policy around staff retention or employee assistance programme which will again be reviewed by the human resources manager. There were supports already in place for staff such as counselling.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

There was a staff induction policy which outlined the induction agenda for staff. Inspectors saw evidence of the agenda completed in the staff personnel files. Management or a senior staff member completed the induction process with a new

staff member. Inspectors reviewed a sample of the staff training files. Fire safety had been completed online by some staff members. Fire training must be site specific training involving a practical element. There was a list of mandatory training that all staff must complete which included training in a model of behavioural management, Children's First, trauma informed care, fire training, first aid, manual handling, professional supervision, administration of medicines, report writing and key working training. Inspectors did not see manual handling, safe administration of medication, report writing or key-working certificates for a number of staff. Child protection external training was also required which the centre manager was attempting to source. The centre policy stated Children First training was reviewed every two years which meant a number of staff required updates in this training. Inspectors were informed that the policy required updating as it should have stated three years. Inspectors were informed that there was a training audit file held by human resources. Inspectors reviewed staff personnel files and a training file compiled by the team leader; however, there appeared to be a number of gaps in the training which required further management oversight.

Inspectors were informed that there had been organisational difficulty in sourcing some mandatory training due to covid 19 and restrictions to numbers for training. Staff stated to inspectors that when they had training ideas, they would be listened to by management and sourced if appropriate, for example one staff member was undertaking training in restorative practice training. Relief staff were available to cover when staff were required to attend training.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 6.1 Standard 6.2 Standard 6.3 Standard 6.4
Practices did not meet the required standard	None Identified

Actions required

- All staff must have a social care or relevant qualification as per memo from Alternative Care Inspection and Monitoring.
- The registered provider must ensure that staff retention policies are in place.
- The centre manager must ensure that signed contracts are in place for all staff members and that verbal reference checks are completed and documented appropriately.
- The centre manager must ensure that all staff receive supervision in the timeline outlined in the supervision policy.
- The centre manager must ensure the matrix is completed during supervisions to show areas for professional development and supervisors must use the same format for consistency.
- The register provider must ensure that appraisals occur yearly and that policies and systems are in place that outline the supports available to staff.
- The registered provider and centre manager must ensure that all mandatory training is completed by staff and that relevant certificates are on file.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	All staff must have a social care or relevant qualification as per memo from Alternative Care Inspection and Monitoring.	Staff members who are currently not in line with the memo, are working towards obtaining the relevant qualifications with courses set up to start this Autumn. Senior Management of Novas is supportive of them and will allocate time and finances to complete this process.	The recruitment policy for the centre has been amended to reflect the requirements set out in the TUSLA Memo.
	The registered provider must ensure that staff retention policies are in place.	The HR manager in Novas with support from SMT is working to develop a staff retention policy.	The policy, once in place, shall then be reviewed regularly to reflect the needs of the organisation at any given time.
	The centre manager must ensure that signed contracts are in place for all staff members and that verbal reference checks are completed and documented appropriately.	The centre manager along with the HR and line managers shall ensure that all staff have signed contracts and checks are completed while all the documents are uploaded on the Sales Force platform.	As part of the recruitment process the centre manager and the HR manager shall ensure that the process of vetting and checks is completed and contracts are signed before new staff are to begin their induction.
	The centre manager must ensure that	The current supervision policy has been	Supervisions shall take place every six to

	<p>all staff receive supervision in the timeline outlined in the supervision policy.</p> <p>The centre manager must ensure the matrix is completed during supervisions to show areas for professional development and supervisors must use the same format for consistency.</p> <p>The register provider must ensure that appraisals occur yearly and that policies and systems are in place that outline the supports available to staff.</p> <p>The registered provider and centre manager must ensure that all mandatory training is completed by staff and that relevant certificates are on file.</p>	<p>amended so that more realistic time frames for supervisions are in place and kept to ensure continuity of the supervision process.</p> <p>The matrix shall be completed in each supervision and professional development monitored throughout the supervision process. Forms have been amended so that consistency is maintained by all supervisors.</p> <p>An appraisal system for the staff in the centre has been discussed at our governance meeting and agreed that it shall be introduced at the start of 2022. The HR manager and the centre manager shall agree on the appraisal system to reflect the specific needs of the service.</p> <p>Since the time of the inspection more mandatory training such as report writing, key working and administration of medicine has been completed and the correspondent certificates sought. The</p>	<p>eight weeks for all staff members while the centre manager shall ensure the time frames are kept for all staff.</p> <p>The manager shall monitor that the supervision process is completed within the agreed formats.</p> <p>Once the appraisal system is introduced the centre manager shall ensure that is implemented and the outcomes are discussed with every staff member in their supervisions.</p> <p>The registered provider in conjunction with the centre manager shall review the training status for all staff, any gaps identified shall be addressed while training is part of the governance meeting agenda.</p>
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