An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 007

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Novas Initiatives**
Registered Capacity:	**Six young people**
Type of Inspection:	**Announced**
Date of inspection:	**07th, 08th, and 09th June 2022**
Registration Status:	**Registered from 13th March 2021 to the 13th of March 2024**
Inspection Team:	**Lorraine Egan** **Lisa Tobin**
Date Report Issued:	**27th July 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 two 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 all 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 six 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 29th June 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 13th July 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: 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 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.

There were six young people living in the centre at the time of the inspection. Inspectors found the staff team had built trusting and nurturing relationships with them and there was good evidence of their commitment to advocate on their behalf. These relationships were supporting young people to make progress in different areas of their lives. Young people told inspectors through interviews and questionnaires that they were happy and content and described how the '*staff are the best thing about living here*.' Overall, there was clear, open and honest communication taking place and a robust culture was embedded in the centre of listening to what young people had to say, giving voice to their opinions and views and hearing what their preferences were. Opportunities were provided to young people to ensure they participated in their child in care review meetings through key working, daily log input and placement planning. There was a dedicated placement plan document for the young people to complete based on their own views for each of their identified goals.

The centre had a complaints policy in place which was due for review in January 2022 and this was awaiting update while the recruitment process for the CEO post was concluded. Young people were informed of the steps to take when making a complaint at the time of their admission and a section on how to do this was contained in the young person's booklet. Inspectors found that the staff team supported young people to raise any issues of concern and the system for recording, managing and investigating complaints was transparent and easy to track. A number of improvements were observed since the previous inspection of January 2021 in relation to complaints management. For example, the recently implemented online process reflected clear details of the dissatisfactions raised by young people, the specific information gathered and how the issues came to a resolution. Complaints brought to the attention of staff by young people were responded to promptly. However, on occasion, there was an absence of recording the outcomes for some complaints along with whether the young people and their allocated social workers

were informed of the conclusions or not. Some of these gaps had already been identified at senior management level and had been actioned to be addressed by the staff team. In addition, inspectors found from a review of the centre files that there were some concerns raised by young people which were managed and resolved through the informal complaints process, however, it would have been more appropriate to respond to these using the formal procedures in place and this deficit must be reviewed including retrospectively notifying them through the significant event notification system (SEN). Inspectors also noted that from a number of SENs sampled, that they were no longer being reported to Tusla's National SEN team. The manager stated that this practice of notification had ceased in May 2021 at the time Tusla had experienced a cyber-attack and had not been reintroduced as regular practice from once Tusla recovered its systems. This must be addressed promptly so that the centre complies with their statutory obligation to notify to the relevant bodies under the Child Care (Standards in Children's Residential Centres,1996).

At interview, staff showed good awareness of the complaints procedures that were working in practice and could describe the advocacy services available for young people to access should they need to, which included EPIC. Contact forms on file showed strong collaboration with the dedicated social work department as well as with ancillary professionals when required. Further, the centre had escalated a complaint on behalf of a young person to the Ombudsman for Children's Office where they believed their rights were being infringed regarding inadequacies in appropriate aftercare provision. As a consequence of this referral, the Ombudsman's Office pursued the rights that were breeched with Tusla, the Child and Family Agency to ensure improvements in their service provision to this cohort 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	**None identified**
Practices met the required standard in some respects only	**Standard 1.6**
Practices did not meet the required standard	**None identified**

Actions required

- The service and centre manager must ensure that the thresholds for informal and formal complaints are reviewed and the policy and procedures are updated to reflect this. Complaints that should have been managed as part of the centre's formal process must be responded to as such and retrospectively notified through the SEN system.
- The registered provider must ensure that all significant events are completed for young people and routinely notified to all relevant professionals promptly. This should be addressed immediately.

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 statement (CSS) in place dated February 2020. However, it had not been reviewed as per the Children First Act, 2015 where there is a requirement to conduct one every two years or sooner. Despite this deficit, when inspectors brought it to the attention of senior and centre management during the inspection process, it was addressed immediately and an updated CSS is now in place along with a letter of compliance received from the child safeguarding statement compliance unit.

The centre had policies in place to safeguard young people. However, these required updating so that they were further aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. For example, there were inaccuracies observed within the steps to take when making a mandated report and the reasonable grounds for concern procedures and others were contained within a separate protected disclosures policy in error. Inspectors were told by the service director that a policy review group was in operation and had already begun to develop centre specific policies with a commitment to review these every two years. External audits which could have identified these deficits had not been taking place since the previous inspection of June 2021.

There was a policy in use in the centre on how to prevent and address bullying. Where a bullying incident had occurred within a school setting, the staff team responded to this appropriately and had coordinated meetings with the school, the principal social worker and parents in order to prevent incidents from escalating and reoccurring. Follow-on individual sessions were conducted by staff with the young person to support them on understanding the effects of bullying behaviour and to minimise any impact on them also. These sessions were done in a caring and nurturing way whereby the young person's views were listened to and consequently acted on in a positive way.

Staff demonstrated a good understanding of how to keep young people safe and had a strong awareness of the behaviours and vulnerabilities that presented as high risk for them and these were managed effectively. At interview they could describe their safeguarding roles and duties and how to detect and respond to abuse. Where child safeguarding concerns were disclosed, thresholds for reporting were considered and these were submitted through the Tusla portal in line with Children First guidance and legislation. Concerns were recorded on the dedicated child protection register for tracking and review purposes. Further improvements were required here regarding the documentation of this information including identifying if a child protection and welfare report (CPWR) was completed or not for each specific concern. Staff responded well to specific 'code of behaviour' incidents where young people were involved within the centre. These issues were managed delicately and staff showed care and understanding for any underlying trauma experienced by young people that contributed to the events. In addition, staff encouraged young people to reflect on the incidents through key-working sessions and Life Space Interviews (LSI) and these approaches led to a reduction in the specific behaviours taking place. Centre management had good oversight of safeguarding matters and these were discussed at team meetings. There was evidence of consistent communication and consultation with social work departments in this regard and placing social workers described how the staff team were child-centred in the way they responded to young people about behaviours that caused concern. Young people told inspectors that they 'felt safe living in the centre' and if they needed to, they could choose any staff member to talk to. Young people were attending the Real U programme in the centre as part of a sex education and personal development resource provided by the organisation. Other safeguarding related concerns regarding drug and alcohol misuse were being addressed by the staff team appropriately and risk assessment plans were reviewed and regularly updated to manage the incidents and behaviours.

The staff team had completed Tusla's 'Introduction to Children First E-Learning Programme,' however they had not participated in the full suite of online child protection training provided by the Child and Family Agency. Ancillary child safeguarding training based on the centre's child safeguarding policies was provided to staff by the organisation. The named designated liaison person was the centre manager, however they had not completed the training specific to this role and this must be addressed promptly. There was a protected disclosures policy in place, however staff were unaware at interview how to make such a disclosure or what type of concerns were relevant to disclose as part of a 'whistleblowing' process within the centre.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
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 3.1**
Practices did not meet the required standard	**None identified**

Actions required

- The registered provider must ensure that the child safeguarding policy is reviewed and updated.
- The centre manager must ensure that the child protection register clearly records whether a child protection and welfare report (CPWR) was completed or not for each specific concern.
- The registered provider must ensure that the staff team completes all relevant online child safeguarding training provided by Tusla.
- The registered provider must ensure that the centre manager is provided with designated liaison person training to support them in this role.
- The registered provider must ensure that refresher training is provided to the staff team on the centre's protected disclosure policy.

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 were well supported to meet their identified health and development goals as set out in their care plans and their monthly progress reports. Medical and emotional health needs were considered and responded to promptly and caringly and young people were helped to access appropriate therapeutic supports when necessary. Care plans were not received by the centre for two young people whose child in care reviews had taken place six months previously. In addition, internal and external management had not identified this as a deficit. However, during the inspection, the centre manager contacted the dedicated social work department who stated that care plan reviews were recorded on supplementary forms and unless there was a significant change in the care of the young person the initial care plan was not altered. The staff team worked diligently with health professionals to provide effective day to day care in this area for all young people. Each young person was registered with a GP, their medical cards were in place and they had undergone check-ups at the time of admission to the centre. There was strong evidence to show that appointments were scheduled and follow-up consultations had been organised for medical, dental and ophthalmic care. Resources were readily provided for a number of these treatments by the organisation themselves and this greatly reduced young people's waiting time for procedures. Medical planning was consistent for each young person and there were comprehensive records regarding contact with all appropriate services on file including good health information captured and maintained for each.

Where mental health and self-harm incidents occurred, the staff team supported young people in line with their risk assessments and safety plans. They demonstrated good practice in the way these risks were managed and reviewed, and they used interventions and techniques specific to recommendations from the play therapist and psychologist. Consequently, one young person had a reduction in the number of self-harm incidents occurring. When young people decided not to engage with specialist services, staff were encouraging and over a period of time some of them agreed to attend appointments. The team also facilitated an abundance of opportunities for young people to chat and participate in one-to-one sessions when needed. Regular support was provided to the staff team by a specialist psychologist

and they gave robust and consistent guidance for managing behaviours of risk. This information was well documented by the centre and records showed that the advice had been integrated into daily practice with young people. Allocated social workers interviewed described a staff team that were consistent and attentive to the medical and wellbeing needs of young people.

There was a medication management policy in operation in the centre and auditing systems in place for the administration of medication. Inspectors recommend making this process clearer so that information can be tracked more easily. Medication was stored safely in a locked cabinet in the centre. The staff team were being trained in safe administration of medication and first aid and where refreshers were needed, these were scheduled on the training audit.

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	**None identified**
Practices did not meet the required standard	**None identified**

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 service and centre manager must ensure that the thresholds for informal and formal complaints are reviewed and the policy and procedures are updated to reflect this. Complaints that should have been managed as part of the centre's formal process must be responded to as such and retrospectively notified through the SEN system. The registered provider must ensure that all significant events are completed for young people and routinely notified to all relevant professionals promptly. This should be addressed immediately.	Complaint thresholds were discussed and reviewed at the governance meeting on July 4th and thresholds were established within the traffic light system on the platform. The centre manager and the governance team discussed policy updates which will be addressed by the review group on their first meeting of July 19th. The complaints will be notified retrospectively through the significant event notification system (SEN). All outstanding SEN's have been sent in by post retrospectively after consultation with the SEN National Team in June. The register provider and the centre manager have insured that the TUSLA portal accounts are up and running and all staff have been notified of how it works.	All complaints will be reviewed at governance meetings as part of the recurring agenda and any deficits identified will be promptly addressed going forward. The registered provider and the centre manager shall ensure that all SEN's are reported within the specified timeframes using the TUSLA portal. Auditing all SENs which are also an item on the governance meeting agenda will prevent this from happening again.

3	The registered provider must ensure that the child safeguarding policy is reviewed and updated.	The child safeguarding policy shall be reviewed as a matter of priority along with other policies under the organisational policy review group by the end of the 2022. The updated version shall then be presented to the staff team for implementation.	Centre policies will be reviewed every two years or as needed (pending legislation changes), as part of the governance arrangements within the centre.
	The centre manager must ensure that the child protection register clearly records whether a child protection and welfare report (CPWR) was completed or not for each specific concern.	A new section shall be added to the online system and the child protection register will reflect this required action. This will be completed by the end of July.	Once this is completed the centre manager shall ensure that the new section is completed for every CPWR entered in the register. The centre manager will have oversight of this and the senior management team will audit the online system every quarter.
	The registered provider must ensure that the staff team completes all relevant online child safeguarding training provided by Tusla.	While all staff have completed some of the relevant training on HSELand, going forward the register provider shall ensure that staff will complete all child safeguarding training on offer from the Tusla website.	The register provider shall ensure the training audit for the centre is monitored. The centre manager and senior manager have oversight over all training and will ensure that child safeguarding training is completed in a timely way. Training matters are items on governance meeting agendas.

	The registered provider must ensure that the centre manager is provided with designated liaison person training to support them in this role. The registered provider must ensure that refresher training is provided to the staff team on the centre's protected disclosure policy.	Arrangements for this specific training are now being made with a training organisation and we are waiting dates to be decided for September/October of this year. The disclosure policy is due to go under review along with other prioritised policies beginning the third week in July. Training will then be provided to all staff for implementation.	The register provider shall ensure that this training is updated within the required timeframes. Policies and procedures are discussed in team meetings and governance meetings and any updates identified and required shall be brought forward for review by the senior management team.
4	None identified		