



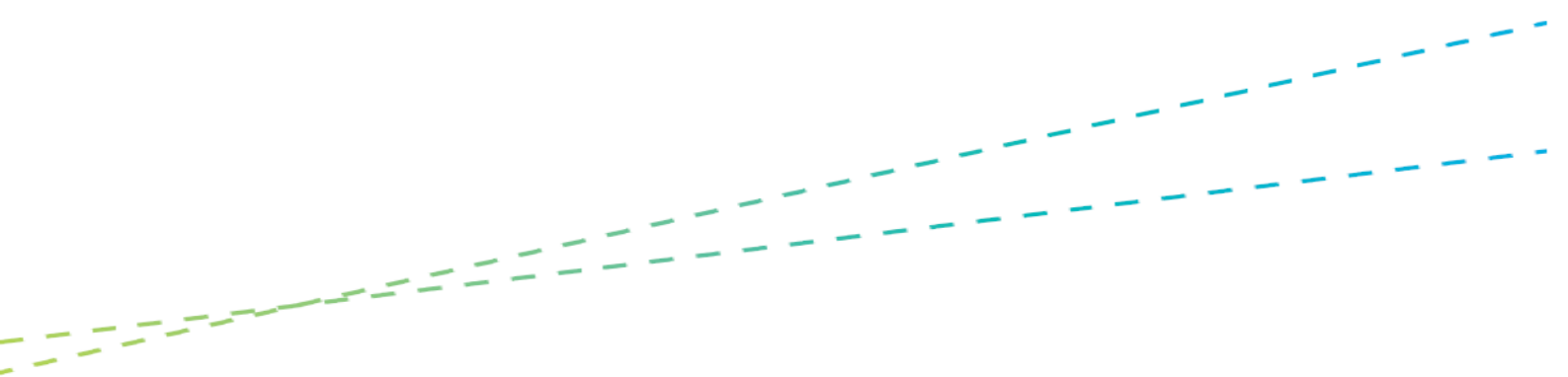
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 065

Year: 2021



Inspection Report

Year:	2021
Name of Organisation:	Curam Nua Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced themed inspection
Date of inspection:	26th, 27th and 28th January
Registration Status:	Registered from 30th April 2021 to 30th April 2024
Inspection Team:	Lorna Wogan Anne McEvoy
Date Report Issued:	7th May, 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 on the 30th April 2015. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 30th April 2018 to the 30th April 2021.

The centre was registered to provide medium term residential care for two children of both genders from age twelve to seventeen years on admission. Their model of care was described as the provision of residential care for children and young people using a ‘blended theoretical and best practice approach’. The model was underpinned by the theories and frameworks of a person-centred approach, attachment theory and attachment informed parenting, a resilience strengths-based approach and a trauma informed model of care. The engagement of children in outdoor pursuits was also a key component of the therapeutic programme of care in the centre. There was one child in placement at the time of the inspection. The centre was granted a derogation to accommodate this child as they were under-thirteen years of age on admission, which was outside of the centre’s statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6

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 via teleconference 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. Due to Covid-19 this inspection was carried out remotely through a review of documentation and a number of telephone interviews.

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 on the 23rd February 2021 and to the relevant social work departments on the 23rd February 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 22nd March 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed

The findings of this report and assessment by the inspection service of the submitted action plan were used to determine the centre's compliance and adherence to the regulatory frameworks and standards in line with its registration. As part of this centre's application for registration, the staffing complement and governance arrangements in the centre were examined. It was the determination of the Registration Committee that the centre had not met the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5, Care Practices and Operational Policies or Article 7, Staffing. It was the decision of the Registration Committee to propose to add a condition to the centre's registration under Part VIII, Article 61, (6) (a) (I) of the Child Care Act 1991. However, following representations and evidence submitted by the provider, it was the decision of the Registration Committee to withdraw the proposal to attach conditions.

As such it is the decision of the Child and Family Agency to register this centre, ID Number: 065 without attached conditions from the 30th April 2021 to the 30th April 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The inspectors found that the child residing in the centre experienced care and support which respected protected and promoted their rights. The inspectors found staff that were interviewed to be aware of children's rights as prescribed in the United Nations Convention on the Rights of the Child (UNCRC) and in Irish law. The centre had a range of written policies in place to promote the rights of children in placement and staff identified a number practices that supported children's rights such as the centre's complaint procedure, advocacy and listening to the voice of the child. Newly developed policies on children's rights documented how the centre staff made children aware of their rights. The centre had a colourful centre-specific charter of rights that was displayed in the centre and set out children's rights in child-friendly language that was appropriate for the child in placement.

The inspectors reviewed the centre's statement of purpose and found it was a comprehensive document. The statement identified all aspects of child-centred care and support: promoting rights of children; access to complaints; contact with family and friends; access to information and participation in planning for their future. The statement of purpose referenced the UNCRC and national standards and outlined the rights of children in care. It also documented how staff would keep children safe, well and cared for in all aspects of their life while respecting their individual rights, culture and individuality. The statement of purpose detailed the responsibility of staff to promote children's rights.

The centre had an information booklet for children that outlined their rights and how they would be cared for in the centre. This booklet was given to them on admission and there was evidence that information in this booklet was revisited over time with

the child in placement through key work, individual work and day-to-day discussions with staff. Staff interviewed were confident that the child in placement had a clear understanding of their rights and how to exercise these rights. This view was supported by the parent interviewed by the inspectors. A sample of key work records evidenced that staff discussed topics such as disability, autism, cultural differences, and religion. The placement plan also reflected discussions around religious practice and reflected the parent's wishes in this regard. Daily logs, handover and team meeting records also documented the child's perspective on daily matters that arose.

The inspectors reviewed a sample of menu planners that were maintained on file in the centre. The inspectors found that nurturing and care through the provision of a nutritious and varied diet was a strong feature of the care practice in the centre. The child was encouraged to try new foods and was encouraged to help in food preparation and menu planning on a weekly basis. Staff were also mindful to prepare favourite meals identified by the child from their early childhood.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

The inspectors found that the child's dignity and privacy was respected and promoted by staff in the centre. The child had their own bedroom and staff confirmed the child was afforded opportunities to have personal time in their room separate from staff. The staff interviewed confirmed that any limits to the child's right to privacy were subject to risk assessments and were discussed with the social worker. Limits and boundaries were discussed and agreed with the child in the development of their living agreement that clearly set out expectations for both the staff and the child. There was evidence that the child had access to a telephone and other electronic devices to contact relatives and family members including their parent and siblings. The centre identified creative ways to ensure family contact was facilitated through Covid-19 restrictions. The young person was afforded privacy and space when they received visits or telephone calls from their social worker. The child's living agreement evidenced consultation with the child's parent and social worker prior to commencing independence training by walking to and from school unaccompanied by the adults. Individual work was completed with the child to prepare for increased autonomy as they got older.

There was evidence in the centre records and through staff interviews that the child was informed about with whom their personal information was shared and the reasons why information was shared. This was set out in the statement of purpose and the young person's booklet and was supported by a number of recently updated policies. There was written information for staff and children about records that

were kept, the reasons records were kept, who could access them and the child's right to see centre records. The child's right to confidentiality and to have their records maintained in a safe and secure manner was also outlined in the centre documentation. All staff interviewed were confident that the child knew what information was shared outside of the centre and that there were boundaries in place around sharing information with other professionals, for example with their teacher and school principal.

Key work had been undertaken with the child to help them to understand and reflect on the value of their personal possessions and the memories each of these personal items held for them. The child had their own place to keep personal possessions secured and had some special family memorabilia that was framed and hung in their bedroom. A sample of key work and individual work records evidenced that significant work was undertaken with the child to help them to understand their care history and their personal life story to date.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The inspectors found the child had ample opportunities to exercise choice in relation to aspects of their life in the centre, for example in how they managed their pocket money, choice of food, the clothes they bought and the activities in which they chose to participate. The inspectors found that the care approach in the centre supported the child to develop self-advocacy skills and autonomy in relation to making decisions about aspects of their own life appropriate to their age and stage of development. Centre records and interviews with the inspectors demonstrated that staff encouraged and facilitated the child to express their views and opinions. Key work was also completed in relation to living with others, respecting people's choices and taking responsibility for their own actions and behaviours. The centre living agreement that was developed between the child and key staff members identified four core living agreements that included respect, honesty, participation and non-judgemental attitude by all to maintain a productive and happy living environment.

The living agreement also evidenced the child's views and opinions in relation to daily routines such as bedtime, TV/computer access, household duties, activities, education and boundaries. There was evidence that the living agreement was updated as the child's needs changed and as they progressed through the placement. The staff informed inspectors that structured house meetings were undertaken when

there were two residents in placement however at present the child's views were ascertained in more informal settings throughout their day-to-day care.

The inspectors found that the child was fully involved in the care planning process. Staff ascertained their views prior to the meeting and they were invited to participate in the meeting process. Where the child did not attend their care plan review the centre manager or key workers explained the outcome of the meeting to the child. There was evidence that the staff were strong advocates for the child and presented the child's viewpoint at care plan review meetings.

Key workers were assigned on admission based on an assessment of staff that would be best suited in terms of skills, experience and personal qualities to build a relationship of support and trust with a particular child. The child in placement had an assigned key worker with whom they had an established a secure relationship based on trust and support. There was a strong focus on the key work relationship in the centre. The key worker spent a significant amount of planned time with the child and undertook many focused key work sessions.

Staff interviewed confirmed that the child was aware that staff maintained written information about their care and the reasons for this was explained to them. The young person's booklet and the centre's statement of purpose outlined what information was recorded by staff, the reason why and their right to access it. Staff interviewed confirmed the child was informed that they could read these records, however despite offers to read their records the child generally declined to read them.

There was information in the general living area about the national advocacy service for children in care. The role of this organisation had been explained to the child in key work. The child was previously offered opportunities to meet the area advocate from the national advocacy service however they were reluctant to meet with these advocates. Information about advocacy services was also incorporated into the centre's statement of purpose and in the young person's booklet.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

The inspectors found that all information was communicated in a way that was appropriate to the needs of the child and their capacity to process information at particular times. The child had access to a range of information; written information set out in child-friendly formats and verbal information provided at care plan meetings. Information was also provided to the child through key work and

individual work sessions. The care plan was written using the signs of safety language thus it was accessible and could be easily understood by the child and their parent. Aspects of the centre’s model of care were based on participation and a person-centred approach and this was evident in their practice. The centre staff were open and honest in their communications with the child and had a comprehensive understanding of their presentation and their needs.

The young person’s information booklet was comprehensive and provided detailed information about the care children would receive while living in the centre. The information was written in a child-friendly manner and outlined the day-to day routines, the role of key workers, making complaints, participation, respecting culture and identity, information that is kept about them and contact with family and friends. There was evidence that key work staff went through this written information over time as the child progressed through their placement.

There was evidence in key work records and in the placement plan that key staff undertook reflective discussions with the child in relation to their care status, their relationship with family members and the supports staff could provide to help them with these relationships. Key work and individual work records evidenced that staff were open and honest with the child and helped them understand the role of significant adults in their life in the future planning process. This was confirmed by the social work team leader.

There was evidence that the staff had discussed with the child aspects of the National Standards for Children’s Residential Centres, 2018 (HIQA) and the responsibility of staff to provide care that was compliant with the standards and the legislation. However, the inspectors found that the child was not provided with a copy of the national standards or a guide to the standards as required under the standards. The centre manage must ensure that children are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to children placed in their care.

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

The inspectors found that that centre developed and maintained positive attachments and links with family, the community and other significant people in children’s lives. The importance of family relationships and maintaining these relationships was recognised by the team and was a strong feature of the centre’s work with children.

In interviews with the inspectors staff demonstrated an understanding of the importance of family contact in terms of fostering a sense of identity and belonging. There were policies and procedures to support all forms of contact from supervised contact, managing unplanned visits and court ordered visits. For the child currently in placement the centre staff facilitated scheduled visits with family and relatives and provided the required on-site support and supervision or off-site support when required. The child's placement plan set out goals to promote family engagement and appropriate attachment and relationships with family. A record of all family contact and the outcome of this contact were maintained on the child's care file.

The inspectors found that family contact was planned, supported and facilitated in line with the child's care plan. Key work and role play scenarios were undertaken with the child to help them prepare for family visits. The child's parent had visited the centre and had regular contact with the centre manager. The parent interviewed by the inspector was satisfied with the contact they had with the centre manager and confirmed they were kept up-to-date in all aspects of their child's life for example school progress, meetings and appointments.

Restrictions on family contact during the Covid-19 pandemic were subject to risk assessments and guidance from Tusla's national private placement team in consultation with social work. The centre staff purchased an electronic device for the child to enable them to participate in video calls with family and siblings when face-to-face contact could not be facilitated.

The inspectors found that the child was supported and encouraged to participate in social activities within the community and to develop and maintain interests and hobbies for example rugby, football and swimming. Encouragement to be involved in community based activities was a goal identified in the child's placement plan. Planned activities in the community and attendance at school were the main opportunities for the child to have contact with peers. There was evidence that birthdays and special occasions were celebrated in the centre and marked in a special way and in accordance with the child's wishes.

The child had access to a telephone and appropriate media such as TV, reading material, and the internet. There was evidence of consultation with the child's parent and the social worker when facilitating access to social media. The centre had a social media policy for young people to support safety on-line. The policy stated that the centre had an on-line safety officer and that each child had an on-line safety agreement. The inspectors found that the centre had not yet implemented these

aspects of their social media policy. The centre manager must ensure the centre operates in line with its written policies and procedure. Following the on-site inspection, the registered provider notified the inspector that the social worker had raised concerns that the child had contact with unapproved peers on their gaming device. The registered proprietor investigated this matter and submitted their report and subsequent findings to the principal social worker. The centre manager informed the inspector that they would update their social media policy and protocols to include learning outcomes following this investigation.

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

The inspectors found that the child was listened to and their views were given due consideration in placement planning and daily living. Where decisions were taken by staff they were explained to the child and recorded in the centre records.

Children were made aware of the centre's complaints procedure on admission and the right to make a complaint was outlined in the admission documentation. The staff interviewed were confident that the child in placement knew how to exercise their right to make a complaint and was aware of the range of people to whom they could make a complaint. The centre's complaint policy and the young person's complaints booklet outlined if children were not satisfied with the complaints resolution process complaints could be escalated up to the ombudsman for children.

The inspectors found that the centres complaints policy had not been updated to reflect current centre practices in the management of complaints and best practice models in complaint resolution processes. The complaints policy must also be congruent with Tusla's children's complaints policy 'Tell Us'. The centre manager must ensure the centre's complaints policy is updated.

The parent interviewed by the inspectors stated they had no complaints about their child's care and they would notify the social worker or the centre manager should they have a complaint.

There was a culture of openness and transparency in the centre and staff were confident the child would not be fearful of any adverse consequences for raising an issue or making a complaint. The staff interviewed demonstrated an awareness of the importance of having a robust complaints procedure to safeguard the children in placement.

The centre maintained a complaint register and the inspectors reviewed this against other supporting complaints documentation held on file. Complaints were reviewed at staff meetings and any learning outcome following the resolution to a complaint was discussed with staff at team meetings. Serious complaints were recorded on the centre’s complaint register and notified to social worker through the significant event notification system. Less serious complaints were recorded in the daily logs and were not always input on the centre’s complaint register. The centre manager must ensure that minor and less serious complaints are also recorded on the centre’s complaint register to allow for tracking of complaints over time.

The centre did not have a mechanism for children to provide feedback on the complaints procedure and to review its effectiveness in terms of resolving the children’s complaints. The centre manager must develop mechanisms for children to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.

Compliance with Regulations	
Regulation met	Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.1, 1.2, 1.3
Practices met the required standard in some respects only	Standard 1.4, 1.5, 1.6
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that children are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to children placed in their care.
- The centre manager must ensure that all aspects of the social media policy for children are fully implemented and that learning outcomes from a recent investigation are incorporated into the social media policy.

- The centre manager must ensure the written complaints policy is updated to reflect current centre practices in the management of complaints and best practice models in complaint resolution processes. The complaints policy must be congruent with Tusla’s children’s complaints policy ‘Tell Us’.
- The centre manager must ensure that minor and less serious complaints are recorded on the centre’s complaint register to allow for tracking of complaints over time.
- The centre manager must develop mechanisms for children to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that children are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to children placed in their care.	<p>A brief description of the National Standards for Children’s Residential Centres (HQIA) 2018 has been added to the Young Person’s Handbook – in child friendly language.</p> <p>An allocated staff member introduces each child to the Young Person’s Handbook, they will verbally raise the child’s/young person’s awareness of the National Standards and how they guide the team at the centre to care for them. This measure has been implemented. Completed 28th February 2021.</p> <p>Awareness of the National Standards for Children’s Residential Centres (HQIA) 2018 is listed as a task for completion for each young person’s Admission/Transition Plan – as per Admission/Transition Plan</p>	<p>Centre Manager will ensure oversight of the Admission/Transition Plan undertaken with each child/young person beginning a placement at the centre. This will be evidenced via Centre Manager signing off on all tasks completed as per Admission/Transition Checklist.</p> <p>Centre Manager will ensure oversight of the structured Key Work Plan undertaken with each child/young person as they become settled within their placement at the centre. This will be evidenced via Centre Manager signing off on all tasks completed as per structured Key Work Plan.</p>

	<p>The centre manager must ensure that all aspects of the social media policy for children are fully implemented and that learning outcomes from a recent investigation are incorporated into the social media policy.</p>	<p>Checklist. Completed 28th February 2021.</p> <p>Each child's/young person's awareness of, and understanding of, the National Standards for Children's Residential Centres (HQIA) 2018 will be re-visited as part of their structured Key Work Plan as they become more settled within their placement at the centre.</p> <p>The Social Media and Internet Use Policy for the centre is currently under review, with a view to incorporating the learning outcomes relating to a recent investigation into Social Media use; and to incorporate additional safeguards re: monitoring and recording of Social Media and Internet Use within the centre and actions taken to address any issues arising. This will be completed 30th April 2021.</p> <p>The Centre Manager will ensure that the revised Social Media and Internet Use Policy will be further discussed, ensuring</p>	<p>The revised Social Media and Internet Use Policy will be reviewed and ratified by the Management team by 15th May 2021.</p> <p>The revised Social Media and Internet Use Policy will be shared and discussed with the staff team at the team meeting scheduled for May 2021. The Centre Manager will ensure that this revised Policy is included in all Team Meeting Agendas from May 2021.</p> <p>The Director of Services will audit Team meeting minutes and supervision minutes to ensure that the Social Media and Internet Use Policy is overviewed at each Monthly</p>
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	<p>The centre manager must ensure the written complaints policy is updated to reflect current centre practices in the management of complaints and best practice models in complaint resolution processes. The complaints policy must be congruent with Tusla’s children’s complaints policy ‘Tell Us’.</p>	<p>that each Residential Care staff member understand their responsibilities. This will be undertaken in the Supervision Meetings scheduled in May 2021.</p> <p>The Centre Manager will ensure that the revised Social Media and Internet Use Policy is added to the annual Supervision Plan for each staff member.</p> <p>The Complaints Policy has been updated to ensure that it is aligned with Tusla’s ‘Tell Us – You Say, We Listen’ strategy – including why complaints and feedback are important, how complaints and feedback help us to improve our services, and how complaints or feedback will be received and the processes, including timescales, on how complaints may be resolved, this includes each child/young person’s right to an external review of how complaint or feedback was received and processed should they not be satisfied with the outcome. It also includes feedback</p>	<p>Team Meeting and revisited annually in each Residential Care staff member’s formal supervision meetings or sooner should the policy be updated sooner.</p> <p>Six monthly reviews of Curam Nua Policies will be actioned by Director of Services to ensure that all policies and procedures are relevant and in line with contemporary legislation and ‘best practice’ guidance.</p>
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	<p>The centre manager must ensure that minor and less serious complaints are recorded on the centre's complaint register to allow for tracking of complaints over time.</p>	<p>from the child/young person regarding their experience/evaluation of the Complaints Policy in practice. This was completed 28/02/2021.</p> <p>The revised Complaints Policy has been shared, and discussed, with Residential Care staff at the team meeting which took place on 12th March 2021. This included educative work regarding the importance of all complaints - minor and less serious, in addition to more serious complaints, being recorded on the centre's Complaints Register and the Complaints Policy and procedures being followed in review and resolution of same.</p> <p>The Centre Manager will ensure that the Complaints Policy is revisited in formal Supervision Meetings scheduled for all Residential Care staff in April 2021 to ensure understanding of the responsibilities of each staff member receiving a complaint from a child/young person, parent/guardian, professional or</p>	<p>The centre's Complaints Register will evidence the recording of all complaints - minor and less serious complaints, in addition to more significant complaints and evidence the steps taken to resolve same.</p> <p>The Director of Services' quarterly Centre Management audit will include overview of Complaints Register, Monthly Team Meeting and formal Supervision minutes to ensure that practice is aligned with the Complaints Policy.</p>
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	<p>The centre manager must develop mechanisms for children to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.</p>	<p>others.</p> <p>Complaints/Feedback is a standing item on all Monthly Team Meeting agendas – forum for discussion on complaints/feedback received, ensure procedures are adhered to and oversight of resolution/outcome of same.</p> <p>The Complaints Reporting form template has been amended to include a section to ensure collation of information from child/young person regarding their experience/evaluation of the effectiveness of the Complaints Procedures in place at the centre. This was actioned on the 01/02/2021.</p> <p>The Centre Manager will ensure that oversight of each completed Complaints Reporting Form includes analysis of each child’s/young person’s experience/evaluation of the effectiveness of the Complaints Procedures in relation to each complaint – either minor or less</p>	<p>The Director of Services’ quarterly Centre Management Audit will include an overview of the information collated regarding how each child/young person experiences/evaluation of the effectiveness of the Complaints Procedures in place at the centre; including overview of how these evaluations may inform ongoing review of the Complaints Policy and procedures.</p> <p>Six monthly reviews of all Curam Nua Policies will be undertaken by Director of Services to ensure that all policies and procedures, including the Complaints Policy, are relevant and in line with contemporary legislation and ‘best practice’ guidance.</p>
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		serious and more serious – reported and will reflect how these evaluations may inform ongoing review of the Complaints Policy and procedures.	
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