



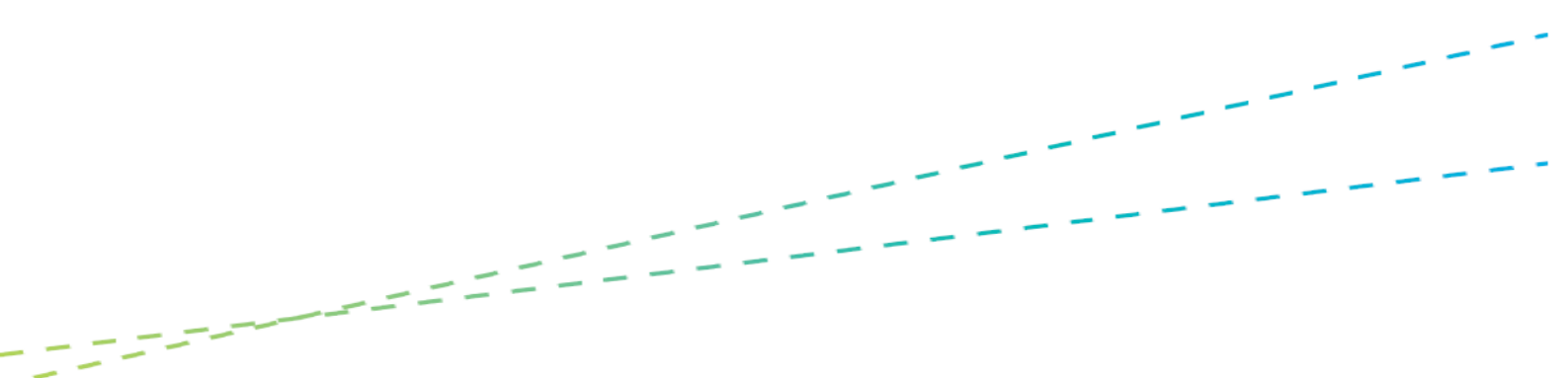
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: o8o

Year: 2021



Inspection Report

Year:	2021
Name of Organisation:	Compass CFS Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	08th, 09th and 10th February
Registration Status:	Registered from the 13th June 2021 to the 13th June 2024
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	21st June 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 September 2014. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 13th June 2018 to the 13th June 2021.

The centre was registered to provide care for three young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as a relational based model underpinned by the principles of social pedagogy. The fundamental basis for this programme was that professionally qualified adults care for the young people in a consistent and predictable fashion. A primary focus of the work with young people was informed and guided by an understanding of attachment patterns. There were three young people living in the centre at the time of the inspection. The centre was granted a derogation to accommodate one of the children as they were under-thirteen years of age on admission, which was outside the age range identified in the centre's statement of purpose.

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 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 the emergence of 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 11th march 2021 and to the relevant social work departments on the 11th March 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 25th 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 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: 080 without attached conditions from the 13th June 2021 to the 13th June 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.

The inspectors found that the workforce was organised and managed to deliver child-centred, effective care and support. There was a stable team in place and there was a good balance of experience, skills and gender across the team that provided the children with consistent care. There was adequate staffing levels with three staff on duty at all times during the day and two staff who slept overnight in the centre. A sample of staff rosters examined by the inspectors supported this assessment. Social workers interviewed also confirmed there was a consistent core group of staff with whom the children had established safe, secure and trusting relationships.

The centre itself along with the senior management team had systems in place to regularly undertake workforce planning. Planning for staffing requirements in the centre was undertaken at team meetings and at management meetings. This was evidenced in records of meetings examined by the inspectors. Workforce planning took into account annual leave, maternity leave and reassignments based on risk assessments. There were contingency plans in place in the event of staff leave due to Covid-19. Consideration was given to assign support staff whom the children were familiar with in the event of a shortfall of core staff. The residential services manager had responsibility to ensure there were appropriate numbers of staff employed in the centre to meet the needs of the children in placement. There was evidence that two recruitment campaigns were undertaken in the past four months in response to staffing requirements within the organisation. The centre required additional support staff at the time of the inspection and a selection process was recently completed to recruit the required support staff.

The organisation had a range of systems in place to promote staff retention and continuity of care. These support systems were identified by staff and managers in their interviews with inspectors and in staff questionnaires. Supports identified by staff included one to one supervision, training, clinical supervision, access to the internal psychologist, key performance indicators linked to salary increases and an

independent employment assistance programme. Staff feedback indicated that staff were well supported by the centre managers and the external senior managers. The children's social workers confirmed the continuity of staff which promoted the development of strong relationships with the children and was a key factor in their progress in care. A questionnaire completed by a child in the centre evidenced they were happy and well settled in their home and had positive relationships with key members of staff. Overall, the inspectors found the organisation was successful in retaining staff and this ensured stability and continuity of care for the children.

There were formalised procedures for on-call arrangements at evenings and weekends. On-call was provided by the centre managers and the regional residential services manager and there was an agreed on-call schedule to ensure staff were aware of who to contact in an emergency. The inspectors found the on-call arrangements were effective, responsive and provided beneficial support to staff. Records of team meetings and clinical supervision evidenced discussions with staff in relation to their on-call procedures.

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

The centre had policies and procedures in place for the recruitment and retention of staff members. Managers and staff interviewed by the inspectors demonstrated an awareness of recruitment procedures and vetting requirements as appropriate to their role. The recruitment policy was reviewed by the inspectors who found it was not up-to-date and in line with current recruitment practices or congruent with evidenced-based human resource practices. The policy required more detail in relation to the interview process itself, interview recording practices and the composition of selection panels.

Two support staff (relief staff) were recruited to work in the centre in 2020. The personnel files for these staff members were examined by the inspectors. Inspectors found that safe recruitment practices were not followed in the recruitment of these staff. One personnel file evidenced that the staff member had commenced employment with one written reference and two verbal references. In this instance the written references were not secured for a number of months after commencement of employment. Inspection of the second personnel file indicated that the support staff commenced employment with only one written reference. The two required additional written references were not secured for a number of weeks following

commencement of employment and verification of this staff member's qualification had not yet been secured on file however the centre manager was aware of this at the time of the inspection and was actively pursuing this matter. Inspectors found there was a practice in place of undertaking verbal references prior to receipt of written references which is not in line with safe recruitment practices. Additional deficits were identified in relation to selection panel records that were not sufficiently detailed and did not identify members of the selection panel. The regional residential services manager must have systems in place to ensure that all the required vetting documentation is secured on personnel files prior to commencement of employment of successful candidates and that the records of the selection panel process are of a sufficient standard.

A review of staffing information evidenced that staff working in the centre had the necessary qualifications, skills and training in the specific model of care to provide care and support to the children placed in the centre. One staff member was currently studying to obtain a recognised qualification. Managers interviewed were conscious to ensure they recruited staff that had the required personal attributes for the social pedagogy role in the centre. This formed part of their recruitment assessment process.

The centre manager was appropriately qualified and experienced to undertake the role. The manager had also undertaken leadership training in the delivery of the model of care operating in the centre. The inspectors found that the centre was well managed by the centre manager and the deputy manager and there was effective and confident leadership within the centre.

Staff interviewed confirmed they had received a written job description and a copy of their terms and conditions of employment upon commencement of employment or change of roles. Staff were provided with an employee handbook. This handbook was recently updated and key amendments were discussed at a management meeting in November 2020. Staff were also issued with new and updated employment contracts in 2020. Inspectors were informed that each staff member had an individual personnel file and personnel files for all core staff members were made available to the inspectors during a previous inspection in October 2020. The inspectors were satisfied that personnel files were stored appropriately in a secure location. The residential services manager informed the inspectors they planned to audit personnel files bi-annually to ensure they were maintained in line with regulatory requirements.

The staff interviewed were aware of what was expected of them in terms of their professional practice and conduct. In interviews staff provided examples of how their code of conduct was reflected in day-to-day practice and in the over-all culture and values within the centre. Following a review of written policies and procedures the inspectors found that elements of expectations of staff practice was set out across a number of centre policies however these elements of practice requirements were not contained in one specific written code of conduct. The regional residential services manager must ensure that a written code of conduct is developed for staff that also incorporates the requirements for professional practice as set out by their social pedagogy association.

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.

Staff were aware of the various roles and responsibilities within the centre line management structure. Staff were provided with opportunities to discuss policies and procedures at staff meetings and the centre manager planned to incorporate a policy review process into staff supervision practice to further support staff's awareness of the centre policies and procedures. In interviews with the inspectors staff demonstrated a good knowledge of centre policies and procedures. There were several roles within the centre from support pedagogues, to activity pedagogues, social pedagogues, deputy manager and centre manager. The external management structure comprised of the regional residential services manager, the head of services and the chief executive officer. There were written job descriptions submitted to the inspectors for each of the roles. Staff interviewed were aware of the reporting structure and their own lines of accountability within the management structure.

The inspectors found that there was on-going work with the team to support them to exercise their professional judgment. The ability to exercise professional judgment and autonomy working with the children was discussed in clinical supervision facilitated by the organization's internal psychologist. The managers empowered staff to trust their own professional judgment based on their long-standing knowledge of the children and well established relationships and this was evidenced in meeting records reviewed by the inspectors. Staff were encouraged to make decisions and learn from them without fearing negative consequences for decisions taken. Learning from experiences where things do not go to plan was emphasized as an important aspect of professional development.

There were procedures in place to protect staff and minimize the risk to their safety. Staff identified various health and safety policies, training in crisis intervention, lone working guidelines and robust risk assessment processes that were in place to minimise risk to their safety and welfare. They also cited support from external managers who responded in a prompt manner where there were identified risks to their safety.

Learning opportunities were restricted due to Covid-19 however in November 2020 staff were facilitated to undertake a three-day training in trauma informed reflective practice that was facilitated by a social pedagogue consultant. There was evidence of shared learning between centre managers at management meetings and between staff members at team meetings. There was also evidence of shared learning following regulatory inspections undertaken in centre across the wider organisation.

Inspectors found there was a cohesive team based approach to working with the children. This was promoted through regular team meetings, clinical supervision for the team, and effective communication systems through records and daily handovers. Team meetings were mandatory and were undertaken every two weeks. The records evidenced that additional team meetings were scheduled where specific issues of concern arose in relation to the children. Overall, the inspectors found there was a good level of attendance and engagement by staff in the team meetings. There was evidence across all meetings in particular the team meetings and the clinical meetings of reflective practice and looking at the impact of caring for the children on the teamwork. There was evidence of the team gaining insights from the psychologist and implementing this learning into their approach with the children. The strengths of the team and the areas for development were discussed at internal manager's meetings and within the manager's supervision. The significant event review group was an additional forum to identify learning outcomes for the team following an incident.

There was a clear supervision policy in place. The inspectors reviewed a sample of supervision records and found that staff received regular supervision in line with centre policy. The deputy manager and the centre manager provided one-to-one supervision for staff every six weeks and every four weeks for newly appointed staff members. There was a set agenda and both the supervisor and supervisee contributed to the agenda. Records of supervision were maintained and were signed by both the supervisor and the staff member. Staff supervision records were of a good quality and there was a review of previous actions agreed and goals were identified. The centre manager received regular supervision from the regional residential services manager. Following a review of the centre manager's supervision

records the inspectors recommend the residential services manager evidence a review of the actions and goals identified in the previous supervision session to ensure accountability and professional development.

The centre manager and deputy manager confirmed they had undertaken supervision training however other staff members had not received any formal training in supervision practice. The regional residential services manager must ensure staff receive training in supervision practice.

There was a system in place to undertake performance appraisals with all pedagogues however these were not undertaken annually as required under the national standards. Annual performance appraisals were not undertaken with centre managers. Staff interviewed explained how performance appraisals were linked to increased responsibility which was linked to incremental pay awards. A written record was maintained of this performance appraisal and signed by the staff member and the manager. The inspectors reviewed a sample of appraisal documents and found that in the ones reviewed there were no action plans or area for growth for the year ahead identified on the template. The regional residential services manager must review the staff appraisal process to ensure it occurs at least once a year and sets out the staff development plan for the year ahead.

The inspectors found there were policies and procedures in place to support staff to manage the impact of working in the centre. Staff had access to the organisation's psychologist and as previously outlined they received regular clinical supervision and had access to an employee assistance programme. Staff also received debriefing following critical incidents and were provided with opportunities to avail of additional staff supervision where required. Staff interviewed confirmed there were effective supports in place to assist with their well-being.

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

The inspectors found that training and continuous professional development was provided to staff to support them to deliver child-centred, safe and effective care and support. There was a training programme in place for staff for 2020 and 2021 that ensured mandatory training was undertaken and the model of care training completed and refreshed for all staff. All mandatory training was up to date and some aspects of training had moved to on-line platforms due to Covid-19. The centre

managers supported staff to up-skill and undertake advanced training in particular areas that would benefit the centre and the care of the children.

A training log was maintained that outlined the status of all staff training and the training undertaken by each staff member. Staff identified their training needs in supervision and there was evidence that the centre managers made good efforts to secure requested training. The regional residential services manager informed the inspectors that in their current role they planned to undertake a training needs analysis on an annual basis to determine the training needs of staff. The inspectors recommend a training calendar is developed for the year ahead to notify staff of the training opportunities available to them and the dates of mandatory training to assist with planning and participation.

There was a formal induction policy and procedure in place and the induction process was evidenced on the personnel files reviewed by the inspectors. Staff interviewed confirmed they had engaged in a formal and structured induction process that was undertaken over a three day period that included shadowing a staff member on duty.

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

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

Actions required

- The regional residential services manager must ensure the recruitment policy is up-to-date and in line with current recruitment practices and congruent with evidenced-based human resource practices.
- The regional residential services manager must have systems in place to ensure that all the required vetting documentation is secured on personnel files prior to commencement of employment of successful candidates and that the records of the selection panel process are of a sufficient standard.

- The regional residential services manager must ensure that a written code of conduct is developed for staff that also incorporates the requirements for professional practice as set out by their social pedagogy association.
- The regional residential services manager must ensure they review actions and goals identified in the centre manager's supervision session to ensure accountability and professional development.
- The regional residential services manager must ensure staff receive training in supervision practice.
- The regional residential services manager must review the staff appraisal process to ensure it occurs at least once a year and sets out the staff development plan for the year ahead.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	<p>The regional residential services manager must ensure the recruitment policy is up-to-date and in line with current recruitment practices and congruent with evidenced-based human resource practices.</p> <p>The regional residential services manager must have systems in place to ensure that all the required vetting documentation is secured on personnel files prior to commencement of employment of successful candidates and that the records of the selection panel process are of a sufficient standard.</p> <p>The regional residential services manager must ensure that a written code of conduct is developed for staff</p>	<p>The recruitment policy has been updated to ensure compliance with current practice and evidenced-based human resource practices. This policy is in effect from March 24th.</p> <p>The recruitment policy has an added safeguarding measure by which the regional manager must be informed in writing that the centre manager has verified that all required vetting and reference information is on file prior to the commencement of employment. At this point the regional manager will consent to the employee commencing work.</p> <p>The organisation's policy review group is developing a code of conduct, which includes standards as set out by the Social</p>	<p>All policies are reviewed and updated by the organisation's policy review group at least annually, or sooner.</p> <p>All personnel records will be reviewed twice annually by the residential services manager and administrator.</p> <p>The code of conduct will be subject to review at least annually or sooner if required.</p>

	<p>that also incorporates the requirements for professional practice as set out by their social pedagogy association.</p> <p>The regional residential services manager must ensure they review actions and goals identified in the centre manager’s supervision session to ensure accountability and professional development.</p> <p>The regional residential services manager must ensure staff receive training in supervision practice.</p> <p>The regional residential services manager must review the staff appraisal process to ensure it occurs at least once a year and sets out the staff development plan for the year ahead.</p>	<p>Pedagogy Professional Association. This will be completed and approved by senior management during quarter 2 of 2021.</p> <p>Supervision records now include actions and goals with clear timelines. Required action completed.</p> <p>The regional manager is sourcing training from a suitably qualified person for staff teams. This will be rolled out during 2021.</p> <p>The appraisal process is under review by the residential services management team on 14th April 2021 to ensure the policy is being applied consistently. Appraisals will take place annually for all employees, including members of the management team.</p>	<p>Each supervision session will begin with a review of the previous meeting. Records are available for review and inspection and will ensure adherence to best practice.</p> <p>Supervisee skills training will be added to the organisation’s training register and schedule.</p> <p>The appraisal process will be reviewed annually by the residential services management team and all personnel files will be reviewed twice yearly to ensure compliance.</p>
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