



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 131

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Compass Family Services
Registered Capacity:	Three Young People
Type of Inspection:	Announced
Date of inspection:	13th, 14th, 15th July 2021
Registration Status:	Registered from 15th September 2020 to 15th September 2023
Inspection Team:	Sinead Tierney Lorna Wogan
Date Report Issued:	21st 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 on the 15th of September 2017. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 15th of September 2020 to the 15th of September 2023.

The centre was registered to provide care for three young people, male and female between the ages of thirteen and seventeen on admission. The centre's care approach was underpinned by the principles of social pedagogy with a focus on learning, teaching and providing consistency of care from key adults. A primary focus of the work with young people was informed and guided by the understanding of attachment patterns observed in young people. The staff members were referred to as adults and focused on the existing strengths of each young person and sought to develop their sense of internal control and self-efficacy. At the time of inspection, there was two young people living in the centre. Both young people were placed in the centre under derogation 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
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 27th of 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 10th of 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: 131 without attached conditions from the 15th of September 2020 to the 15th of September 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection, two young people were living in the centre. Both young people were aged under 12 years and under derogation. Inspectors found that monthly child in care review meetings had taken place and both young people, their families, key workers and management were involved in the meetings.

Neither young person had an up-to-date care plan on file. One young person's care plan on file was dated February 2021. The current care plan and two previously updated care plans for March and April were forwarded by the social worker to the centre manager during the inspection. There was evidence that the centre manager and the regional manager had recently requested these care plan documents from the social worker. However, there was a period between March and June when there was no evidence that child in care review meeting minutes or care plans were requested by the centre for this young person. The regional manager and centre manager acknowledged the lack of arrangements in place to ensure care plans were received in a timely manner.

The second young person's care plan was dated September 2020. They were admitted to the centre in April 2021 and child in care review meetings had taken place in May and June 2021. The minutes of one meeting were on file and the updated care plan had been requested by the centre. However, this had not been received at the time of inspection.

Both young people had up to date placement plans on file. These plans were reviewed and updated monthly by key workers. The placement plans reviewed for one young person evidenced a link to a care plan dated February 2021. As there was no further updated care plans or child in care review meeting minutes on file, inspectors were not fully assured that monthly placement plans were aligned with care plans for this young person. The other young person's placement plan was not aligned to the care plan as the care plan was outdated. However, inspectors noted that the placement plans were based on information received during the referral and admission process.

This information included specialist assessments and reports, a social history and comprehensive referral information.

Whilst there was an absence of full alignment to care plans for both young people, the placement plans reviewed were detailed, with clear achievable goals and outcomes recorded for each month. During interview with a guardian ad litem, they stated that life story work and work to build healthy relationship between family members was being undertaken by the staff with the young person. There was evidence from clinical supervision sessions chaired by the organisation's senior psychologist with the team that the needs of young people were discussed with goals and interventions from these sessions translating to placement plans. The centre had a practice of emailing placement plans to all staff members for their review. A recent audit undertaken by the regional manager found that whilst placement plans were written, they were stored electronically and not on the young person's file. This was rectified by the centre manager following the audit. Inspectors noted that placement plans were signed by key workers but not the centre manager. Placement plans must be signed by the centre manager to evidence their oversight and governance in relation to placement planning. Team meeting minutes evidenced discussion on updates regarding young people, however placement plan goals and individual work planned to achieve these goals was not recorded as part of discussions. The centre manager must demonstrate that all staff have input into the development and review of placement plans.

Records evidenced that the voice of young people was captured before and during their child in care review meetings. This was achieved through the completion of child friendly questionnaires and discussion with key workers. Outside of child in care reviews, there was no evidence that young people were facilitated to participate in an age-appropriate manner in the placement planning process. Families were primarily involved in planning through the child in care review meetings and where appropriate families were updated on the progress of young people.

Both young people were availing of external specialist supports. One young person was awaiting an assessment and the other young person awaiting an appointment to commence a specialist support. The minutes from clinical supervision sessions demonstrated that the senior psychologist educated the staff team on the underlying causes of behaviour and appropriate and non-appropriate responses to behaviours of concerns. An external specialist who was engaged with one young person facilitated a training workshop with key workers to support them to understand the young person's sensory needs. Key workers in turn discussed the learning outcomes and

resources of this workshop with the team as evidenced in a review of team meeting minutes. During interview, staff demonstrated a knowledge of the areas of concern for young people however were unsure of the aims and objectives of a planned assessment. The staff team would benefit from understanding the purpose of these specialist services. The regional manager identified that one young person required educational support and continued to advocate for the young person in this area.

Records evidenced that the staff and management maintained regular communication with supervising social workers and the guardian ad litem. The guardian ad litem confirmed that they were kept fully updated on the young person's progress. The supervising social worker for one young person stated that the team maintained effective communication and notified them of any matters when appropriate. They further stated that the team had established a good relationship with the young person's school which had benefited the young person. Centre records also evidenced effective communication with specialist support services.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that arrangements are in place for the centre to receive an up-to-date care plan for each young people from the allocated social workers in a timely manner.
- The centre manager must ensure that where appropriate, young people are afforded opportunities to be involved in their placement planning and goal setting.
- The centre manager must sign placement plans and demonstrate that all staff have input into the development and review of placement plans.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Inspectors found that leadership within the centre was evident by both the centre manager and the regional manager. The centre manager was an experienced practitioner and had been in post for one year. During interview, staff stated that the manager was supportive and a good role model. The young person who met with inspectors said they had a good relationship with the manager and liked them. From interviews with a guardian ad litem and a supervising social worker, they reported that good leadership was demonstrated within the centre. A review of team meeting minutes and supervision records evidenced a focus on quality care of young people, learning, accountability, support and development of staff.

There were clearly defined governance arrangements and structures in place with clear lines of authority and individual accountability within the management structure. The centre manager who had overall responsibility for the centre reported to the regional manager. There was evidence that the regional manager kept in regular contact with the centre manager and the regional manager demonstrated a detailed understanding of young people's needs during interview. When the centre manager was on leave, the regional manager took responsibility for the centre. This involved visiting the centre on average two to three days per week, attending relevant meetings for young people and the team meeting. There was evidence in team meeting minutes and a delegation task record that the centre manager delegated some of their duties to team members during periods of leave. These tasks included on call, health and safety, petty cash and quality assurance. The regional manager and the head of services had recently undertaken thematic audits of the centre, and these were found to be well structured with clear actions identified.

Aside from the lines of authority set out within the management structure, the centre did not have an internal management structure. There was no deputy or designated leader in the absence of the manager.

The manager was present in the centre 3 days per week and available over the phone when not in the centre. Throughout the remaining 4 days, there was no assigned leadership role within the centre. During interview, staff stated that the manager was available over the phone if needed and that decisions were agreed amongst the team in the absence of a leader. The regional manager informed inspectors that the reason the manager was not present full time in the centre was due to the ethos of the organisation. However, inspectors found that there were some practice concerns such as poor boundaries and the management of behaviour that challenged that would benefit from the managers observation, direction and guidance. The internal management structure must be reviewed in line with the centre's purpose and function to ensure that a designated leader(s) is present within the centre in the absence of the centre manager.

There was a service level agreement in place with the Child and Family Agency and meetings took place as required.

The centre had recently undertaken a full review of the policies and procedures, and these were found to be in line with regulatory requirements. The regional manager had informed the staff team one week prior to inspection that the policies had been updated and were available in the staff office. During interview, staff confirmed they had not read the updated policies. A review of the policy document folder evidenced that staff had not signed the policy document to evidence they had read and understood the new policies and procedures. The regional manager and centre manager must ensure that a programme of training is devised and implemented to ensure that all staff are familiar with the updated policies and procedures and the guiding documents underpinning them.

There was a risk management framework in place that included individual risk assessments for young people and a centre risk register. Inspectors found the risk register to be detailed in the identification, assessment and management of centre-based risk. The register was updated, reviewed and reflected new admissions to the centre. The risk register identified the manager not being present on a full-time basis as a risk, however the inspectors were of the view that mitigation measures identified were not sufficient to ensure safe and effective care of young people. Senior managers within the organisation must review the risk rating assigned to this risk and strengthen the mitigation measures in place. Inspectors reviewed the individual risk assessments on file for young people. These were found to be mainly based on the risk posed by COVID-19 and young people participating in activities. Inspectors found that a young person who required intimate care by staff did not have a risk

assessment for this practice on file and did not have an intimate care plan developed in line with the centre's policy. The centre manager must ensure that an intimate care plan is developed in conjunction with the supervising social worker and that this plan is understood by all staff. Inspectors found a lack of management oversight on individual risk assessments. The centre manager must monitor and sign off on all individual risk assessments to ensure appropriate identification, assessment and management of risk.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must undertake a review of the internal management structure in line with the centre's purpose and function to ensure that a designated leader(s) be present within the centre in the absence of the centre manager.
- The regional manager and centre manager must ensure that a programme of training is devised and implemented to ensure that all staff are familiar with the updated policies and procedures and the guiding documents underpinning them.
- The centre manager must ensure that an intimate care plan for a young person is developed in conjunction with the supervising social worker and that this plan is understood by all staff.
- The centre manager must monitor and sign off on all individual risk assessments to ensure appropriate identification, assessment and management of risk.

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.

There was evidence that the centre undertook some workforce planning in delivering safe and effective care to young people. There were policies to support the recruitment, induction, training, and support of staff. A review of team meetings and managers meeting minutes evidenced that some discussions in relation to annual leave, sick leave legislation and on-call had taken place. Supervision records further reflected a focus on planning for different types of leave with staff members and a review of the internal management structure. However, there was no evidence from the management meeting minutes or the managers supervision records that the organising of the centre manager's time as discussed under standard 5.2 is monitored to ensure the on-going delivery of safe and effective care.

The centre had the minimum numbers of staff employed with regard to the current numbers and needs of the young people living in the centre at the time of inspection, however recent changes had resulted in reduced numbers of relief staff available to the centre. The staffing team consisted of the centre manager, eight social pedagogue staff and two support pedagogues also known as relief staff. One of the social pedagogues had taken up a temporary role in June 2021 in another centre and that role was filled by a support pedagogue at the time of inspection. This resulted in the centre having one support pedagogue available which was insufficient. The centre was in the process of recruiting an additional support pedagogue however staff were covering additional shifts due to sick leave and annual leave and had insufficient access to additional staff. A review of the roster evidenced staff working back-to-back sleep over shifts and sleep over shifts into day shifts. This practice must cease immediately. The registered provider should ensure that there are sufficient numbers of staff in the centre having regard to the number of children residing there and the nature of their needs.

The inspection found that the staff working in the centre had a range of skills, experience and knowledge required to meet the needs of young people living in the centre. The young person who met with inspectors said that the staff team looked after them well and they were happy living in the centre.

A review of personnel files evidenced that staff had a mix of social care and other relevant qualifications. There was a stable team, many of whom had worked in the centre for a number of years.

There were several deficits found by inspectors on review of the staff personnel files that the centre manager must address. One staff member who had lived outside of the jurisdiction for several years had no police vetting from the country they resided in. This must be addressed as a matter of priority and a risk assessment undertaken in the intervening time. Whilst staff had copies of their qualifications on file, only one file was found to contain a verification letter from the awarding college. All qualifications must be verified. A risk assessment undertaken as a result of a Garda vetting disclosure was on file however there was no evidence that the actions identified on the risk assessments had been fully undertaken. Reference checks for one staff member were incomplete and mandatory training in fire safety and first aid was required by one staff member. Child protection training was found to be up to date for the team apart from one staff member. The centre manager must undertake a full review of personnel files and address all deficits found.

The centre had arrangements in place to promote staff retention. Supports available to all staff included individual, clinical, and team supervision, access to a senior psychologist, an employee assistance programme, a programme of training and financial support with further education.

The centre had an on-call policy that outlined who provided on-call, situations when on-call must be contacted and the procedure for making contact. The policy outlined that on-call was provided by staff members who were deemed to have the relevant experience to carry out this function. The relevant experience was defined as having worked in a children's residential centre for a minimum of two years and being outside of the probation period. Inspectors found that the policy was adhered to in assigning on-call duties to staff members. During interview, one staff member who was on-call did not provide the advice sought when contacted and subsequently contacted the centre manager for direction. The regional manager and centre manager must ensure that this policy is kept under review to ensure that staff who provide on-call can fulfil the requirements of the role.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider should ensure that there are sufficient numbers of staff in the centre having regard to the number of children residing there and the nature of their needs.
- The registered provider must ensure that additional relief staff members are recruited.
- The regional manager and centre manager must undertake a full review of personnel files. The following must be addressed:
 - Police vetting for the staff member who lived outside of Ireland be obtained and a risk assessment undertaken in the intervening time.
 - Verification of all qualifications
 - Full reference checks
 - Risk assessment actions fully undertaken
 - Mandatory training be completed and up to date for all staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that arrangements are in place for the centre to receive up-to-date care plans for each young people from the allocated social workers in a timely manner.</p> <p>The centre manager must ensure that where appropriate, young people are afforded opportunities to be involved in their placement planning and goal setting.</p>	<p>Outstanding care plans have been received by the centre since the inspection having been requested by the centre. The centre manager has raised this issue at child in care reviews and requested that care plans are updated and issued in a timely manner for both young people.</p> <p>A discussion has been held at team and management meetings about the need to better evidence that young people participate in a meaningful and appropriate way in the placement planning and goal setting processes. Keyworkers are clear in relation to their role and have commenced documenting individual work with young people in relation to their placement plan and goals.</p> <p>This is being kept under review by the</p>	<p>The regional manager has developed an escalation process, with identified persons responsible, and timelines, to ensure that the centre will receive up-to-date care plans for each young person from the allocated social workers in a timely manner.</p> <p>The residential manager and regional manager will review this area as part of their governance of the centre and auditing processes to ensure that where appropriate, young people are afforded opportunities to be involved in their placement planning and goal setting.</p>

	<p>The centre manager must sign placement plans and demonstrate that all staff have input into the development and review of placement plans.</p>	<p>residential manager as part of their governance of the centre. A child-friendly placement plan document has also been introduced to assist children in better understanding their placement goals.</p> <p>All outstanding placement plans have been signed by the centre manager. The placement plan process has been reviewed with the centre manager and the staff team. The centre manager has implemented placement goal setting as a monthly standing agenda point in the team meetings.</p>	<p>Integrating team review of placement plans into the team meeting ensures that all staff have input into the development and review of placement plans, and how the team supports the young person in achieving their goals.</p>
5	<p>The registered provider must undertake a review of the internal management structure in line with the centre's purpose and function to ensure that a designated leader(s) be present within the centre in the absence of the centre manager.</p>	<p>A review has been undertaken and the management structure has been adjusted accordingly. This structure includes a deputy residential services manager and 3 social care leaders (lead pedagogues). This strengthens the management structure of the centre and ensures a daily leadership presence in the centre.</p>	<p>The centre's schedule is designed to ensure a leadership presence in the centre daily. This structure is now a permanent feature of the centre.</p>

	<p>The regional manager and centre manager must ensure that a programme of training is devised and implemented to ensure that all staff are familiar with the updated policies and procedures and the guiding documents underpinning them.</p> <p>The centre manager must ensure that an intimate care plan for a young person is developed in conjunction with the supervising social worker and that this plan is understood by all staff.</p> <p>The centre manager must monitor and sign off on all individual risk assessments to ensure appropriate</p>	<p>The regional manager and centre manager have devised a programme of training and they will ensure it is implemented as scheduled. All new and updated policies are also brought into team meetings to ensure understanding and familiarity. This will be reflected in team meeting minutes.</p> <p>The centre manager and relevant keyworkers developed an intimate care policy which reflected practice in the centre. This has been shared with the social work department and communicated to the staff team at a team meeting.</p> <p>The centre manager has ensured that all risk assessments are signed off and appropriate attention is given to the</p>	<p>Policy training is an ongoing process through team meetings, individual supervision, and policy-specific training. The organisation's policy review group also reviews policies and procedures on an annual basis, with all updates also being communicated to the staff teams in the above settings.</p> <p>Future analysis of young people's needs will ensure that where intimate care needs must be met with the assistance of staff; a care approach will be developed in conjunction with the placing social work department in a timely manner. Care approaches of this nature will be distributed to the team and reviewed at team meetings to ensure all staff are aware of the approach to be followed.</p> <p>The centre manager has responsibility to ensure all risk assessments are appropriately monitored and signed off.</p>
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	identification, assessment and management of risk.	identification, assessment, and management of risk.	The regional manager reviews risk management as part of their governance of the centre.
6	<p>The registered provider should ensure that there are sufficient numbers of staff in the centre having regard to the number of children residing there and the nature of their needs.</p> <p>The registered provider must ensure that additional relief staff members are recruited.</p> <p>The regional manager and centre manager must undertake a full review of personnel files. The following must be addressed:</p> <ul style="list-style-type: none"> ○ Police vetting for the staff member who lived outside of Ireland be obtained and a risk 	<p>The centre now has sufficient numbers of staff having regard to the number of children residing and their needs.</p> <p>The registered provider has since inspection hired an additional relief staff member who has commenced employment.</p> <p>The following actions have been completed in relation to this recommendation:</p> <ul style="list-style-type: none"> ○ The staff member's out of state vetting has been secured. The staff member did not work in the centre 	<p>Workforce planning is kept under review by the regional manager and residential services manager.</p> <p>Workforce planning is kept under review by the regional manager and residential services manager.</p> <p>The recruitment policy has been updated with the following changes and reissued:</p> <ul style="list-style-type: none"> ○ The centre manager must ensure all out of state police clearance is secured and confirm this to the

	<p>assessment undertake in the intervening time.</p> <ul style="list-style-type: none"> ○ Verification of all qualifications ○ Full reference checks ○ Risk assessment actions fully undertaken ○ Mandatory training be completed and up to date for all staff. 	<p>in the period between the inspection and vetting being obtained.</p> <ul style="list-style-type: none"> ○ Verification of qualifications have been placed on all staff files. ○ All reference checks are now complete ○ The risk assessment in relation to a staff member has been reviewed by the regional and residential managers and updated. ○ The centre manager and regional manager have carried out a review of mandatory training and put a plan in place to ensure all training is fully up to date by the end of September 2021. 	<p>regional manager prior to a new employee commencing employment.</p> <ul style="list-style-type: none"> ○ Verification of qualification must be provided by the employee at the job offer stage of the recruitment process. <p>In addition, the regional manager has developed a personnel file audit which will be completed by the centre manager prior to any new staff members commencing to ensure they are compliant and also on a quarterly basis. This tool will ensure that managers can identify any deficits and take immediate action to remedy.</p>
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