



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 116

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Compass Family Services
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of Inspection:	25th and 26th February 2020
Registration Status:	Registered from the 05th of December 2019 to the 05th of December 2022
Inspection Team:	Paschal McMahon Joanne Cogley
Date Report Issued:	8th May 2020

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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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in December 2016. At the time of this inspection the centre were in their second registration and were in year one of the cycle. The centre was registered without conditions attached from the 05th of December 2019 to the 05th of December 2022.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as a relational based model within a shared living environment. The fundamental basis for this programme was that professionally qualified adults, called house pedagogues, live with and share the living space with young people with the primary purpose to care for the young people in a consistent and predictable fashion. A primary focus of the work with young people is informed and guided by an understanding of attachment patterns. There were two young people living in the centre at the time of the inspection. The centre was granted derogation to accommodate one of the young people as they were less than thirteen years of age on admission.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about

how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

At the time of this inspection the centre was registered without conditions from the 5th December 2019 to the 5th December 2022. A draft inspection report was issued to the registered provider, senior management and centre manager on the 31st March 2020 and to the relevant social work departments on the same date. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 15th April 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

Inspectors reviewed the centres child protection policies and found that these policies needed to be reviewed and updated to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. Inspectors were informed that the organisation had a plan in place to update all policies and procedures to reflect the Children First Act, 2015 and the National Standards for Children's Residential Centres, 2018 (HIQA) and this process had commenced. The centre had an appropriate child safeguarding statement and a letter of compliance confirming it had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The child safeguarding statement presented for inspection had a scheduled review date of the 1/2/20 but had not been reviewed at the time of inspection. Centre management must ensure that the statement is reviewed as soon as possible. Inspectors found that staff in interview were aware of good safeguarding practices and the risks identified in the child safeguarding statement.

The centre had a bullying policy. Staff were aware of the appropriate responses to bullying and there were no recorded incidents of bullying on file in the period under review. The centre had a policy on use of mobile phones and the internet and all young people had internet safety plans setting out appropriate boundaries surrounding internet usage based on age, level of maturity and individual circumstances. There was also evidence on file that extensive individual work had been carried out with the young people in relation to online safety and the use of social media.

The centre manager was the appointed designated liaison person and had been trained in the role. Staff had received appropriate training regarding recognising and responding to allegations of abuse. All staff in the centre had completed training in the Tusla's E-Learning module: Introduction to Children First, 2017. In December 2019, three of the staff received supplementary training in child safeguarding and the centres policies on child protection. The centre management must ensure that the remaining staff members receive this training as soon as possible. Staff interviewed

were aware of the appropriate responses in responding to a disclosure of abuse and had a good knowledge of reporting and notification procedures.

There was good evidence that the centre worked in partnership with social workers and where possible with families. Supervising social workers informed inspectors that there was good communication between the centre and they worked collaboratively in responding to any child protection or safety concerns.

The inspectors met with the young people in placement and they stated they felt safe and well cared for in the centre. There was good evidence on care files and key work records of individual work being undertaken with the young people in regards to keeping themselves safe. Risk assessments and safeguarding measures had been put in place whenever there was a safeguarding concern. Staff in interview were aware of the vulnerabilities and risks associated with each young person in placement and the safeguarding measures they had in place to protect them. Social workers for the young people confirmed they were satisfied their allocated child was safe and had no safeguarding concerns.

There were arrangements in place for parents and guardians to be informed of any incident or allegation of abuse. Inspectors reviewed the centre child protection register and noted that there had been one child protection and welfare notification since the last inspection which had been managed appropriately and formally closed by the placing social worker.

The organisation had a whistle blowing policy that outlined the procedure in place for making a protected disclosure. Staff in interview stated they were satisfied that they would be supported by management in raising concerns without fear of adverse consequences to themselves.

Standard 3.2

The centre had a policy on the positive management of behaviour. Staff had been trained in a recognised model of behaviour management and refresher training took place within the required timeframes. The inspectors found that the staff were aware of the underlying causes of behaviour and had measures in place to assist and support the young people in managing their own behaviour. Staff sought to identify the causes of challenging behaviour and it was clear that the work with young people was conducted through positive relationships in line with the stated model of care. The inspectors found the young people were supported to develop an understanding

of their behaviour. It was evident from inspectors' meetings with the young people and a letter given to inspectors by one of them that they felt that the staff were very committed, understanding and respectful and always interacted with them in a positive way. In interview the team were aware of mental health issues, harassment, neglect and abuse and how these can impact on the behaviour of young people.

Inspectors reviewed consequences on file and noted that in some cases there had been an overreliance on consequences in regards to one young person and consequences issued were not always linked to behaviour. There was evidence of double sanctioning in some instances whereby the young person was sanctioned for inappropriate behaviour in school and then received another consequence from the centre. The inspectors found evidence on records that this issue had been addressed by the team and guidance provided by the organisations psychologist on the appropriate issuing of consequences. Since then inspectors noted that there was a new format for the issuing and recording of consequences and there had been a reduction in consequences issued.

Behaviour management approaches were reviewed regularly at team meetings and in clinical supervision. Both young people had an individual crisis management plan (ICMP) on file which was reviewed regularly. Individual risk assessments had been carried out and there were risk management plans in place where necessary. Inspectors noted that the young people's ICMPs did not specify physical restraint as an intervention or any alternate strategy to be utilised in response to the possibility of the young people placing themselves or others at risk of harm. Inspectors recommend that the young people's ICMPs are amended to include the appropriate response to such high risk behaviours.

There was evidence that external managers had oversight of significant events that occurred in the centre along with oversight of records relating to consequences and significant events. The regional manager had recently commenced a themed auditing process that evidenced oversight and monitoring of the centre's approach to managing behaviour that challenges.

At the time of inspection inspectors found no evidence of restrictive practices in place in the centre.

Standard 3.3

Inspectors found that an open culture existed in the centre and staff that were interviewed were able to give examples of challenging each other's practice. The organisation provided regular group supervision facilitated by an external consultant which allowed for the staff team to raise, explore and discuss work related issues as a group in a consistent and planned manner. In interview the young people told inspectors that they were aware of how to raise concerns and were satisfied with the responses to any concerns or complaints they had made.

There was evidence that the centre was in regular contact and worked closely with social workers and where appropriate family members. However, there were no formal mechanisms in place for them to provide feedback on the care being provided and to identify areas of improvement. The centre manager must develop a mechanism for significant people in the young people's lives to provide feedback on the care being provided by the centre for learning and quality improvement purposes.

The inspectors found that the centre had a written policy and appropriate guidelines in place regarding the recording and notification of significant events. Significant event notifications were sent to the social workers, young peoples' guardians ad litem, the organisation's psychologist and the Tusla National Private Placement Team. The centre was part of a significant event review group that met regularly and reviewed incidents for a number of the centres in the region. Significant events were also reviewed at team meetings, with staff in supervision and at organisational management meetings and feedback and learning outcomes were communicated to the staff team. Supervising social workers interviewed by the inspectors confirmed that they were promptly notified of all significant events.

Compliance with Regulation

Regulation met	Regulation 16
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Compliance with standards

Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	Standard 3.1 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The registered proprietor must ensure that the centres child protection policies are reviewed and updated in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The registered proprietor must ensure that the centres child safeguarding statement is reviewed.
- The registered proprietor must ensure that training in the centres child protection policies is provided to all staff that require it as soon as possible.
- The centre manager must develop a mechanism for significant people in the young people's lives to provide feedback on the care being provided by the centre for learning and quality improvement purposes.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The registered provider had policies and procedures in place to ensure that the centre operated in line with the relevant legislation and regulations. Prior to the inspection the organisation had set up a working group to review and update their policies and procedures in line the National Standards for Children's Residential Centres, 2018 (HIQA). The inspectors were informed that this review is expected to be completed by June 2020.

Overall, staff interviewed demonstrated an understanding of the centres policies and procedures and other relevant legislation for the care and welfare of children. However, not all staff interviewed were familiar with the new National Standards for Children's Residential Centres, 2018 (HIQA). While there was evidence in staff supervision records of the new national standards and policies and procedures being discussed inspectors found no evidence of this in team meeting records. The inspectors recommend the centre manager develops an on-going programme of policy review at team meetings and in staff supervision to ensure all staff members can demonstrate a good understanding of policies, legislation and national standards in the context of their day-to-day work.

Standard 5.2

There was a governance system in place and clearly defined lines of authority and responsibility. Each person had a job description and was clear in respect of their roles and responsibilities. A qualified and experienced centre manager had been in post for two years. From the review of centre files, questionnaires and interviews with staff and social workers it was evident that the centre manager demonstrated good leadership skills. The centre manager reported to an acting regional manager and attended management meetings along with managers from the organisation's other centres and senior management. These meetings were chaired by the C.E.O. and took place approximately every two weeks.

Forums such as group supervision and clinical supervision provided by the organisation were valued by the staff in promoting and maintaining a culture of learning, quality and safety within the centre.

The regional manager confirmed that a service level agreement was in place with the funding body Tusla. The organisations senior management negotiated with the national placement team and provided them with regular reports.

The centre had risk management policies and procedures in place for the identification, assessment and management of risk. Preadmission risk assessments had been carried out prior to the young people's admission and there was very good evidence of individual risks being assessed and reviewed on an on-going basis. The centre maintained a risk assessment folder which related to centre specific risks but did not include corporate risks. The managers acknowledged that further work was required on the risk management framework which was being undertaken by the organisations senior management.

The centre had a management structure appropriate to its size and purpose and function. There were arrangements in place to provide adequate managerial cover when the manager took periods of leave. Some of the managerial responsibilities had been delegated to other staff members and a formal record of this was in place as required. There was an on call policy in place to guide, support and direct staff in the absence of the centre manager.

Standard 5.3

The centre had a written statement of purpose which described the model of service provision. The statement outlined the aims, objectives and ethos of the service along with the key policies in place to guide practice and ensure the satisfactory care of young people. There were two people in residence at the time of inspection and the statement of purpose was reflected in the day-to-day operation of the centre.

Inspectors noted that the statement did not contain an organisational map detailing the management structure and the number staff employed in the centre and needs to be amended to include this. The inspectors also found that the statement of purpose was not reviewed since January 2019 and must be updated to ensure compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA).

Information on the centres statement of purpose was provided in young people’s booklets. At the time of inspection, inspectors were informed that the organisation was developing a booklet to provide written information for parents and families.

The staff team were trained in the social pedagogy model of care. It was evident from staff interviews that they were invested in the model and it was embedded in practice in their interactions with the young people. Staff were provided with model of care training that was supplemented by annual refresher training. One staff member who had been working in the centre for seventeen months at the time of inspection had not had received any formal training in the model of care and this must be addressed.

Standard 5.4

The inspectors found that a new audit tool had been introduced to assess and benchmark the centre against the National Standard for Children’s Residential Centres, 2018 (HIQA). The first of these audits was carried out on the 29/01/20 and further audits were planned on a quarterly basis. There were a range of internal systems in place to monitor the quality and safety of care in the centre. There was evidence that the centre manager was monitoring the quality of care through their visits to the centre, meeting with the young people and staff and the monitoring of records. The manager and a staff member also conducted monthly audits which were sent to the regional manager. A new acting regional manager had been appointed three weeks prior to the inspection and there was evidence of their oversight in the centre. In interview they outlined to inspectors the mechanisms they planned to implement to review and ensure the quality, safety and continuity of care going forward.

There was evidence that the service held monthly management meetings, care plan meetings and clinical meetings to review the quality of care and ensure good outcomes for the young people. The social workers interviewed during the inspection process stated that the quality of care provided to the young people was of a very high standard.

The centre had a complaints policy in place which was understood by both staff and young people. The inspectors reviewed the complaint records on file and were satisfied that managers were monitoring and analysing complaints to identify any trends to promote learning and improvement.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.4
Practices met the required standard in some respects only	Standard 5.1 Standard 5.2 Standard 5.3
Practices did not meet the required standard	None identified

Actions required

- The registered proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children's Residential Centres 2018 and other relevant legislation by June 2020.
- The registered provider must develop a risk management framework to identify, assess and manage centre and organisational risks.

- The registered provider must ensure that the statement of purpose is reviewed and updated. The statement must include an organisational map detailing the management structure and the number staff employed in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered proprietor must ensure that the centres child protection policies are reviewed and updated in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The registered proprietor must ensure that the centres child safeguarding statement is reviewed.</p> <p>The registered proprietor must ensure that training in the centres child protection policies is provided to all staff that requires it as soon as possible.</p>	<p>Child protection policies reviewed and updated in compliance with Children First 2017 on 10/04/20. Relevant policy forwarded to monitoring and inspection service.</p> <p>Centre Child Safeguarding statement reviewed on 01/04/20. Statement forwarded to monitoring and inspection service.</p> <p>The training coordinator in conjunction with the residential manager has made provisional arrangements with an appropriate training provider to facilitate child protection training to relevant staff</p>	<p>The organisation has developed a policy review group that will review and update all policy documentation annually. Review group presently aligning Compass policies and procedures with HIQA National Standards 2018. Completion date set for June 2020.</p> <p>As above.</p> <p>The company's training co-ordinator has been provided with updated guidelines regarding training requirements for child protection. The regional and residential managers will ensure training as identified</p>

	<p>The centre manager must develop a mechanism for significant people in the young people's lives to provide feedback on the care being provided by the centre for learning and quality improvement purposes.</p>	<p>following the lifting of Covid19 related restrictions. In the event that restrictions prevent face to face training into the summer months, the trainer can facilitate through a secure online platform.</p> <p>All staff members complete the TUSLA e-learning module: Introduction to Children First, 2017 prior to commencement of employment. All staff members receive in house training in child protection and it is mandatory for all employees to familiarise themselves with the company policy.</p> <p>The Head of Services at Compass CFS has introduced a survey for staff to provide feedback on the care being provided by the centre. This will be extended to families, significant people in the children's lives and external professionals. The centre has regular and qualitative communication with parents of young people through monthly and quarterly Child In Care Reviews and at access visits. The centre also requests that the placing Social</p>	<p>in the updated child protection policy is adhered to. Preliminary discussions have taken place within the management team to designate and train a suitable candidate to provide Child Protection training in-house going forward.</p> <p>Feedback process to take place throughout 2020 and regularly thereafter.</p>
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		Workers feedback regular reports and updates given by the young people's carers and to those of significance in their lives.	
5	<p>The registered proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children's Residential Centres 2018 and other relevant legislation by June 2020.</p> <p>The registered provider must develop a risk management framework to identify, assess and manage centre and organisational risks.</p>	<p>The policy and procedure document is updated at the beginning of each calendar year. The policy document will be edited to align to the National Standards for Children's Residential Centres 2018 (HIQA) and other relevant legislation. Completion date June 2020.</p> <p>The organisation has an existing risk management framework which has been attached for review. The risk management framework will be reviewed and updated in accordance with the requirements of the National Standards for Children's Residential centres 2018 (HIQA). This is to include a centre risk register and an organisational risk register. Completion date June 2020.</p>	<p>The organisation has developed a policy review group that will review and update all policy documentation in January of each year.</p> <p>Organisational and centre risk register to be introduced and added to policy document for 2020.</p>

	<p>The registered provider must ensure that the statement of purpose is reviewed and updated. The statement must include an organisational map detailing the management structure and the number staff employed in the centre.</p>	<p>Statement of purpose and function reviewed and updated, organisational map included 01/04/20, please see attached.</p>	<p>Statement of Purpose and Function to be reviewed annually in line with policy and procedures review or will be will be modified appropriately when changes occur.</p>
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