



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	Compass Family Services
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	02nd and 03rd February 2021
Registration Status:	Registered from the 05th of December 2019 to the 05th of December 2022
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	20th April 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 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 two 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 was 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 inspector examined the following themes and standards:

Theme	Standard
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4
7: Use of Resources	7.1

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. Due to the emergence of Covid-19 this review inspection

was carried out remotely. This inspection was carried out 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 and to the relevant social work departments on the 12th of March 2020. 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 26th March 2020. After further communication with the centre manager in respect of the CAPA, it 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: 116 without attached conditions from the 05th December 2019 to the 05th December 2022 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.

Inspectors were satisfied that the centre undertook workforce planning to ensure the centre was adequately resourced with appropriate staffing levels. Staffing levels in the centre were reviewed on an on-going basis by the centre manager and regional residential services manager and in the organisation's management meetings. Inspectors reviewed staff rosters and noted that there were appropriate numbers of staff on shift in the centre to meet the needs of the two young people in residence at all times.

Inspectors found that there was a consistent experienced staff team in place from diverse backgrounds with a good age and gender balance and a suitable mix of qualifications. The young people's social workers in interviews emphasised the stability of the staff team and their strong relationships and commitment to the young people as being key factors in the significant progress the young people had made in the centre. Young people in their questionnaires stated they liked living in the centre and expressed high regard for the staff team.

The centre had adequate relief staff to cover annual leave, sick leave and other forms of leave. There was evidence that workforce planning took account of contingency cover for emergencies. At the time of inspection, the centre had a contingency plan in place for Covid 19 and the organisation had recruited a cohort of relief staff to ensure there was cover for any potential staffing shortfalls. In addition, the centre had financed accommodation for three staff members to reside together during the pandemic in an effort to limit their physical contact with others.

The organisation was very successful in promoting staff retention and continuity of care ensuring the young people experienced stability. Inspectors found that there was only one staff change since March 2020. Staff members interviewed cited the organisation's support systems along with the support and assistance they received in

accessing further training and development opportunities as positive aspects of working for the service.

There was a formalised on call system in place to support staff at evenings and weekends provided by the centre manager and the social care leader.

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

The inspectors found that the centre’s recruitment policies and practices were not compliant with the standards and legislation. The centre’s staff recruitment policy presented for inspection was outdated and was not comprehensive enough in detailing all aspects of the selection and recruitment process. The centre recruited for three roles within the centre - house pedagogues, activity pedagogues and support pedagogues. The centre’s current staff recruitment policy outlined a detailed suitability assessment process for the live in house pedagogues but made no reference to the recruitment or selection process for activity and support pedagogues. The registered provider must develop a staff recruitment policy for the recruitment and selection of all roles within the centre.

The inspectors examined the recruitment process for the one staff member that had been recruited since the last inspection and found that safe recruitment and vetting procedures had not been followed. The staff member when recruited was interviewed solely by the centre manager as opposed to an interview panel. Copies of written employee references provided to inspectors also showed that two of the three written references were not obtained until after the staff member took up their post. The registered provider must ensure that the centre’s staff recruitment practices are more robust ensuring that strict vetting procedures are adhered to going forward. In the interests of safeguarding the registered provider must also ensure that interview panels are comprised of a minimum of two members of the organisation’s management team.

Inspectors were satisfied that the staff recruited had the necessary qualifications and personal attributes for their roles. The majority of the staff team had a number of years’ experience and both social workers stated that the team were highly competent and provided a highly supportive and caring environment for the young people.

The centre manager was a suitably qualified person with extensive work experience in residential care and had been in post for three years. From the review of questionnaires and interviews with staff and social workers it was evident that the centre manager demonstrated good leadership skills and was highly regarded by the staff team and social workers.

Staff members confirmed they received job descriptions and contracts prior to taking up their posts. Each staff had a personnel file which was maintained by the organisation's administration manager. The regional residential services manager in interview informed inspectors that they were in the process of implementing a plan to audit the personnel files biannually.

The centre did not have a specific written code of conduct for staff. However, the centre had a number of policies and an employee handbook which had been updated prior to the inspection which outlined the centres expectations regarding employees' behaviour. Staff interviewed referenced the handbook and the centre's model of care which underlined the importance of maintaining personal, private, and professional boundaries. Staff had received training in relation to professional conduct and it was also discussed at team meetings. The inspectors must ensure that the registered provider develops a specific written code of conduct for staff.

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 interviewed by inspectors had a clear understanding of their roles and responsibilities and the reporting lines in place for the centre and organisation. Staff demonstrated a good understanding of the centre's policies and procedures in interviews and in their questionnaires.

The centre had a centre manager and a social care leader in post. The centre manager was based off site so staff had a high degree of autonomy and were expected to exercise their professional judgement in decision making. Staff reported that there was a shared responsibility and all major decisions were made as a team and were able to demonstrate this in interview. The centre manager received daily handovers, visited the centre regularly and maintained daily contact with the team by phone and email. Through a review of daily handovers, supervision, reflective learning and team

meetings it was evident that the centre manager was accessible and staff were supported to effectively develop and exercise their professional judgement.

Staff interviewed were aware of the centre's procedures to protect them in their work. All staff referenced the centres lone working policy and were able to provide examples of good safeguarding practices. Staff were trained in child protection and behaviour management and there were individual and environmental risk assessments in place to promote staff safety.

There was evidence from interviews and questionnaires of a strong culture of learning and development in the centre. Staff stated that there was openness to challenging each other's practice and learning from one another. Group supervision was also valued by the staff team as an effective forum for exploring team dynamics and reflecting on their work with the young people. All staff reported that they were encouraged to develop their skills and practices and were provided with internal and external learning opportunities. Reflective practice was encouraged by the centre manager and there was evidence of reflective practice across a range of records including clinical supervision, team meetings and staff supervision.

The centre held team meetings every two weeks and attendance was mandatory. Inspectors reviewed a sample of team meeting records and found that the recording needed to be improved. The inspectors noted that at the start of each meeting there was no recorded review of the previous meeting minutes and of any agreed follow up actions. Inspectors recommend that the centre manager ensures that staff meetings are more structured and that all team meetings review any follow up actions agreed at previous meetings.

The centre had a supervision policy which stated that individual supervision is provided once every six weeks for all full time staff. Supervision was provided by the centre manager and social care leader, both of whom had received supervision training. All staff interviewed and in questionnaires confirmed that they had a supervision contract and that they had received supervision regularly in line with the timeframes outlined in the supervision policy. Supervision records viewed by inspectors were of a good standard but similarly to team meetings, supervision sessions were not linked and there was no recording at the start of each supervision session of a review of actions agreed at the previous session and this should be amended going forward. In addition to individual supervision the team were provided with both clinical and team supervision which staff found very beneficial in terms of guidance, support and reflective practice. Staff in the centre had not

received supervisee training which is a requirement of the National Standards for Children's Residential Centres, 2018 (HIQA) and this training should be provided.

The centre had introduced annual appraisals for staff members prior to inspection. Inspectors reviewed a completed appraisal form and found it to be to a good standard. Staff interviewed stated that they found the appraisal system beneficial in terms of reviewing their performance and identifying areas of professional development.

There were a number of support mechanisms in place to support staff in their work. This included debriefing sessions following significant incidents and group and team supervision. The centres psychologist also supported the staff team and staff had access to an external employment assistance programme.

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

There was evidence from interviews and in staff questionnaires of a good focus on the promotion of training and development in line with the requirements of legislation, standards and guidelines, and the needs of the young people. Training records provided to inspectors showed that all staff had all the required core training in behaviour management, child protection, fire safety, and first aid. Due to Covid 19, a lot of training was being accessed online. All staff in questionnaires and interviews placed a strong emphasis on the importance of the centre's social pedagogy model of care and there was evidence in training records of on-going training and conferences taking place. While there was evidence that training needs and expiry dates for mandatory training were being monitored by the organisation's administrator, there was no training schedule in place and management did not conduct a regular training analysis to determine the training needs of the staff team. The inspectors recommend that the registered provider implements a training schedule and undertakes a regular training needs analysis to determine the needs of the staff team.

All staff interviewed during the inspection highlighted that they were supported and encouraged by the organisation to identify and source additional training to benefit their own professional development. A number of staff were being supported to gain additional qualifications and others had been funded and facilitated to attend relevant external courses.

The centre had a formal induction policy in place. Inspectors interviewed the most recently recruited staff member and they confirmed that they had completed a formal induction over a number of days with the social care leader. This process included an introduction to centres recording systems, policies and procedures and the completion of an induction checklist which was reviewed subsequently in supervision. All training records were maintained and kept up to date by the organisations administrator.

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
Practices met the required standard in some respects only	Standard 6.2 Standard 6.3 Standard 6.4
Practices did not meet the required standard	None Identified

Actions required

- The registered provider must develop a staff recruitment policy for the recruitment and selection of all roles within the centre.
- The registered provider must ensure that the centre’s staff recruitment practices are more robust ensuring that strict vetting procedures are adhered to going forward.
- The registered provider must ensure that interview panels are comprised of a minimum of two members of the organisations management team.
- The registered provider must develop a specific written code of conduct for staff.
- The centre manager must ensure that staff meetings are more structured and that all team meetings review any follow up actions agreed at previous meetings.
- The centre manager must ensure that all staff receive supervisee training in accordance with the National Standards for Children’s Residential Centres, 2018 (HIQA).

- The registered provider must implement a training schedule and undertake a regular training needs analysis to determine the needs of the staff team.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

There were systems in place in the centre for the planning and allocation of resources to meet the needs of the young people placed in the centre in accordance with the centre's statement of purpose. Inspectors were satisfied from a review of documentation and interviews with management, staff and social workers that there were adequate resources available to meet the needs of the young people. The centre was adequately staffed and there was sufficient relief staff to cover periods of leave. The staff team were seen as an important resource and there was evidence that they were supported in their work and encouraged to up skill and engage in on-going training and development.

The centre had access to clinical support within the organisation and young people were linked in with external therapeutic services and agencies as required. Social workers reported that the centre also had established good relationships with local schools and specialist support services such as CAMHS to assist them in addressing any additional needs identified in the young peoples' care and placement plans.

Planning and allocation of resources was discussed in a number of forums including hand over meetings, team and management meetings. The centre manager was accountable to senior management for ensuring that they were aware of the resources required to meet the needs of the young people. The centre manager was responsible for ensuring that the budget was adhered to and ensuring appropriate financial records were maintained including oversight of the centres petty cash system. The centre manager reported that they had sufficient resources to run the centre and in the past when additional funding was requested it had been provided. Staff members interviewed were satisfied that within the centre there was sufficient funding available to meet the day to day needs of the young people in regards to food, recreation resources, pocket money, activity money etc. Team meeting records also

showed that in cases where staff had requested extra resources to support the care of the young people that these requests were approved by management.

Funding was in place for the upkeep and improvement of the centre. The inspectors noted from a review of records that there was on-going maintenance work taking place and the centre manager outlined a number of works and improvements that had been carried out in the centre in the year prior to inspection. Social workers were satisfied that the centre was well maintained and homely. They stated that the centre had age appropriate and recreational materials and recently funding had been made available to upgrade one of the young people's rooms. Social workers also confirmed that they were satisfied that all resources necessary to support the young people's care plans were made available including supporting and facilitating family contact and transporting young people on access visits.

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

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	<p>The registered provider must develop a staff recruitment policy for the recruitment and selection of all roles within the centre.</p> <p>The registered provider must ensure that the centre's staff recruitment practices are more robust ensuring that strict vetting procedures are adhered to going forward.</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 24th March 2021.</p> <p>The recruitment policy has an added safeguarding measure by which the residential services 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 residential services manager will consent to the employee commencing work.</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 bi-annually by the residential services manager and administrator.</p>

	<p>The registered provider must ensure that interview panels are comprised of a minimum of two members of the organisation's management team.</p> <p>The registered provided must develop a specific written code of conduct for staff.</p> <p>The centre manager must ensure that staff meetings are more structured and that all team meetings review any follow up actions agreed at previous meetings.</p> <p>The centre manager must ensure that all staff receive supervisee training in accordance with the National Standards</p>	<p>The organisations recruitment policy has been updated and details the directive that interview panels comprise at least two members of the management team. This has been reflected in Interviews that have taken place in the intervening period since the most recent inspection.</p> <p>The organisation's policy review group is developing a code of conduct, which includes standards as set out by the Social Pedagogy Professional Association. This will be completed and approved by senior management during quarter two of 2021.</p> <p>Team meetings with review of follow up actions added to standard centre team meeting agenda format as of 05/02/21 and at all subsequent team meetings.</p> <p>The regional services manager is sourcing training from a suitably qualified person</p>	<p>Updated recruitment policy outlined by regional manager at management meeting on 24th March 2021. Records to be reviewed bi-annually by residential services manager in conjunction with administration</p> <p>The code of conduct will be subject to review at least annually or sooner if required.</p> <p>Standardised rolling agenda format altered to reflect addition of follow up actions and this will be continuous. Social Care Leader and all staff informed of this addition.</p> <p>Supervisee skills training will be added to the organisation's training register and schedule.</p>
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	<p>for Children’s Residential Centres, 2018 (HIQA).</p> <p>The registered provider must implement a training schedule and undertake a regular training needs analysis to determine the needs of the staff team.</p>	<p>for staff teams. This will be rolled out during 2021</p> <p>A training schedule and needs analysis is being introduced and will be reviewed quarterly by the regional services manager and training co-ordinator.</p>	<p>Training needs for the service will be reviewed annually by the regional and residential services managers.</p>
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