



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Compass Family Services
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	07th, 08th & 09th March 2022
Registration Status:	Registered from the 05th December 2019 to the 05th December 2022
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	10th June 2022

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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 and Regulation 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 was in their second registration and in year three of the cycle. The centre was registered without conditions attached from the 05th of December 2019 to the 05th of December 2022.

The centre was registered 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.

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 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.

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 centre manager, senior management and the relevant social work departments on the 9th May 2022. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a completed action plan (CAPA) on the 23rd May 2022. After further communication and discussions with the C.E.O. and 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 by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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 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.

There were two young people residing in the centre at the time of the inspection, both of whom had lived in the centre for a number of years. One of the young people who was 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 had recently turned thirteen years of age and had an up-to-date care plan on file. There was evidence that monthly statutory care plan reviews had taken place in the timeframes set out in the legislation and in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*.

The second young person also had an up-to-date care plan on file. The inspectors noted that the minutes from the young person's previous statutory review in February 2020 were not on file. While the residential services manager had made efforts to obtain these care plan minutes; inspectors saw no evidence of this being escalated by any member of senior management. This was acknowledged during interview with the residential regional services manager who informed inspectors that the centre had recently introduced a care plan escalation procedure in cases where child in care reviews were not taking place in line with the regulations or there were difficulties in obtaining care plans.

There was evidence on file that the young people had been involved in the care planning process through attending meetings and ongoing consultation with staff in an age-appropriate manner. Care plan minutes viewed by inspectors confirmed that the views of young people and family members were discussed at their statutory reviews. Placement plans were developed for each young person by the social care leader and the key workers with oversight from the residential services manager. The placement plans which were reviewed monthly included a progress report along with identified priority clinical and key working goals. There was evidence that key areas

in the care and placement plans were being targeted through both individual work and opportunity led discussions which were very natural and led by the team. The centre had developed a child friendly age appropriate placement plan for one young person. Inspectors met with the young person, who reported that they were well cared for and consulted in relation to all aspects of their care and regarded the centre as their home. The other young person was also very satisfied with the level of care they were receiving and confirmed that staff consulted with them and were responsive to their needs. Key working records reviewed by inspectors were of good quality. Staff were utilising child-friendly resources and there was a high level of engagement by the young people. Inspectors found evidence that the young people's families were involved and updated on their placement in line with social work agreement regarding contact with family members.

Both young people had access to a range of specialist services such as Child and Adolescent Mental Health Service (CAMHS), occupational therapy and speech and language services. A clinical psychologist attached to the organisation also provided clinical advice and guidance to the staff team and there was evidence of this guidance in the young people's care files and in staff supervision records.

Both young people were allocated new social workers in the year prior to inspection. The inspectors were satisfied from a review of records that the centre was proactive in contacting the social workers providing them with updates on the young people's progress and seeking additional information for the young people's care files. Inspectors found that social workers were not provided with copies of the young people's placement plans and recommend that placement plans are forwarded to the young people's social workers to ensure they are aware of the work being undertaken with the young people and to provide them with an opportunity for input. There was limited recorded contact from the current social workers on file. One of the young people had not been visited by a social worker in an eleven-month period which is outside the six-month required timeframe in the regulations on the supervision and visiting of children in residential care. The social worker informed inspectors that this was due to issues in relation to Covid 19 and a change in social workers. They had met with the young person on family access and a date was arranged in the near future for the social worker to visit the young person in the centre. The social work department had also agreed to provide the centre with immunisation records for a young person by December 2021 which were still outstanding at the time of this inspection, and this was brought to the current social worker's attention by the inspectors.

Compliance with Regulations	
Regulations met	Regulation 5
Regulations not met	None identified

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

Actions required

- The centre manager must ensure that placement plans are forwarded to the young people's social workers to ensure they are aware of the work being undertaken with the young people and to provide them with an opportunity for input.

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.

There was a management structure in place that defined both internal and external management roles and responsibilities. The organisational structure for the centre comprised of the chief executive officer, who was the named registered provider, a head of services, a regional residential services manager, a residential services manager and a social care leader

There was evidence of effective management and leadership within the centre. The residential services manager was the appointed person in charge and had been in post since April 2018. They were appropriately qualified and had extensive experience in a residential and social care. The residential services manager was based offsite in an office located near the centre and worked office hours Monday to Friday. They maintained daily phone contact with the social care leader and were

kept informed of any significant events and had oversight of centre records. The residential services manager met with the staff and young people during their visits, facilitated team meetings, supervised the social care leader and several staff members. The residential services manager in interview demonstrated a good insight into the young people's needs and their presenting issues. Staff reported that the residential services manager was approachable and supportive, communication was constant and open, and a culture of learning existed in the centre. Both young people also confirmed that the residential services manager had a presence in the centre and was always available to them. Inspectors found evidence from the records that the residential services manager had oversight of daily practice in the centre and the managers comments were observed throughout the files. Social workers interviewed were satisfied with the quality of leadership and management in the centre.

The residential services manager reported to a regional residential services manager. The regional services manager was provided with regular phone updates by the residential services manager. They also received notification of all significant events and had access to information on the centres IT system. The regional services manager responsibilities included monthly visits to the centre, oversight of records, supervision of the residential services manager, and conducting audits of centre records.

Inspectors found that the regional services manager had only visited the centre on three occasions in the year prior to inspection. The residential services manager had not received regular supervision in accordance with the organisation's policy and there was no consistent external auditing system in place. At the time of the inspection the regional services manager informed inspectors that they had stepped down from their role temporarily to manage one of the organisation's other centres and the head of services had assumed the responsibilities of the regional services manager in their absence. Inspectors found that while there had been occasional visits by members of senior management there had been no consistent senior management presence in the centre in the year prior to inspection and there was a lack of external oversight in centre records. Both young people also told inspectors that senior managers rarely visited the centre. The registered provider must ensure that there is consistent external oversight of the centre by senior management to ensure that appropriate and suitable care practices and operational policies are in place and to assess the quality and effectiveness of the service provided to the young people.

The organisation's senior management held regular management meetings, care plan meetings, and clinical meetings at which the residential services manager, the social care leader, and managers from the organisation's other centres attended. The centre had a number of auditing systems in place. The residential services manager and social care leader were conducting monthly audits to ensure compliance with the relevant regulations and to ensure that professional practice was adhered to. Inspectors reviewed a sample of these audits and found that there was evidence of follow through on identified actions.

The centre had a policy on external auditing which specified that the regional residential services manager would undertake quarterly themed audits to assess the safety and quality of care provided against the National Standards for Children's Residential Centres, 2018 (HIQA). However, only two of the four planned audits were conducted in the year prior to the inspection, and these were on themes 5 and 6 of the National Standards. The audit of themed 5 conducted in February 2022 highlighted the lack of external oversight in the centre and the requirement for the regional services manager to visit the house at least once per month and to review the internal audits. The registered provider must ensure that the centre's external auditing schedule is adhered to in the timeframes as outlined in centre policy and identified issues in audit action plans are completed within specified time frames.

The centre had a service level agreement in place with Tusla's National Private Placement Team in place and the residential services manager provided written reports to the funding agency.

Inspectors found that the centre's policies and procedures had been revised in January 2022. The centre managers acknowledged in interview that there was a requirement for some further review and updates in a number of areas including child safeguarding. There was evidence in staff supervision records and recent team meetings that policies and procedures had been reviewed. The registered provider must ensure that the centre's policies and procedures are updated in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant legislation without delay.

The centre had a risk management framework in place for the identification, assessment and management of risk and maintained a risk register for the young people and an organisational risk register. There was evidence of individual risk assessments and safety plans maintained on the individual care files. Inspectors were satisfied that individual risks in relation to the young people were well managed and

were subject to regular review. Risks were scored using a risk matrix. Not all staff in interview were clear in relation to the scoring of risks and this should be revisited with the staff team. The organisation had an on-call system in place in place to support staff in managing incidents and risks in the centre. Support and debriefing was available to staff members if required.

The inspectors found the internal management structure was appropriate to the size and purpose and function of the centre. The centre had appointed a social care leader in May 2020 which the inspectors found had been a positive development for the centre in terms of an onsite management presence and the oversight of documentation.

Alternative management arrangements were in place when the residential services manager took leave, with the regional residential manager assuming responsibility for the centre. Inspectors recommend that the organisation should consider the social care leader taking on the responsibility for covering the residential services managers leave going forward. The residential services manager provided the inspectors with a list of tasks which were delegated by them to other members of staff.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 5

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

Actions required

- The registered provider must ensure that the residential services manager receives regular supervision in accordance with the organisations supervision policy.
- The registered provider must ensure that there is consistent external oversight of the centre by senior management to ensure that appropriate and suitable care practices and operational policies are in place and to assess the quality and effectiveness of the service provided to the young people.

- The registered provider must ensure that the centre's external auditing schedule is adhered to in the timeframes as outlined in centre policy and identified issues in audit action plans are completed within specified time frames.
- The registered provider must ensure that the centres policies and procedures are updated in compliance with the National Standards for Children's Residential Centres 2018 (HIQA) and relevant legislation without delay.

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 workforce planning. Staffing levels in the centre were reviewed on on-going basis by the residential services manager and regional residential services manager and in the organisation's management meetings. Inspectors found that there was a consistent experienced staff team in place who were very committed to the young people in their care. The manager was supported by a social care leader, three house pedagogues and an activity pedagogue. A panel of three relief staff were available to support the core staff team. All staff had a qualification in social care or a related field with the exception of one relief staff member who had worked in the centre for a number of years and was enrolled in a relevant social care course. Centre managers informed inspectors that a plan was in place for this staff member to complete the required qualification within a specified timeframe. There was evidence that the young people and staff had formed strong bonds, and the centre's social pedagogy model of care was evident in the relationship with the young people, both of whom had made significant progress in the centre.

The centre operated with a staffing ratio of 1:1 with a minimum of two staff on shift each day. A sample of rosters reviewed by inspectors evidenced that this requirement was met. However, based on a review of staffing arrangements inspectors found that the centre required two additional whole time equivalent staff to comply with the staffing requirements set out by the alternative care inspection and monitoring service. At the time of inspection, all three relief staff worked scheduled hours to cover staff rostering requirements. The registered provider must ensure that two additional whole time equivalent staff are recruited to meet with the staffing requirements set out by the alternative care inspection and monitoring service and to provide adequate relief cover for all forms of leave.

Centre management were aware of the importance of continuity of care so that young people benefited from stability and there had only been one staff change in the year prior to inspection. The organisation had a number of measures in place to promote staff retention including funding for further education and opportunities for promotion. Staff highlighted the team's commitment to the social pedagogy model of care and its effectiveness in practice as a key element in making the centre a rewarding place to work.

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.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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

Actions required

- The registered provider must ensure that two additional whole time equivalent staff are recruited to meet with the staffing requirements set out by the alternative care inspection and monitoring service and to provide adequate relief cover for all forms of leave.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that placement plans are forwarded to the young people's social workers to ensure they are aware of the work being undertaken with the young people and to provide them with an opportunity for input.	Both young people's Placement Plans forwarded to placing social work departments and Guardian Ad litem's April/May 2022.	Confirmation of forwarding of monthly Individual Placement Plans to be integrated into monthly young people's quality assurance audit process internally within the centre.
5	<p>The registered provider must ensure that the residential services manager receives regular supervision in accordance with the organisations supervision policy.</p> <p>The registered provider must ensure that there is consistent external oversight of the centre by senior management to ensure that appropriate</p>	<p>Supervision of the centre manager has resumed in accordance with the Compass Family Services supervision policy.</p> <p>Monthly visits to the centre have resumed and each visit will include a form of external auditing to encompass oversight of care practices and operational policies.</p>	<p>Supervision of the centre manager is incorporated into the regular visits to the house by the Regional Manager and this is reviewed at the monthly governance meeting.</p> <p>Centre visits and auditing function are reviewed monthly by the Regional Manager in conjunction with the CEO at the monthly governance meeting. This</p>

	<p>and suitable care practices and operational policies are in place and to as-sess the quality and effectiveness of the service provided to the young people.</p> <p>The registered provider must ensure that the centre's external auditing schedule is adhered to in the timeframes as outlined in centre policy and identified issues in audit action plans are completed within specified time frames.</p>	<p>The annual schedule of auditing has been reviewed to incorporate at least 6 planned audits per annum of the centre, against the National Standards for Children's Residential Centres 2018 (HIQA.</p>	<p>forum also identifies any outstanding actions from auditing or inspection processes, and where issues are identified, a responsive audit of the centre may also be carried out by the Head of Services.</p> <p>The Regional Manager will visit the centre at least monthly and carry out external auditing as part of these visits. Where areas of immediate concern are identified they will be addressed immediately. The policy on external auditing has been updated to include the requirement for the audit report to be given to the centre manager within two weeks, and an action plan, with suitable timeframes developed. Actions plans are reviewed with the centre manager on monthly visits to the house. The Head of Services will carry out the responsive auditing function, based on concerns or practice issues identified outside of the auditing process.</p>
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	The registered provider must ensure that the centres policies and procedures are updated in compliance with the National Standards for Children's Residential Centres 2018 (HIQA) and relevant legislation without delay.	The suite of policies and procedures is currently being updated to final completion and will be shared with the staff team upon completion. June 2022. A training schedule for 2022 on policies and procedures has been agreed and will be implemented	The regional manager has oversight of the policy and procedures process and responsibility for training being provided in this area. Compass Family Services has employed a policy developer and researcher with extensive background in this area to oversee the development and implementation of the policy suite.
6	The registered provider must ensure that two additional whole time equivalent staff are recruited to meet with the staffing requirements set out by the alternative care inspection and monitoring service and to provide adequate relief cover for all forms of leave.	Following discussions and the provision of additional information to the Alternative Care Inspection and Monitoring Service, a decision was made that the centre is required to recruit one additional whole-time equivalent staff member. The centre will immediately proceed with the recruitment of one full-time additional post which will in turn further exceed existing adequate staffing and cover within the centre.	The regional manager and centre manager will engage in workforce planning to ensure the centre continues to have suitable numbers of adults employed to meet the needs of the young people.