



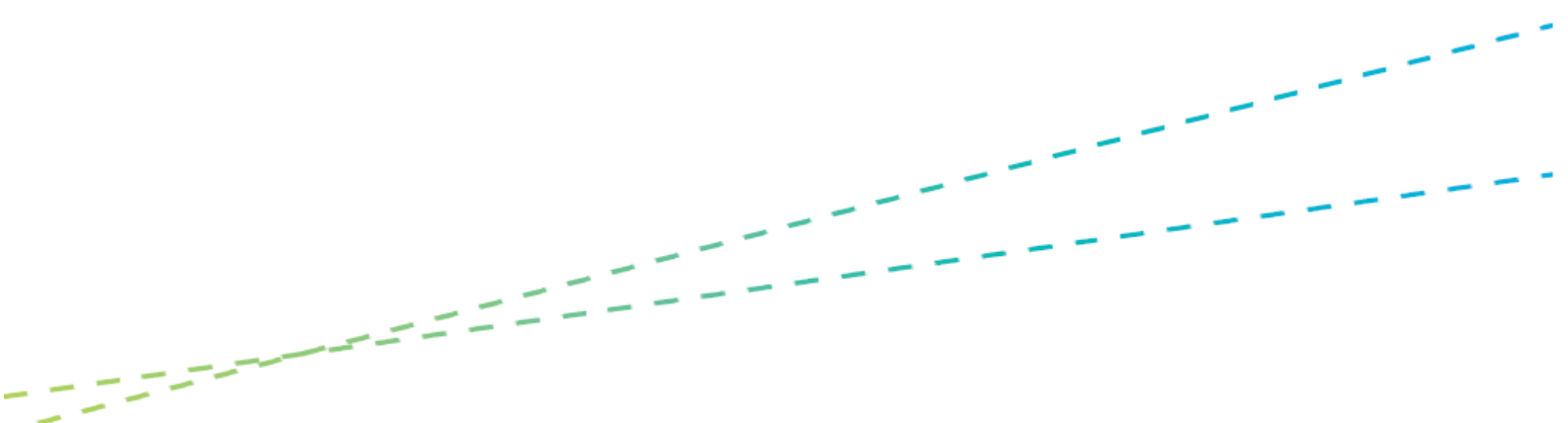
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 036

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Compass Family Services
Registered Capacity:	Three young people
Dates of Inspection:	15th, 23rd and 24th of August 2018
Registration Status:	Registered from the 13th June 2018 to the 13th June 2021
Inspection Team:	Paschal McMahon Noreen Bourke
Date Report Issued:	24th December 2018

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing 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 November 2013. At the time of this inspection the centre were in their third registration and were in year one of the cycle. The centre was registered without conditions attached from the 13th June 2018 to the 13th June 2021.

The centres purpose and function was to accommodate three young people of both genders from age thirteen to seventeen years on admission. Their model of care described as a relational based model underpinned by the principles of social pedagogy. The fundamental basis for this programme was that professionally qualified adults care for the young people in a consistent and predictable fashion. A primary focus of the work with young people is to be informed and guided by an understanding of attachment patterns. Clinical team supervision and developmental team supervision would be facilitated through the services clinical psychologist.

The inspectors examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 15th, 23rd and 24th of August 2018.

1.2 Methodology

This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) The C.E.O. of the organisation
 - b) The residential services manager
 - c) The deputy centre manager
 - d) Five of the care staff
 - e) One young person residing in the centre
 - f) The three social workers with responsibility for young people residing in the centre.
 - g) Other professionals e.g. General Practitioner's and therapists.

- ◆ An examination of the centre's files and recording process.
 - Young people's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Centre register
 - Key work records
 - House meeting minutes
 - Staff team minutes
 - Centre registers
 - Centre audit reports

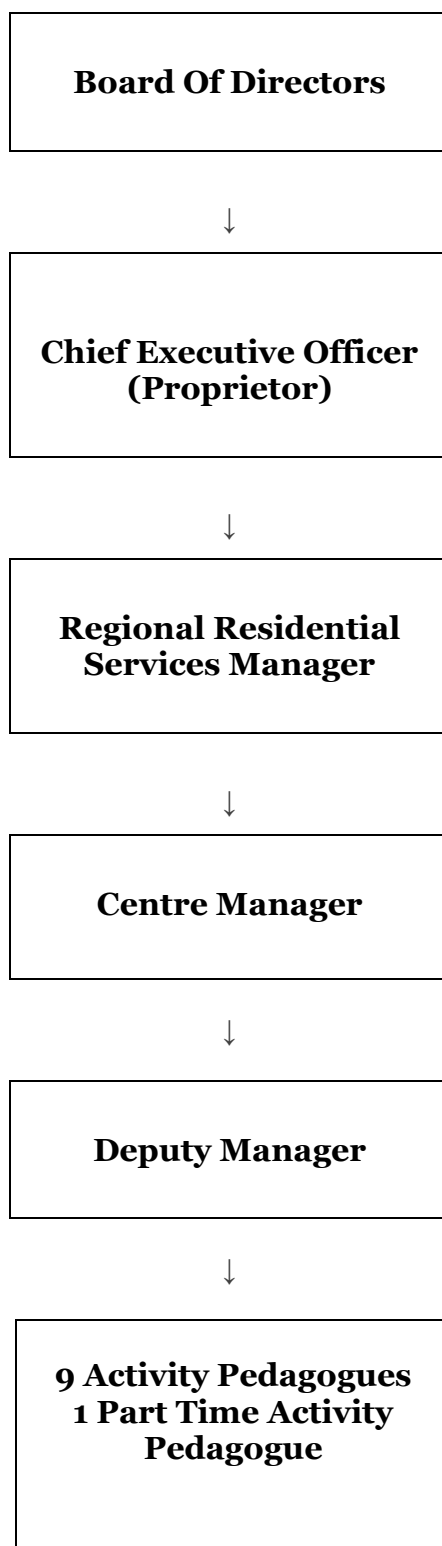
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The deputy manager
 - c) Two staff members
 - d) Two young people formally and one young person informally

- e) One social worker with responsibility for a young person residing in the centre
 - f) The lead inspector
-
- ◆ Observations of care practice routines and the staff/young person's interactions.
 - ◆ Attendance at the service's regional care meeting.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, CEO, regional services manager and the relevant social work departments on the 23rd November 2018. The centre provider was required to review the report for any factual inaccuracies and return it to the inspection service by the 7th December 2018. The centre manager returned the report on the 4th December 2018 and a number of factual errors identified were corrected.

The findings of this report 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: 036 without attached conditions from the 13th June 2018 to the 13th June 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The findings of the inspectors were that there were clear management structures in place to ensure that the centre was adhering to its statement of purpose and function. The board of directors maintained oversight and gave direction for service delivery. The role of the board of directors was to ensure that the service met the needs of the children and to fulfil its duties to the Child and Family Agency (TUSLA). It was guided by the services adherence to maintaining the National Standards for Children's Residential Services (2001).

The chief executive officer was responsible for maintaining good governance of the service. The regional residential service manager reported directly to the C.E.O. The inspectors reviewed the reports submitted by the residential service manager to the CEO and the reports evidenced that they were apprised of all issues within the centre.

The residential service manager held monthly meetings with the centre and deputy manager. These meetings were also attended by the managers of three other centres operated by the service. The meetings formed part of the care/placement reviews for the young people. The residential service manager was apprised of issues arising for the young people within the context of their overall care. Clinical oversight of the young people was provided by the service psychologist. These meetings included a review of significant event reports, placement plans and issues arising for the young people. Feedback and direction was given about how best to implement the placement plans and address issues arising for the young people.

Significant event reports were reviewed by internal management. This group comprised of the centre and deputy manager, regional residential service manager and the clinical psychologist. There reports were also reviewed by staff within the process of team meetings. Feedback and direction was given to staff within the

process of staff supervision. Behaviour management and placement plans were also reviewed by management to take account of issues arising for the young people and changes were made to their placement and individual crisis management plans when required.

The residential service manager and deputy centre manager, met weekly to review and monitor overall practices within the centre. The inspectors reviewed the reporting process of handover within the centre. These reports evidenced communication between the centre manager and pedagogues and direction and support provided to the pedagogues on a daily basis.

Register

The inspectors found that the admission and discharge details of residents were accurately recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The inspectors found that written policy and appropriate guidelines were in place regarding the recording and notification of significant events and these records were kept on the young person's individual files. The centre maintained a register and database of all significant event reports. The placing social workers interviewed by the inspectors confirmed that they were notified of all significant events in a timely manner.

Staffing

The centre was managed by an appropriately qualified person. They were supported in their role by a deputy manager. Staff rostering arrangements had changed in the previous three months. The centre moved from having live in house pedagogues to a rostered based timetable. There was evidence that this change in rostering had been planned by the organisation and at the time of inspection, inspectors did not find any evidence of an adverse effect on the young people based on interviews with the young people and staff.

The centre employed nine activity pedagogues and one part time activity pedagogue. A review of the staff rosters evidenced that there was a consistent experienced core team in place. The inspectors examined the personnel records of staff and found that the staff were appropriately vetted and had the required references before taking up duties. One staff did not have the required qualification; they were supported by the

organisation in perusing further studies with a view to gaining the relevant qualification. There was evidence on staff files that a structured induction programme was in place and staff members interviewed confirmed that they had undertaken a formal induction.

Supervision and support

A review of supervision records evidenced that supervision was regular and formal. The centre manager received formal supervision from the service manager. Supervision was provided to the activity pedagogues by the centre and deputy managers. The findings of the inspectors were that all staff received regular and formal supervision. A supervision contract was held on the supervision files of the staff members. The supervision records showed that there were clear links between the supervision process and the review and development of placement plans for the young people.

Team meetings were held regularly, a review of the records of these meetings evidenced that there was good attendance by all staff at the meetings. The focus of the meetings was on the young people with a particular focus on the care approach used by the team.

Training and development

The service had an effective ongoing training and development programme to ensure that staff had the necessary core training in Children First 2015, Behaviour Management, Fire Safety and First Aid. The centre manager maintained a record of all staff training including the dates when refresher training was required. There was evidence that staff were given the opportunity to participate in further training in social pedagogical leadership, effective supervision for supervisors training and in the dynamics of social pedagogy. The inspectors found that the staff interviewed were familiar with the core principles of social pedagogy and of the theory of attachment. There was evidence of a clear link to the practice in the context of the model of care based on the principles of social pedagogy.

Administrative files

The inspectors examined a range of administrative files and records. The care files and centre records were well maintained and well organised. The young people had secure individual care files which maintained appropriate levels of privacy and confidentiality about the young person's history and circumstances. The recording systems were well maintained and structured and held a record of the daily life of the young person; individual work undertaken by staff along with key work sessions.

There was good evidence on file of individual work done by care staff with the young people in supporting them in achieving the objectives of their care plans. There was good evidence that the centre manager had systems in place to monitor and audit the care files and the centre administrative records to facilitate effective management and accountability. Care records and recordings relating to the young people were kept in perpetuity.

3.2.4 Regulation Based Requirements

The Child and Family Agency had met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre had met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre accepted referrals of young people male or female aged 13 to 17 years on admission and referrals for the centre are accepted nationally from all Tusla, Child and Family Agency areas. In line with the centre purpose and function the placement duration was medium to long term. There were three young people in residence at the time of inspection. One young person was under 13 and derogation was in place. The inspectors found that the centre has a clear admissions procedure. There was good evidence that the centre management and supervising social workers were satisfied

that the three current placements were suitable and were meeting the needs of the young people. Social workers were consulted regarding proposed admissions and preadmission risk assessments had been carried out. On admission young people were provided with a young person's booklet containing age appropriate written information describing all aspects of the centre. The young people inspectors met presented with a clear understanding of the reasons for their placement in this centre and said they were well cared for by the staff.

Statutory care planning and review

Two of the young people in the centre had up to date care plans on file. The care plan for the third young person was not on file at the time of inspection and had been requested from the relevant social work department by the centre management. The inspectors were informed post inspection that an updated care plan and review minutes had been forwarded to the centre. At the time of the inspection one of the young people in the centre was under the age of thirteen. A derogation to the centre's registration had been granted by the registration panel. Inspectors found that monthly reviews had taken place in line with the National Policy for the Placement of children aged 12 years and under in Residential Care.

The care plans reviewed were comprehensive and took into account the young people's educational, social, behavioural and health requirements. Young people confirmed to inspectors that they were aware of their care plans and had attended care plan reviews. Placement plans on file were detailed and outlined the aims and objectives of the placement. Inspectors found that they were reviewed on a regular basis with progress identified and future goals planned for.

According to dates provided, statutory care reviews were convened within the required timeframes and there was evidence on file that the centre management were attuned to the requirements for such reviews notifying relevant social workers as necessary.

Contact with families

The inspectors were satisfied that there were clear arrangements in place for family access and how this was to be supported by the centre. The team in consultation with the supervising social workers took responsibility for organising and supervising contact with family and friends. There was good evidence that parents were being kept up to date about their child's progress.

Supervision and visiting of young people

All of the young people had an allocated social worker. There was evidence on file that supervising social workers were visiting the young people in accordance with the regulations and reviewing care records in the centre. The team record all social work contact with the young people. Through questionnaires and conversation with young people, they confirmed that they saw their social workers regularly and could meet with them in private inside and outside of the centre. Two young people said that they were generally happy with the frequency of social work visits, and that they had a good relationship with their social worker. A third young person said their social worker does not visit as often as they would like. There was evidence that the young person's voice was being heard and the centre was linking in with the social worker to address this issue.

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Social Work Role

All of the supervising social workers completed an inspection questionnaire and they were satisfied with the standard of care provided by the centre. The inspectors interviewed one of the supervising social workers and they were very positive about the service. Social Workers were satisfied that they were informed of all significant events in writing and over the phone in a timely manner. The social workers informed inspectors that they have regular communication with the centre and were informed of any issues that may arise. Social workers stated that they considered the ethos in the centre to be very child focused and staff had a good understanding and acceptance of the young people and their needs.

Emotional and specialist support

Throughout the inspection, the centre management and the staff in interview demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people in placement. The inspectors were satisfied that the young people had access to a range of specialist supports. The centre had a key work system in place and the inspectors found that the key workers had a good insight into the young people's emotional needs and they were attuned to these needs. The placement plans reviewed by the inspectors were up to date and were of a good standard. There

was good evidence from interviews and key work records that individual work was being carried out with young people. Key working was reviewed monthly by management. In addition there was clinical oversight and input by the services clinical psychologist who did individual work with some of the young people, met with the staff team monthly to review staff interventions and attended monthly care meetings with the management team.

Preparation for leaving care /Aftercare

One of the young people was approaching the age of leaving care and had a designated aftercare worker. There was an aftercare plan in place and the aftercare worker attended the young person's child in care review meetings. The centre was also working with the young person to develop their independent living skills including cooking, budgeting, self-care etc.

Discharges

There had been no discharges from this centre since the previous inspection.

Children's case and care records

Inspectors found that care records in the centre were well organised and written to a good standard. They contained all the relevant documentation including birth certs and care orders as well as consent forms signed by the placing social workers. A recent photo was maintained on each of the files. There was evidence that the centre records were being monitored regularly by both internal and external management.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***

- Part IV, Article 23, Paragraphs 1and2, Care Plans***
- Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***
- Part V, Article 25and26, Care Plan Reviews***
- Part IV, Article 24, Visitation by Authorised Persons***
- Part IV, Article 22, Case Files.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

None identified.