



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: 2021

Inspection Report

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|------------------------------|---|
| Year: | 2021 |
| Name of Organisation: | Compass Family Services |
| Registered Capacity: | Three young people |
| Type of Inspection: | Announced themed inspection |
| Date of inspection: | 29th, 30th and 31st March 2021 |
| Registration Status: | Registered from the 13th June 2021 to the 13th June 2024 |
| Inspection Team: | Paschal McMahon Lorna Wogan |
| Date Report Issued: | 6th August 2021 |

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in November 2013. At the time of this inspection the centre were in their third registration and were in year three 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. The centre's care approach was underpinned by the principles of social pedagogy with a focus on learning, teaching and providing consistency of care from key adults. A primary focus of the work with young people was informed and guided by the understanding of attachment patterns observed in young people from their relational interactions with the adults in the centre and with other significant people in their life. 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 |
|--|--------------------|
| 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 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 registered provider, senior management, centre manager and to the relevant social work departments on the 22nd of July 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 6th July 2021. 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: 036 without attached conditions from the 13th June 2021 to the 13th June 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

Inspectors reviewed the centres policies and procedures and found that the required action from the previous inspection in March 2020 to update them in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and the relevant legislation was not met. Inspectors were informed by the newly appointed C.E.O. and the regional residential services manager that the updated policies and procedures were in draft form and the proposed plan for implementation was May 2021. The C.E.O. must provide the inspectorate with evidence that the policies and procedures have been updated by the end of May 2021 and that an implementation plan has been developed to ensure staff receive policy induction training.

At the time of inspection the centre was not operating in compliance with the staffing requirements as set out by the Alternative Care Inspection and Monitoring Service guidance dated 25th February 2020 as the centre did not have the required minimum number of eight whole time equivalent staff. Information provided to inspectors confirmed that there was only six full time staff in post. Post inspection the inspectorate received confirmation from the company that they had recruited additional staff and to meet with the minimum whole time equivalent staffing requirements.

The centre had a child safeguarding statement that was reviewed and approved by the Tusla child safeguarding statement compliance unit. Inspectors found that the centres child safeguarding policy had not been updated in line with Children First National Guidance for the Protection and Welfare of Children 2017 or in line with the Children First Act, 2015. In previous service inspections the inspectors advised that centre management update their policy in line with Tusla’s guidance document for services developing a child safeguarding policy. During the inspection the regional residential services manager informed inspectors that a draft policy had been developed and was due to be sent to the Tusla information officer for review. The

C.E.O. and centre management must ensure that this policy is prioritised for completion and implementation.

Staff stated their knowledge of policies and procedures was gained in induction, at team meetings and through emails from management. Inspectors found in interview that some staff had a limited knowledge of the centres policies and procedures and the relevant legislation. There was no evidence of discussions or a review of policies and procedures in team meetings or in staff supervision records. The centre management must ensure that the plan for the implementation of the updated policies and procedures includes a plan to ensure all staff are informed and have a good working knowledge of the policies and procedures in practice. The inspectors also recommend that there is a process in place for the on-going review of policies and procedures and relevant legislation in forums such as team meetings and in staff supervision.

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 with clear lines of authority and accountability. The organisational structure for the centre comprised of a C.E.O. who was the registered provider, head of services, regional residential services manager, centre manager, deputy manager, five support pedagogues and four relief pedagogues. As previously highlighted the centre did not have the required number of whole time equivalent staff members at the time of inspection.

Staff interviewed confirmed they were provided with a written job description and in interview with the inspectors were able to outline their role and responsibilities. Prior to the inspection the head of services had been appointed to the role of C.E.O. The C.E.O. confirmed there was a recruitment process in place to fill the vacant head of services post. The centre manager was the appointed person in charge and they provided strong and confident leadership. The centre manager reported to the regional residential services manager who maintained daily contact and communication with the centre manager, attended-team meetings periodically and conducted oversight and compliance audits. In questionnaires and interviews staff stated they were confident in the management of the centre and found all levels of management to be accessible and supportive.

The deputy manager who was based in the centre was on long term leave at the time of inspection. Inspectors found that this gap in management was risk assessed and measures were put in place to address this deficit including an increased presence and oversight by the centre manager. A number of staff were also reassigned tasks and given additional responsibilities. They informed inspectors that this gave them an opportunity to learn new skills and was beneficial in terms of their own professional development.

Forums such as group supervision and clinical supervision provided by the organisation were valued by the staff to promote and maintain a culture of learning, quality and safety within the centre. However, there was limited evidence of learning outcomes identified or discussed at team meetings. The inspectors acknowledged it was more challenging for managers and staff teams to conduct meetings through remote platforms due to the pandemic, however the inspectors found the quality of team meeting records were not written to a sufficient standard. The team meetings had no clear format or structure to ensure all relevant aspects of the children's care and the centre practices were discussed. Minutes reviewed were of poor quality, lacked detail and decisions made and follow up actions were not always recorded. The centre management must ensure that the quality and standard of minute taking and recording practices is improved to evidence effective sharing of information, accountability, planning, learning and quality improvement.

The organisation had a service level agreement in place with Tusla and the registered provider had responsibility to provide regular placement progress reports to the national placement team.

The centre had a risk management policy and framework in place. Staff interviewed had a good understanding of the risk framework. Inspectors reviewed the centres risk management policy and found it required further development to include information about the centres risk assessment framework risk matrix and risk escalation process. The policy should also outline the mechanisms in place for the oversight and governance of risk.

The centre maintained both centre and corporate risk registers. There was appropriate review of these registers at board of management level and a process in place for the C.E.O. to escalate high risks. The centre register was detailed and comprehensive with risks identified and control measures in place including the status of each risk and a date for review. Individual risk assessments on files were found to be more narrative in nature and some risks identified did not have specified

control measures identified to address the risks. The inspectors recommend that the individual risk assessments should be completed on a similar template to that used to assess centre based risks.

The centre had an on call policy and procedure in place to provide out of hours support to staff to manage adverse and significant incidents and risks in the centre.

There was an internal management structure appropriate to the size and purpose and function of the centre and there were alternative management arrangements in place for when the person in charge was absent. The centre manager delegated specific tasks and roles to the deputy manager and had reassigned some of these tasks to other staff members in the deputy's manager's absence. A record of these tasks was evidenced in a delegation record book and was up to date at the time of inspection.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centres statement of purpose was dated January 2021 and was reviewed annually by the centre and regional residential services manager. Inspectors found that the statement of purpose did not outline the arrangements in place for the wellbeing and safety of the children placed in the centre to comply with the national standards. The company's organisational chart must also be updated to reflect changes in the social pedagogue roles and the recent change in C.E.O.

Inspectors were satisfied that the statement of purpose was reflected in the day to day operation of the centre. The statement of purpose described the centres model of care. There was evidence of on-going training in the model of care and of attachment and trauma training being provided both internally and by external specialists. Overall, in interview staff had some understanding of the model of care, but this varied based on their level of experience and time in centre. A number of new staff did not receive the model of care training until it was scheduled which in some cases was a number of months after they had commenced employment. Inspectors advised the managers to consider incorporating a training component on the model of care as part of the staff induction process for new staff to familiarise themselves with the model prior to receiving the formal training.

The statement of purpose and function was available within the centre. All staff were knowledgeable about its contents and it was explained to young people and parents on admission both verbally and in information booklets.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There was evidence that the centre manager monitored the quality of care in the centre through their visits to the centre, oversight and quality assurance of records, observation of staff practice and contact with the young people. They reported to a regional residential services manager who had oversight of records and maintained regular contact with the centre. The regional residential services manager had developed an audit tool to assess the safety and quality of care provided in the centre on a quarterly basis against the National Standard for Children’s Residential Centres, 2018 (HIQA). However, inspectors found that the quarterly auditing schedule had not been adhered to and there were only two audits completed in 2020. The regional residential services manager must ensure that they adhere to the centres quarterly auditing schedule to assess the quality of care, to inform quality improvements and identify any gaps in compliance. The regional residential services manager must ensure that required actions identified in these audits are addressed by centre managers who should evidence they have completed and addressed identified deficits. In addition, audit findings should be relayed to the staff team to ensure better outcomes for the young people, improve standards and ensure compliance.

The centre had a written complaints policy and procedure in place. Inspectors reviewed the complaints policy and made a number of recommendations to management to make it more robust, to reflect practice and to include the centres updated appeals process. The inspectors found that practice in relation to complaints was weak with very few complaints recorded in the year prior to inspection. A number of staff members interviewed were not aware of the requirement to record low level complaints and this should be revisited with the staff team. The inspectors found that minor issues or complaints raised by the children were resolved at the point of contact and not consistently recorded on the complaints register. The centre management must ensure that all complaints are recorded in a consistent manner on the complaint register to allow for tracking and monitoring purposes to identify any trends to promote learning and improvement.

The centre manager and the regional residential services manager had completed an annual review of compliance for 2020 and a service improvement plan. The report identified the centres key achievements, a review of the young people’s progress, issues requiring action, corrective actions taken and the service plan for 2021.

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

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

Actions required

- The C.E.O. must provide the inspectorate with evidence that the policies and procedures have been updated by the end of May 2021 and that an implementation plan has been developed to ensure staff receive policy induction training.
- The C.E.O. must ensure that the centres child safeguarding policy is updated in line with national guidance and new legislation.
- The regional residential services manager must ensure that the quality and recording of team meetings is improved to promote the effective sharing of information, planning, learning and quality improvement.
- The centre management must revise and further update their risk management policy.
- The regional residential services manager must ensure that the statement of purpose is updated to reflect internal changes that have taken place and is compliant with the requirements of the national standards.
- The regional residential services manager must ensure that they adhere to the centres quarterly auditing schedule to assess the quality of care, inform quality improvements and identify any gaps in the service.
- The regional residential services manager must ensure that the centres complaint policy is amended to make it more robust, to reflect practice and to include the centres appeals process.
- The centre management must ensure that all complaints are recorded in a consistent manner on the complaint register to allow for tracking and

monitoring purposes to identify any trends to promote learning and improvement.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|---|---|---|
| 5 | <p>The C.E.O. must provide the inspectorate with evidence that the policies and procedures have been updated by the end of May 2021 and that an implementation plan has been developed to ensure staff receive policy induction training.</p> <p>The C.E.O. must ensure that the centres child safeguarding policy is updated in line with national guidance and new legislation.</p> <p>The regional residential services manager must ensure that the quality and recording of team meetings is improved to promote the effective sharing of information, planning,</p> | <p>The policies and procedures have been aligned with the national standards and updated. A clear implementation plan to ensure staff induction and training has been developed and will commence on 8/07/21.</p> <p>The centre's child safeguarding policy has been updated in line with the requirements of the National Guidance on Children First 2017 and the Children First Act 2015.</p> <p>The regional and centre managers have reviewed the team meeting structure and recording process. A new template has been developed for meeting structure and agenda. The centre manager will quality</p> | <p>The organisational policy review group with review the updated document annually, with the next review due to commence in January 2022.</p> <p>The centre's safeguarding policy will be assessed annually against the National Guidance on Children First 2017, The Children First Act 2015, and any new legislative or regulatory requirements.</p> <p>The regional residential services manager will review team meeting minutes at quarterly intervals to ensure they are of good quality and contain all required information.</p> |

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| | <p>learning and quality improvement.</p> <p>The centre management must revise and further update their risk management policy.</p> <p>The regional residential services manager must ensure that the statement of purpose is updated to reflect internal changes that have taken place and is compliant with the requirements of the national standards.</p> <p>The regional residential services manager must ensure that they adhere to the centres quarterly auditing schedule to assess the quality of care, inform quality improvements and identify any gaps in the service.</p> <p>The regional residential services manager must ensure that the centres</p> | <p>assure team meeting minutes before sign-off and circulation.</p> <p>An organisational risk management framework is in the process of development and is due for completion and implementation by end of July 2021.</p> <p>The statement of purpose has been updated to reflect internal changes and to reflect the requirements of the national standards in relation to the wellbeing and safety of children.</p> <p>Two audits of the centre against the national standards have taken place in the first half of 2021, and an annual schedule of governance has been introduced by the regional residential services manager.</p> <p>The complaints policy has been updated to ensure robust practice around complaints</p> | <p>The centre manager has the role to ensure governance in accordance with the risk management framework and will do so on an ongoing basis.</p> <p>The statement of purpose and function will be reviewed annually by the organisational policy review group, or sooner if required.</p> <p>An annual schedule of auditing has been introduced and agreed with the Head of Services. The centre will be audited quarterly by the Head of Services or regional residential services manager against a theme of the national standards.</p> <p>The complaints policy has been reviewed with the team and is a standing item on</p> |
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| | <p>complaint policy is amended to make it more robust, to reflect practice and to include the centres appeals process.</p> <p>The centre management must ensure that all complaints are recorded in a consistent manner on the complaint register to allow for tracking and monitoring purposes to identify any trends to promote learning and improvement.</p> | <p>to safeguard the rights of young people, including their right to appeal.</p> <p>The centre manager has brought the complaints policy into the team meeting forum and will ensure over-sight in regards to complaints being recorded in a consistent manner on the complaints register to ensure tracking and monitoring of same and to identify trends to promote learning and improvements.</p> | <p>team meeting agendas. The regional and centre manager will review the area of complaints, including the complaints register on a quarterly basis.</p> <p>Complaints are a standing item in all team meetings to ensure consistency. The centre manager will ensure that this is tracked on a monthly basis through in house quality assurance checks.</p> |
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