



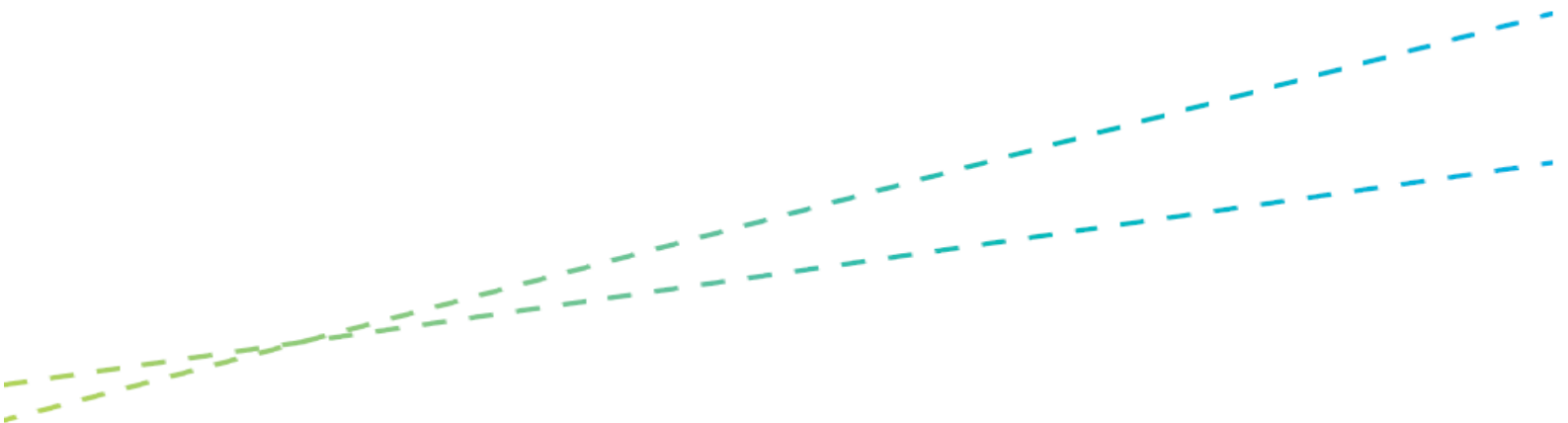
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 080

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 on-going 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 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 September 2014. 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 was informed and guided by an understanding of attachment patterns and clinical team supervision and developmental team supervision was facilitated through the services clinical psychologist.

The inspectors examined standards 2 'management and staffing', 5 'planning for children and young people' and 8 'education' 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 chief executive officer of the organisation
 - b) The regional residential service manager
 - c) The residential services manager
 - d) The deputy centre manager
 - e) Seven of the care staff
 - f) The two social workers with responsibility for young people residing in the centre.

- ◆ 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) Two staff members
 - c) One young person
 - d) The lead inspector with responsibility for oversight of the centre

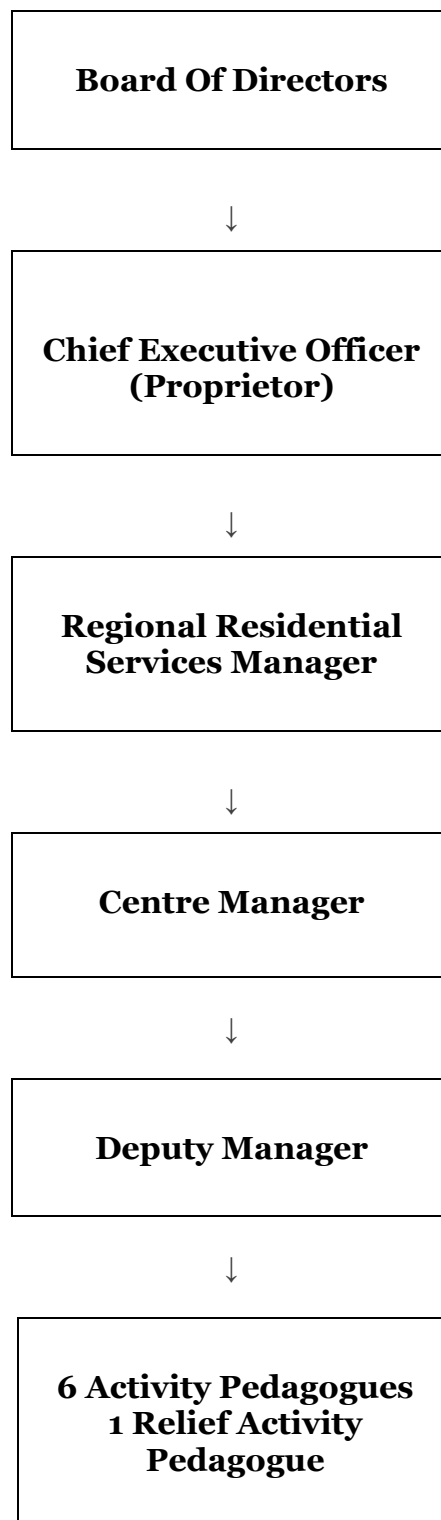
- ◆ Observations of care practice routines and the staff/young person's interactions.

- ◆ 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 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 satisfactory completed action plan (CAPA) on the 13th December 2018 and the inspection service received evidence of the issues addressed.

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: 080 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 C.E.O. The reports evidenced that the C.E.O was appraised 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, 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 in questionnaires 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 six activity pedagogues and one relief activity pedagogue. A review of the staff rosters evidenced that there was a consistent experienced core team in place. The inspectors examined the staff 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 pursuing 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 on-going 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.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

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. There were two young people in residence at the time of inspection. The centre management and the supervising social workers were satisfied that the young people were suitably placed and the centre were meeting the needs of the young people. The inspectors found that admissions to the centre had been in line with the written statement of purpose and function. Pre-admission risk assessments and placement mix assessments had been undertaken in accordance with the centres written admission procedure. The needs of both young people were evaluated prior to admission and discussed with the supervising social workers. The centre provided each young person with age appropriate written information describing all aspects of the centre. Keyworkers met the young people and went through the information relating to their placement.

Referrals were received by the regional residential services manager who processed the applications based on the care needs of young people residing in the centre. The management team determined the centre's capacity to meet the needs of the young person and careful consideration was given to each new referral and the impact on the care of each resident in the centre. There was evidence that there were appropriate time frames allowed between admissions.

Emotional and specialist support

Inspectors found that the staff team demonstrated a genuine caring approach to the care of young people. The centre management and key workers were strong advocates for the young people. 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 committed to meeting these needs. There was evidence on each of the care files that individual both planned and opportunity led work took place to address the young people's emotional needs. 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

None of the three young people were in preparation for leaving care or aftercare due to their age at the time of the inspection.

Discharges

There were no discharges from this centre since the previous inspection.

Children's case and care records

The inspectors reviewed care files of the two residents; the files were maintained in a standardised format which was accessible and easy to follow. Care file recordings were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded on the care files. The recording standard was good and it was evident that the records were monitored by internal and external management. Social workers confirmed that they maintained a case file on each of the children.

The centre manager was aware that care files would be kept in perpetuity and stored in a manner that maintains appropriate levels of privacy and confidentiality about young people's circumstances.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

One young person had an up to date care plan. The care plan reflected the young person's placement in the centre and explained the purpose of the placement. The young person's development was considered in these plans, matters requiring attention were identified and designated persons were listed to take responsibility for these actions. Statutory reviews had taken place and minutes were on file. Inspectors found that there was a clear link to the young person's placement plan which set out clear goals and targets to engage the young person in achieving these goals.

The second young person did not have an updated care plan on file. This had been requested by the centre management and was received post inspection. Inspectors reviewed the care plan and found that given the complex needs of the young person, the care plan was not sufficiently detailed in setting out clear aims and objectives for the placement.

Both of the young people were encouraged to attend their statutory review meetings and their families were invited to attend and contribute.

Contact with families

There were clear access arrangements in place for one young person. This was supported by the centre, the social worker and a designated access worker. Inspectors found that family access for the second young person had broken down over a number of months prior to the inspection. The inspectors recommend that the supervising social worker makes efforts to support the young person to actively re-establish contact with family members.

There was good evidence of young people having friends in the community and young people referred to the centre as their home. Friends were invited to the house and sleepovers similar to peers in the community can take place with suitable safeguarding arrangements in place.

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.

Supervision and visiting of young people

The centre manager in interview stated a record was maintained at the centre of contact with social workers and this was evidenced in the care files. The inspectors found from reviewing daily logs that there was evidence of social workers reading young people's daily log books. One of the social workers had visited the centre in line with statutory requirements.

The second young person who was without a relevant care plan and who proved hard to engage had consistently chosen not to engage with their social worker and requested a change in social worker. This request was granted following a meeting with a social work team leader and the young person. The inspectors noted that this young person had not been visited in the centre by the placing social worker for a period of time. At the time of inspection the young person had been assigned a new social worker. Inspectors were informed post inspection that the assigned social worker had visited the young person.

Social Work Role

The inspectors received completed questionnaires from both of the allocated social workers as part of this review. The questionnaire detailed good communication between social workers and the centre and they were satisfied with the quality of care. As highlighted previously in the report one of the young people who proved hard to engage requested a change of social worker during their placement. This had a negative effect on the quality of social work intervention and the young person's care planning. The young person was not visited in the centre for a number of months and the oversight of the care plan was poor. The care plan did not set out clearly what the expectations of the social work department were of the centre to meet the young person's needs.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 22, Case Files.

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan Part – Part IV, Article 24, Visitation by Authorised Persons

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

- The social work department must review the current care plan for one of the young people in placement. The plan must clearly take account of the needs

of the young person. The plan must set out the expectations of the social work department in respect of the placement.

- The newly assigned social worker to the young person should look at ways of engaging the young person in their care plan and in future care arrangements.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

Staff within the centre placed a high value on the educational needs of the young people. Both of the young people in placement had education placements. The inspectors found that staff advocated strongly for the young people in maintaining their school placements. The deputy manager maintained close links with the school principal. There was evidence that staff attended all relevant school meetings and functions. One of the young people told the inspectors that there was a routine and structure in place to support them in doing their homework and school projects.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.5	<p>The social work department must review the current care plan for one of the young people in placement. The plan must clearly take account of the needs of the young person. The plan must set out the expectations of the social work department in respect of the placement.</p> <p>The newly assigned social worker to the young person should look at ways of engaging the young person in their care plan and in future care arrangements.</p>	<p>A newly assigned social worker has reviewed the care plan and outlined actions to be taken by the social work department and the centre.</p> <p>The newly assigned social worker has met with the young person on a number of occasions and provided them with their contact details.</p>	<p>As stated.</p> <p>As stated.</p>