



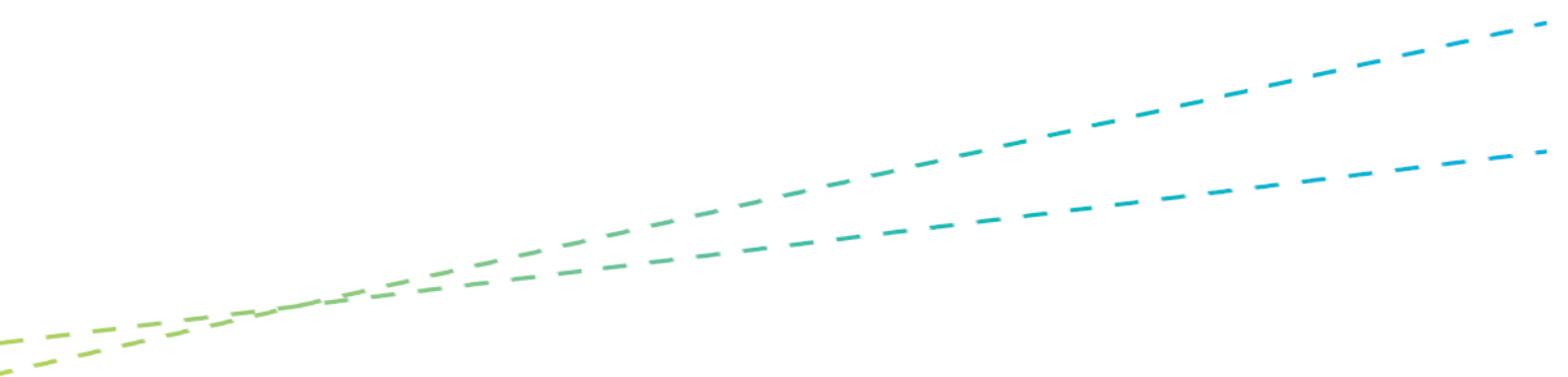
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: o8o**

**Year: 2019**



## Inspection Report

<b>Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Compass Family Services</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of Inspection:</b>	<b>18<sup>th</sup> and 19<sup>th</sup> November 2019</b>
<b>Registration Status:</b>	<b>Without attached conditions from the 13<sup>th</sup> June 2018 to the 13<sup>th</sup> June 2021</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> January 2020</b>

## Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 3: Safe Care and Support	
3.2 Theme 5: Leadership, Governance and Management	
<b>4. Corrective and Preventative Actions</b>	<b>17</b>

## 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 September 2014. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without conditions attached from the 13<sup>th</sup> June 2018 to the 13<sup>th</sup> 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 was 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. Clinical team supervision and developmental team supervision was facilitated through the service's clinical psychologist. There were two young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

At the time of this inspection the centre was registered from the 13<sup>th</sup> June 2018 to the 13<sup>th</sup> June 2021. This is a draft report and the decision regarding the continued registration status of the centre is pending.



### 3. Inspection Findings

#### Regulation 16

#### Theme 3: Safe Care and Support

#### Standard 3.1

Inspectors reviewed the centre's child protection policies and found that these policies needed to be reviewed and updated to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The child protection policy presented for inspection referred to Children First: National Guidance for the Protection and Welfare of Children, 2011 and required updating and amending to reflect the Children's First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children, 2017. The policy also needed to be updated to identify the current Designated Liaison Person, the new reporting procedures for reporting child protection concerns through the Tusla portal and the requirement for all staff to complete the Tusla Children First E-Learning Programme.

The centre had an appropriate child safeguarding statement in place with written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that the statement met the required standard. Inspectors found that staff in interview were aware of the Children's First Act 2015 and the purpose of the centre's child safeguarding statement. However, not all staff were aware of all the risks for young people living in care identified in the child safeguarding statement. There was evidence that the centre's regional manager had met with the staff team in relation to the child safeguarding statement and further work is required in this area. All staff interviewed were aware of their role as a mandated person including how to handle a disclosure, how to make a mandated report and who to notify.

The inspectors examined records of child protection concerns on file and were satisfied that they had been managed appropriately and the correct procedures had been followed. Records of child protection concerns were maintained on individual care files but the centre did not maintain a register of child protection concerns. The inspectors recommend that the centre establishes a child protection register and records all child protection concerns for both mandated and non-mandated concerns for tracking and monitoring purposes.

The centre had a bullying policy in place and staff in interview were attuned to bullying and how to respond if persistent in accordance with Children First: National Guidance for the Protection and Welfare of Children, 2017.

Staff interviewed were able to identify the vulnerabilities and risks associated with each child in placement and the safeguards in place. There were risk assessments on file and risk management plans in place. There were agreed procedures in place to inform parents of allegations of abuse. The placing social workers in interview were satisfied that the centre had appropriate systems in place for the management of risks and had no safeguarding concerns. The inspectors found that while all staff had completed the national e-training in Children First, a number had not received child protection training from the organisation and this must be addressed. Inspectors found that there was a need for an increased awareness for staff in safeguarding policies and practices including lone working with young people which should to be addressed in this training.

All staff were aware there was a whistleblowing policy in place and were satisfied that they would be supported by management in raising concerns without fear of adverse consequences to themselves. The placing social workers and centre management reported a good working relationship and worked in partnership with families to promote the safety and wellbeing of the young people. There was evidence from a review of care files that work had been carried out with the young people in relation to keeping them safe. This was also confirmed by a young person inspectors met with in the course of the inspection who stated that they felt safe living in the centre and had good relationships with the staff and regular contact with their social worker.

### **Standard 3.2**

The centre had a policy on the positive management of behaviour. All staff were trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. The inspectors found that the young people were aware of what was expected of them and behaviour was well managed in the centre. There was evidence from interviews and on care files of a very positive approach to managing behaviour focussing on putting incentives in place encouraging the young people to do well and achieve their goals. Each young person had an individual crisis management plan (ICMP) on file which was reviewed regularly. Individual risk assessments had been carried out and there were risk management plans in place. It was evident from a review of documentation that behaviour was managed in accordance with the centres model of care and the

behaviour management training staff had received. Staff in interview had an awareness of mental health issues, bullying, harassment, neglect and abuse and their impact on the behaviour of young people. Placing social workers were satisfied that the young people's behaviour was well managed highlighting the significant relationships the young people had built with staff over time.

The centre maintained a consequence log which recorded both positive and negative consequences which were issued to the young people. Inspectors noted from this and from interviews with staff that consequences were not a regular feature in the management of young people's behaviour. Inspectors found from reviewing records that not all consequences had been recorded in the consequence log, in particular incentives or rewards which were given to the young people. The centre manager should ensure that all consequences are recorded in the consequence log.

At the time of inspection inspectors found no evidence of restrictive practices in place in the centre.

The organisations current auditing system did not include an audit of the centres approach to managing behaviours that challenge. The regional manager must ensure that an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge.

### **Standard 3.3**

Inspectors found that the young people were aware they could report issues of concern to staff and management. There was a complaints process in place and a young person interviewed by the inspectors confirmed they were satisfied that the manager and staff listened to them and responded to their concerns. The young person informed inspectors that they also had access to senior management who were located in a premise near the centre. The young person visited them occasionally and stated they could bring to their attention any issues or concerns they had in relation to their care.

Staff in interview stated that there was an open culture within the organisation where they could raise concerns in a supportive environment. There were a number of forums including group supervision and staff representative meetings with senior management where staff issues, concerns and areas of improvement were discussed.

There was evidence that the centre was in regular contact with social workers and family members. However, there were no formal mechanisms in place for them to provide feedback on the care being provided and to identify areas of improvement. The centre manager must develop a mechanism for significant people in the children's lives to provide feedback on the care being provided by the centre for learning and quality improvement purposes.

The centre had a policy and procedure in place for the notification, management, and review of incidents. The centre was part of a significant event review group that met monthly and reviewed incidents for a number of the centres in the region. Any serious incidents that occurred in the centre were reviewed by both internal and external management as well as the organisations clinical psychologist and feedback and learning outcomes were communicated to the staff team. The placing social workers in interview confirmed that they were notified of all significant events in a timely manner.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2 Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The registered proprietor must ensure that the centres child protection policies are reviewed and updated in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The registered proprietor must ensure they provide training in Children First and child protection for staff members which reflects their own centre policies, and must be consistent with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The regional manager must ensure that an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge.

- The centre manager must develop a mechanism for significant people in the children’s lives to provide feedback on the care being provided by the centre for learning and quality improvement purposes.

## Regulations 5 and 6 (1 and 2)

### Theme 5: Leadership, Governance and Management

#### Standard 5.1

The registered provider had policies and procedures in place to ensure that the centre operated in line with the relevant legislation and regulations. The inspectors reviewed these and found that some policies including the centres child protection policy and complaints policy were not in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and the Children First Act, 2015.

Overall, staff interviewed were familiar with the centres policies and procedures. Policies were reviewed at team meetings and supervision and inspectors found evidence of this in team meeting and supervision records.

#### Standard 5.2

The centre had a clear management structure in place with clear lines of accountability. The centre was well managed and social workers confirmed that the young people received effective care and support. There was evidence of external oversight by the regional manager who visited the centre on a regular basis. However, inspectors did not find sufficient evidence of the regional manager’s oversight of centre records. At the time of inspection the regional manager informed inspectors that they were developing an external auditing framework to improve the mechanisms currently in place for assessing the quality and effectiveness of the service.

The centre had a service level agreement in place with the Tusla National Private Placement team and they provided annual reports to the funding body.

The centre had risk management policies and procedures in place for the identification, assessment and management of risk. Pre-admission risk assessments had been carried out prior to the young people’s admission and there was evidence of individual risks being assessed and reviewed on an on-going basis. The organisation

had an on call system in place in place to support staff at all times in managing incidents and risks in the centre. The centre did not have a centre risk register or organisational risk register in place and a risk management framework must be developed in accordance with the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).

All staff interviewed had job descriptions and were clear of their roles and responsibilities. They stated that they were supported by management in their practice and that a culture of learning existed within the organisation. The manager had responsibility for overseeing the day to day operation of the service and the regional manager assumed responsibility for the service in their absence. At the time of inspection, the centre was in the process of recruiting a deputy manager. The centre did not maintain a written record where the manager delegated some or all of their duties to another appropriately qualified staff member. The manager must ensure that a delegation record is kept to comply with the National Standards for Children’s Residential Centres, 2018 (HIQA).

### **Standard 5.3**

The centre had a statement of purpose which clearly described the aims, objectives of the service. It was evident from interviews with staff and social workers that the statement of purpose was reflected in the day to day running of the centre. Inspectors noted that the statement did not contain an organisational map detailing the management structure and the number staff employed in the centre and needs to be amended to include this. Information on the centres statement of purpose was provided in young people’s booklets. However, the centre did not provide any written information for parents and families. Inspectors recommend that the centres statement of purpose is made available to families in an accessible format. It was evident from interviews with staff and observations of practice that staff understood the model of care and were able to demonstrate its practical implementation in their work with the young people. The statement of purpose was reviewed annually.

### **Standard 5.4**

There was evidence that the centre manager was monitoring the quality of care in the centre through their visits to the centre, meeting with the young people and staff and the monitoring of records. The manager and an external staff member also conducted monthly audits which were sent to the regional manager. As highlighted previously in the report at the time of inspection the regional manager was in the process of

developing an external auditing framework. Inspectors recommend that this framework includes an assessment of the safety and quality of care provided in the centre in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

There was evidence that the organisation held monthly management meetings, care plan meetings and clinical meetings to review the quality of care and ensure good outcomes for the young people.

Inspectors found that the centre’s recording and monitoring of complaints required improvement and the centres complaints policy needed to be reviewed. The centre had a complaints policy in place which differentiated between formal written complaints and informal or low level complaints. There were no recorded complaints on file in the year prior to inspection. Inspectors found from interviews that during this period staff had not been recording informal complaints or issues of dissatisfaction that were made by the young people. The regional manager had brought this issue to the attention of the staff team prior to the inspection and a new system of recording informal complaints was put in place. The inspectors advise that the terms “formal” and “informal” complaints are no longer used going forward and the centres policy should be amended to reflect this. All complaints whether they are of a minor or serious nature should be recorded as complaints and the severity of the complaint should determine the response from the centre. The centre must also ensure that all complaints are monitored for trends and patterns. The current complaints policy in operation did not contain information in relation to the Tusla’s complaints procedure ‘Tell Us’ outlining how children could make a complaint about any aspect of Tusla’s services. The inspectors recommend that the complaints policy is updated to incorporate this information.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centres objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.2 Regulation 6.1</b>
<b>Regulation not met</b>	<b>None identified</b>

**Compliance with standards**

<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1 Standard 5.2 Standard 5.3 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The registered proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children’s Residential Centres 2018 (HIQA) and other relevant legislation.
- The regional manager must implement the external auditing framework to improve the mechanisms currently in place for assessing the quality and effectiveness of the service. This framework should also include an assessment of the safety and quality of care provided in the centre in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).
- The registered provider must ensure that a risk management framework is developed in accordance with the requirements of the National Standards for Children’s Residential Centres 2018 (HIQA).
- The centre manager must ensure that a delegation record is kept when they delegate duties to other qualified staff members.
- The centre manager must ensure that the centres statement of purpose is made available to families in an accessible format.
- The registered provider must review the centres complaints policy. The policy should also include information in relation to the Tusla’s complaints procedure ‘Tell Us’ outlining how children could make a complaint about any aspect of Tusla’s services.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered proprietor must ensure that the centres child protection policies are reviewed and updated in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The registered proprietor must ensure they provide training in Children First and child protection for staff members which reflects their own centre policies, and must be consistent with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p>	<p>The centre's child protection policy has been updated in compliance with Children First; National Guidance for the protection and welfare of Children, 2017. This has been forwarded to the inspection service.</p> <p>All staff members complete the TUSLA e-learning training prior to commencing employment with the organisation. All staff members receive in house training in child protection and it is mandatory for all employees to familiarise themselves with the organisations Child Protection and Welfare Policy. All staff members will attend regular training identified by the organisation.</p>	<p>The organisation has developed a policy review group that will review and update all policy documentation in January of each year.</p> <p>The organisations training co-ordinator has been provided with updated guidelines regarding training requirements for Child Protection. The regional manager will ensure training as identified in the updated Child Protection Policy is adhered to.</p>

	<p>The regional manager must ensure that an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge. The centre manager must develop a mechanism for significant people in the children’s lives to provide feedback on the care being provided by the centre for learning and quality improvement purposes.</p>	<p>The regional manager is currently devising an audit tool to regularly audit and monitor the centres approach to managing behaviours that challenge.</p>	<p>Audit tool to be included in policy document from 2020.</p>
5	<p>The registered proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children’s Residential Centres 2018 (HIQA) and other relevant legislation.</p> <p>The regional manager must implement the external auditing framework to improve the mechanisms currently in place for assessing the quality and effectiveness of the service. This framework should also include an assessment of the safety and quality of care provided in the centre in line with</p>	<p>The policy and procedure document is updated at the beginning of each calendar year. The policy document will be edited to align to the National Standards for Children’s Residential Centres 2018 (HIQA) and other relevant legislation.</p> <p>The regional manager is currently developing an external auditing policy to improve the mechanisms currently in place for assessing the quality and effectiveness of the service. Included in this policy will be clearly identified roles, deficits, action plans, timeframes and review structures evidencing how these are</p>	<p>The organisation has developed a policy review group that will review and update all policy documentation in January of each year.</p> <p>New auditing framework to be written into policy in 2020.</p>

	<p>the National Standards for Children’s Residential Centres, 2018 (HIQA).</p> <p>The registered provider must ensure that a risk management framework is developed in accordance with the requirements of the National Standards for Children’s Residential Centres 2018 (HIQA).</p> <p>The centre manager must ensure that a delegation record is kept when they delegate duties to other qualified staff members.</p> <p>The centre manager must ensure that the centres statement of purpose is made available to families in an accessible format.</p>	<p>being addressed.</p> <p>The organisation has an existing risk management framework which has been attached for review. The risk management framework will be reviewed and updated in accordance with the requirements of the National Standards for Children’s Residential Centres 2018 (HIQA). This is to include a centre risk register and an organisational risk register.</p> <p>The centre manager will develop a delegation register to clearly identify when duties have been delegated to other staff members.</p> <p>The centres Purpose and Function is provided to families and professionals upon admission to the centre and upon request.</p>	<p>Organisational and centre risk registers to be introduced and added to policy document for 2020.</p> <p>The delegations register to be introduced and added to policy document for 2020.</p>
--	---	---	---

	<p>The registered provider must review the centres complaints policy. The policy should also include information in relation to the Tusla's complaints procedure 'Tell Us' outlining how children could make a complaint about any aspect of Tusla's services.</p>	<p>The centres complaints policy has been updated to include information in relation to Tusla's Complaints procedure 'Tell Us' outlining how children can make a complaint about any aspect of Tusla's services.</p>	<p>The updated policy has been attached for review. The organisation has developed a policy review group that will review and update all policy documentation in January of each year.</p>
--	--	--	--