



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: 2020



Inspection Report

Year:	2020
Name of Organisation:	Compass Family Services
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	21st and 22nd October 2019
Registration Status:	Registered from the 13th June 2018 to the 13th June 2021
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	22nd December 2020

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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 September 2014. 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 centre's 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. There were three young people living in the centre at the time of the inspection. The centre was granted a derogation to accommodate one young person in placement as they were under thirteen years of age on admission, which was outside the age range identified in the centre's statement of purpose.

1.2 Methodology

The inspectors examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

Inspectors looked 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 regards to registration matters

A draft inspection report was issued to the centre manager, senior management and the relevant social work departments on the 23rd November 2020. 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 4th December 2020 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: o80 without attached conditions from the 13th June 2018 to the 13th June 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had a written policy on admissions that was updated in 2020. The document outlined the admission process, the criteria for admission, the assessment and planning process. The written policy on admission submitted to inspectors did not reference the collective impact risk assessments undertaken prior to admission and how the rights and needs of the children already living in the centre were considered and safeguarded. The composition and role of the admissions panel in relation to assessing the suitability of referrals was not sufficiently outlined in the admissions document. The inspectors also found the policy on admissions did not accurately reflect the current practice in relation to how referrals and admissions are processed through Tusla's national private placement team. Overall, the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA) in relation to a written policy on admissions were not sufficiently reflected in the document. The centre manager must ensure the written policy on admission is updated to reflect current practice, legislation and is in line with the requirements of the national standards.

In practice the inspectors found that management undertook careful and considered gatekeeping of all referrals to the centre prior to accepting a referral as suitable. This was evidenced through the strong values and ethos of the centre managers and staff around protecting the current residents in placement. The managers were clear on the cohort of young people they could not cater for. Referrals were accepted through Tusla's national private placement team and were considered for admission by the service's management team. The inspectors reviewed the admission documentation for the most recent admission and found evidence that the centre worked closely with the allocated social worker to ensure that the centre was suitable to meet the needs of the young person. There was evidence on file that management had undertaken both

pre-admission and collective impact risk assessments. A number of pre-admission meetings were undertaken and there was sufficient referral information on file to allow for the centre to adequately determine if the placement was suitable. Staff interviewed confirmed that management provided them with sufficient referral information to assist them in planning for the new admission. There was evidence on file of a placement proposal developed and submitted as part of the pre-admission process. The placement proposals evidenced how the centre would address the presenting needs of the young person based on the age of the child, presenting behaviour and case history.

Inspectors found that the young person's transition to the centre was well managed. The manager and key staff members met with the young person prior to admission. There was an emphasis on helping the young person understand how they would be supported by staff. The young person was provided with an information booklet on the centre and visited the centre on a number of occasions to familiarise themselves with the staff and the other young people. There was evidence in centre records that the young people already living in the centre were involved in planning for the new admission. An allocated social worker interviewed confirmed that they were consulted and their views considered in relation to the proposed new admission.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The inspectors examined the care files and found there were copies of up-to-date care plans for the three young people in placement. One of the young people was under thirteen years and reviews had taken place on a monthly basis in accordance with the requirements of the National Policy in relation to Placement of Children aged 12 years and under in the Care or Custody of the Health Service Executive. There was evidence that statutory care plan reviews were occurring within the regulatory timeframes for the other young people in placement. The inspectors found that young people were encouraged to attend their review meetings and complete review consultation forms. In cases where they declined to attend their review meeting the staff undertook work with them in advance to ensure their views were represented and their voices heard.

The care plans on file reflected the needs of the young people and set out specific actions and goals. Care planning for these young people was found to be comprehensive and effective. There was evidence that social workers worked in partnership with the young people, their families and the centre staff to achieve

identified targets. Inspectors reviewed the centres policies on care planning and statutory reviews and found that they needed to be amended as the standards referred to in the policy requiring allocated social workers to conduct monthly reviews for all young people were not the relevant standards. The centre should amend this policy to reflect the timeframes for statutory reviews as set out in the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Inspectors reviewed the placement plans on file and found them to be of good quality and aligned with the aims and objectives of the young people's care plans. The placement plans were reviewed and evaluated on a monthly basis by management and keyworkers. Placement plans were also discussed at team meetings and in staff supervision. There was evidence on file of individual work undertaken with the young people to support them to achieve the objectives of their placement plans. The inspectors found that the placement plans when reviewed by key workers documented the work undertaken in the previous month rather than setting out the goals and objectives for the month ahead. The centre manager must ensure that placement plans are a forward planning document as well as an assessment of work completed. Social workers interviewed were satisfied that the goals set out in young people's care and placement plans were being addressed and they commended the quality of individual work undertaken with the young people. Inspectors found evidence that families were consulted in relation to care and placement planning where appropriate.

The inspectors found that the young people had access to external specialist supports and there was evidence that staff supported the young people to engage in these supports. There was evidence the centre manager was a strong advocate to ensure the young people had the required supports. In cases where additional supports were required there was evidence on file and from interviews with staff of efforts made to source these supports. The staff team also had access to the service's clinical psychologist who had undertaken individual work with some of the young people. There was evidence on file that they met with the staff team regularly to provide clinical oversight and input and attended monthly care and management meetings.

Following a review of the care files and interviews with social workers, centre management and staff the inspectors found there was effective communication between all professionals to ensure continuity of care.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was located on the outskirts of a rural town. The accommodation consisted of a two story detached house with front and rear gardens. The layout and design of the centre was suitable to provide safe and effective care for the three young people in placement. The centre was well laid out to ensure privacy and had spacious recreational and communal areas. Each young person had their own bedroom and space to store their own belongings. Inspectors were satisfied that there was adequate age appropriate recreational equipment for the young people for both indoor and outdoor activities. Within the centre young people had access to a selection of board games, books etc. Outside the house there was ample space for recreation and play equipment such as a football net, bikes and a tree house.

Overall, the common living areas in the centre were clean, nicely decorated, maintained in good structural condition and the centre was adequately lit, heated and ventilated. Inspectors would recommend that the upstairs landing is repainted. Inspectors saw evidence that young people had a role in the decorating of the house and choosing furniture. At the time of inspection one young person's room viewed required painting, additional furnishings and accessories. . The centre manager informed inspectors that the room was repaired recently following property damage and plans were in place to have the room redecorated and personalised. The young person's social worker also highlighted in interview that more could be done to personalise the child's room. The centre manager must ensure that the young person's room is redecorated and personalised as soon as possible. There were photographs of the young people and staff displayed within the centre. The centre had adequate bathroom facilities for the three residents. The social workers interviewed confirmed they were satisfied with the facilities and the overall presentation of the centre when they visited and there was adequate space for them to meet with young people in private.

The inspectors examined the fire safety records and found there were appropriate fire safety checks undertaken by the staff team including daily, weekly and monthly checks on emergency exits, fire doors, fire fighting equipment and the fire alarm system. The inspectors observed that fire safety systems were in place in the centre such as emergency lighting, fire blankets, fire extinguishers, fire alarm and that all fire prevention equipment was regularly checked by a fire safety company. The inspectors found evidence that staff carried out regular fire drills. Inspectors noted that there was no record of any of these fire drills taking place under darkness or at night and recommends that one is scheduled in the near future and recorded.

Inspectors found that the centre had an up-to-date health and safety statement and there were procedures in place for managing risks to the health and safety of staff, young people and visitors. There were general risk assessments in place for routine risks within the centre and good evidence of environmental risks assessments being considered with appropriate control measures in place. The managers were responsible for health and safety in the centre and there was evidence that they monitored the premises and carried out monthly audits. A review of maintenance records evidenced that that maintenance issues were addressed in a timely manner. Inspectors noted from training records that there were some staff who required training in first aid and fire safety. However, due to Covid-19 this training could not occur at the required time. The centre had organised online refresher fire training for staff prior to inspection.

Inspectors found that there were protocols and procedures in place for the management of the Covid-19 virus. The service had a Covid risk management plan in place that was reviewed on an on-going basis and updated in accordance with guidance from National Public Health Emergency Team (NPHE) and the government. Staff confirmed the centre had adequate supplies of anti-bacterial products, hygiene equipment, personal protective equipment and there was evidence of a robust cleaning schedule in place. Daily and weekly audits were completed to ensure that the centre had an adequate supply of Covid-19 specific items. Risk assessments were on file in relation to visits and the transportation of young people. There was evidence that learning had occurred and appropriate measures put in place in response to Covid-19 related incidents. Inspectors noted that Covid-19 was not included in the centre risk register and the register needs to be amended to include this.

The staff used their own vehicles to transport the young people. Inspectors checked a sample of personnel files and found copies of full driving licences, car tax, insurance and NCT certificates. A number of the files reviewed did not contain letters of indemnity from the staff member's insurance companies. The centre manager informed inspectors that staff had requested these letters from their insurance companies. The centre management must ensure that they receive this information and must also review all personnel files to ensure that letters of indemnity are on file for all staff members.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Inspectors found the care records were up-to-date for the young people in placement and individual files contained copies of the young person's birth certificate, care order, social history and other relevant information specified in the regulations. The young people had individual care files that maintained appropriate levels of privacy and confidentiality about the young person's history and circumstances. The recording systems were well maintained and kept a record of the daily life of the young person along with individual work undertaken by staff. All care files were appropriately secured, kept in perpetuity and were archived in appropriate storage facilities in the service's head office.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

The centre did not have a written policy in place that outlined the process for planned and unplanned discharges. The centre managers must develop a written policy on discharges. There were no discharges from the centre in the period under review. At the time of inspection one young person was approaching 18 years and was engaged in preparation for leaving care. Inspectors found evidence in the young person's care plan and placement plan that the centre was actively preparing the young person for discharge. Inspectors were informed that the service was in the process of developing its own aftercare service and the plan was for the young person to move on to this service. The service had appointed an aftercare manager and an aftercare premises had been sourced. The aftercare manager had met with the staff team and provided them with guidance on aftercare planning and resources to assist staff to assess and prepare the young person for leaving care. There was also evidence that the aftercare manager and other members of the senior management team were making efforts to support the young person to engage in planning for aftercare to assist them in their transition from the centre.

Inspection interviews and a review of centre records evidenced good collaboration between the centre manager, social workers and aftercare workers to meet the needs of the young person and prepare them for discharge. There was effective interagency co-operation between the centre, social work departments and aftercare professionals to ensure effective planning and positive outcomes for each young person.

The centre managers had involved the young person in the initial stages of planning for their future and the young person had been to visit the location of their planned future accommodation. There were on-going efforts to involve the young person and family members in aftercare planning. Managers interviewed were aware of the relevant information that must be transferred when young people are discharged from care or when moving to another placement.

The centre did not have formal systems in place to seek feedback from young people prior to their discharge in terms of evaluating the effectiveness of their services and interventions. At the time of inspection, inspectors were informed that the head of services was in the process of developing feedback forms for young people to complete on leaving the centre to ascertain their views and experience of care.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Staff interviewed were aware of the Tusla National Aftercare Policy, 2017. The inspectors found that there was a clear aftercare plan in place for one young person who was due to leave care and move on to the service's aftercare accommodation facility. The young person was linked in with a Tusla aftercare worker and a care plan review date was scheduled to finalise their aftercare plan. Inspectors noted that the aftercare plan on file identified that a Tusla aftercare needs assessment was required to be undertaken but this had not been completed at the time of inspection and this should be addressed urgently.

There was evidence that staff supported the young person to prepare for leaving care. Inspectors found there was a strong focus on independent living skills and life skills training with a good use of resources including the centres aftercare assessment pack. The individual work records and placement plans reviewed recorded efforts made to engage the young person in practical skills such as budgeting, laundry, cooking as well as education, personal and social health.

At the time of inspection another young person in the centre was sixteen years of age. There was evidence on file of an appropriate focus on the development of their independent living skills and staff had engaged the young person in discussions on aftercare and their wishes in relation to future accommodation options.

Centre management stated that young people will be offered copies of birth cert, medical records and education records upon discharge in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.4
Practices met the required standard in some respects only	Standard 2.1 Standard 2.2 Standard 2.3 Standard 2.5 Standard 2.6
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure the written policy on admission is updated to reflect current practice, legislation and is in line with the requirements of the national standards.
- The centre manager must ensure the written care and placement planning policy is updated and amended to reflect current practice and the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995.
- The centre manager must ensure that placement plans are a forward planning document as well as an assessment of work completed.
- The centre manager must ensure that one of the young people's rooms is redecorated and personalised as soon as possible.
- The centre management must ensure that Covid-19 is included in the centre risk register.
- The centre management must ensure that they review all personnel files to ensure that letters of indemnity are secured on file for all staff members.
- The centre manager must develop a written policy on planned and unplanned discharges.

- The head of services must ensure that feedback forms for young people leaving the centre to ascertain their views and experience of care are introduced without delay.
- The centre manager must ensure the required aftercare needs assessment is undertaken in respect of the young person who is leaving care.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure the written policy on admission is updated to reflect current practice, legislation and is in line with the requirements of the national standards.</p> <p>The centre manager must ensure the written care and placement planning policy is updated and amended to reflect current practice and the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995.</p> <p>The centre manager must ensure that placement plans are a forward planning document as well as an assessment of work completed.</p>	<p>This action has been passed to the organisation's policy review group which will implement a new policy document, aligned with the National Standards for Children's Residential Centres in quarter 1 of 2020.</p> <p>The care and placement planning policy is currently being updated to reflect current practice and requirements of the relevant regulations.</p> <p>The placement plan document has been changed to ensure forward planning is implemented into the document.</p>	<p>The organisation's policy review group will review all policies annually to ensure policies are in place which reflect current practice, legislation and are in line with the requirements of the national standards.</p> <p>The organisation's policy review group will review all policies annually to ensure policies are in place which reflect current practice, legislation and are in line with the requirements of the national standards.</p> <p>The updated placement plan document will be introduced to the centres team members through team meetings and key working to ensure forward planning, and monthly plans are reviewed by the centre manager.</p>

	<p>The centre manager must ensure that one of the young people's rooms is redecorated and personalised as soon as possible.</p> <p>The centre management must ensure that Covid-19 is included in the centre risk register.</p> <p>The centre management must ensure that they review all personnel files to ensure that letters of indemnity are secured on file for all staff members.</p> <p>The centre manager must develop a written policy on planned and unplanned discharges.</p>	<p>The young person's room has been freshly painted and is currently being re-decorated and personalised along with the young person himself.</p> <p>The centre's risk register has been updated to include Covid-19.</p> <p>A review of personnel files has been carried out and letters of indemnity are now secured on file for all staff members.</p> <p>The organisation's policy review group is developing a policy on planned and unplanned discharges for implementation in quarter 1 of 2021.</p>	<p>The centre manager will ensure that the young person's room is monitored and redecorated after each incident takes place to ensure the room is appropriately decorated and personalised.</p> <p>The risk register will be monitored monthly by the centre manager and updated accordingly.</p> <p>Documentation related to driving is reviewed monthly by the administration manager. Adults without appropriate documentation on file will not use their vehicle for work purposes until all required documentation is on file.</p> <p>The organisation's policy review group will review all policies annually to ensure policies are in place which reflect current practice, legislation and are in line with the requirements of the national standards.</p>
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	<p>The centre manager must ensure the required aftercare needs assessment is undertaken in respect of the young person who is leaving care.</p> <p>The head of services must ensure that feedback forms for young people leaving the centre to ascertain their views and experience of care are introduced without delay.</p>	<p>The centre manager has been written to the after-care worker for the young person concerned and has requested this assessment be carried out urgently. This assessment will take place in the coming weeks.</p> <p>A feedback form for young people leaving the centre to ascertain their experience of care is available for completion by the young people upon leaving the centre.</p>	<p>Needs assessment will be completed with young people leaving care as a matter of priority when an after-care worker has been allocated to the young person.</p> <p>Improving feedback mechanisms across all aspects of Care is one of three centre objectives for 2021. Receiving feedback from all key stakeholders is something the organisation truly values and is pivotal in ensuring a high standard of care is provided to all young people placed in our services.</p>
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