



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 116

Year: 2019

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Compass Child and Family Services
Registered Capacity:	Two young people
Dates of Inspection:	22nd and 23rd of August 2019
Registration Status:	Registered from the 05th of December 2016 to the 05th of December 2019
Inspection Team:	Paschal McMahon Joanne Cogley
Date Report Issued:	5th December 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.7 Safeguarding & Child Protection	
3.10 Premises and Safety	
4. Action Plan	24

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 December 2016. At the time of this inspection the centre was in their first registration and was in year three of the cycle. The centre was registered without conditions attached from the 05th of December 2016 to the 05th of December 2019.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as a relational based model within a shared living environment. The fundamental basis for this programme was that professionally qualified adults, called house pedagogues, live with and share the living space with young people with the primary purpose to care for the young people in a consistent and predictable fashion. A primary focus of the work with young people is informed and guided by an understanding of attachment patterns.

The inspectors examined standard 2 'management and staffing', aspects of standard 5 'planning for children and young people', standard 7 'safeguarding and child protection', and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 22nd and 23rd of August 2019. At the time of the inspection there were two young people in residence.

1.2 Methodology

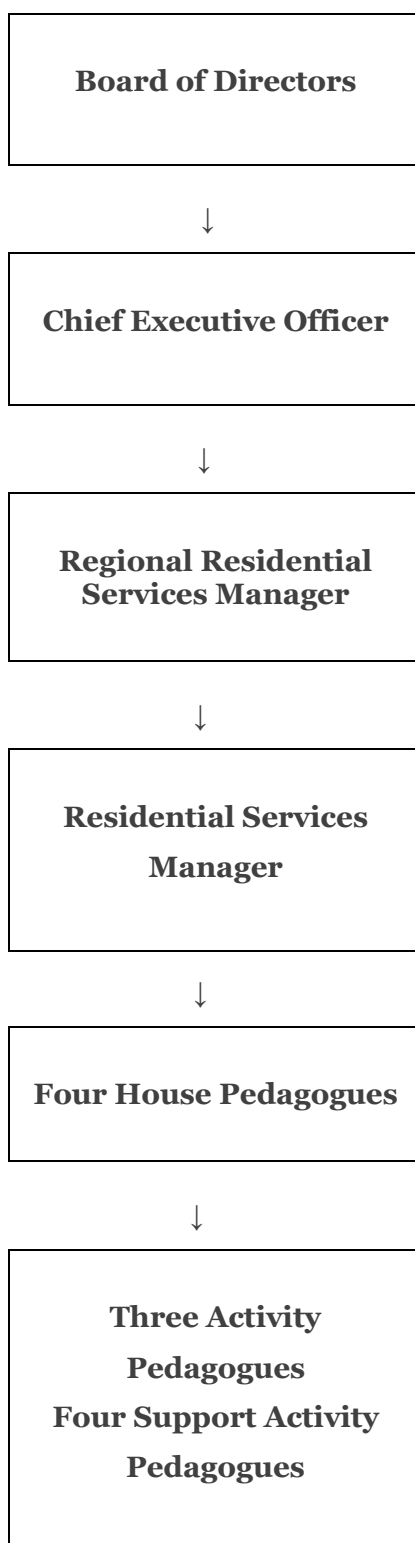
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) The chief executive officer
 - b) Regional residential services manager
 - c) Seven of the care staff
 - d) One of the young people
- ◆ An examination of the centre's files and recording process:
 - The two young people's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Staff team meeting records
 - Handover meeting records
 - Management meetings
 - Centre register
 - Significant event register
 - Health and safety records
 - Fire register
 - Centre audit reports
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The residential services manager
 - b) The regional residential services manager
 - c) Three house/activity pedagogues
 - d) Two young people
 - e) The social worker with responsibility for one of the young people residing in the centre
 - f) The social work team leader with responsibility for one of the young people residing in the centre
 - g) One young person's guardian ad litem
- ◆ Observations of care practice routines and the staff/young person's interactions

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, regional residential services manager and the relevant social work departments on the 15th October 2019. 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 19th November 2019 and the inspection service received evidence of the issues addressed.

This report notes that at the time of inspection the centre did not meet the regulatory requirements in accordance with the Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 13, Fire Precautions. Subsequent to the inspection documentary evidence was provided by the centre to demonstrate actions taken to address the issues raised in the report. The centre is now deemed to be compliant in this respect.

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 116 without attached conditions from the 05th of December 2019 to the 05th of December 2022 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

Notification of Significant Events

The inspectors found that the centre had a written policy and appropriate guidelines in place regarding the recording and notification of significant events. Significant event notifications were sent to the social workers, young people's guardians' ad litem, the organisation's psychologist and the Tusla Alternative Care Inspection and Monitoring Service. Significant events were reviewed at team meetings, with staff in supervision and at organisational management meetings. Supervising social workers and a young person's guardian ad litem interviewed by the inspectors confirmed that they were promptly notified of all significant events.

Staffing

The deployment of staff was sufficient to meet the needs of the two residents and fulfil the centres purpose and function. The centre had a staff complement of the centre manager, four house pedagogues, three activity pedagogues and four support pedagogues. The inspectors found that there was a consistent experienced staff team in place with a good age and gender balance. All of the staff were appropriately qualified with the exception of one staff member who was enrolled in a social care training course. Staff interviewed during the inspection process and through their questionnaires, stated that positive dynamics existed amongst the team and there was a strong staff team in place that were dedicated to providing the best possible care to the young people. Supervising social workers and a young person's guardian ad litem commented that the team were very committed and had consistently made decisions in the young people's best interest. They were very satisfied with the care provided to the young people and stated that they saw evidence of very positive outcomes being achieved for young people. Young people said they were happy in the centre and felt cared for and listened to. They had very positive relationships with staff who they felt had supported them with adapting to change in their lives. A

review of centre files supported the inspector's findings that the team had built and maintained reliable relationships with the young people in placement.

Inspectors reviewed the personnel files of the staff members most recently recruited and found that they were appropriately vetted with references on file and evidence that they had been verbally checked. Copies of qualifications were evident on file for staff members however they had not been verified with the colleges or awarding bodies. This should be followed up by the senior management responsible for overseeing the recruitment process. Inspectors were informed that there was a structured induction process in place, and this was reflected from review of a cross section of personnel files.

Administrative files

The inspectors found that the files and records were well organised and accessible. The work within the centre was supported by comprehensive recording systems. The therapeutic approach and the outcomes of the interventions used were reflected in the centre records. There was evidence on file that the centre manager was monitoring the quality of records.

The management oversees the centre budget which is reviewed weekly and petty cash is recorded. The centre manager stated that the budget was adequate for the purpose and function of the service.

3.2.2 Practices that met the required standard in some respect only

Management

The inspectors found that the centre manager was appropriately qualified and experienced. The manager was based offsite in an office located near the centre and worked office hours Monday to Friday. The manager received a daily written handover from the centre and visited the centre on at least two occasions a week. The manager stated that they satisfied themselves that appropriate and suitable care practices were in place through a number of measures including, daily telephone contact with staff, facilitation of team meetings, staff supervision, reviewing placement plans, significant event reports, interaction with the staff and young people as well as oversight of centre records. Inspectors found evidence from the records that the manager had a good level of oversight of daily practice in the centre with young people and comments of the manager were observed throughout the files. Staff in interview and questionnaires stated that the manager was approachable and supportive and there was constant and open communication between the staff and

the manager. Social workers and other professionals highlighted that the manager was very child centred and proactive in meeting the needs of the young people which was evident in the progress the young people had made during their time in the centre.

The centre manager reported to the regional residential services manager of the organisation. The regional residential services manager reported to the chief executive who in turn reported to a board of directors. The regional residential services manager was provided with daily updates and handovers from the centre and was notified of all significant events. The manager conducted a monthly audit of centre records and copies of these audits were sent to the regional residential services manager. The regional residential services manager told inspectors that they visited the centre once or twice a month. During these visits they met with the manager, staff, and young people and observed practice. The regional residential services manager stated they also reviewed centre records during their visits but this was not evident on file as they did not sign the records and there was no other evidence of external auditing or oversight taking place. The inspectors recommend that the senior management of the organisation develop an audit tool for external oversight and conduct regular audits of the service.

The manager also met with the regional residential manager at management meetings which were attended by managers from the other organisation's centres along with senior management. These meetings took place approximately every two weeks. One of these meetings was specifically designed to discuss the young people's care plans and the other meeting was a management meeting. The records of the management meetings reflected attention to issues including updates on the young people's progress, the centre's model of care, human resource issues, policies and procedures along with operational issues and planning. The main findings of this inspection was that while the care practice was of a very high standard, governance needed to be strengthened with the requirement for more robust external oversight of the centre. This was evident in the deficits identified in a number of areas in regards to staff supervision, team meetings, safeguarding, safety, fire safety and are addressed further on in the report.

Register

The centre had a register in place which recorded the admission and discharge details of young people. The inspectors found that the register did not record contact details of social workers, the addresses of the young people's parents or the full addresses of where young people were discharged to and must be amended. There was a system in

place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Supervision and support

The centre had a supervision policy which stated that individual supervision is provided once every six weeks for all staff. The manager received formal supervision from the regional residential services manager and the manager was responsible for the supervision of all care staff. Supervision files contained supervision contracts that set out the terms, expectations and arrangements for supervision. The inspectors examined the supervision records on file and found that there were gaps in the provision of supervision to staff as in some instances supervision did not occur within the six week timeframe specified in the centre's supervision policy. The supervision records reviewed were of a high standard and there was good evidence of staff being challenged and held accountable. Placement plans and key working was discussed in detail and there was also a focus on the review of child protection procedures along with centre policies and procedures. Additional support was provided to staff in the form of group and clinical supervision. The group supervision facilitated by an external practitioner allowed for the staff team to raise, explore and discuss work related issues as a group in a consistent and planned manner. Clinical supervision was conducted by the company's clinical psychologist. This focussed on the young people's clinical presentation, assisting staff in developing an understanding of young people, their underlying needs and how best to respond.

The centres policy on team meetings was that they were to take place weekly. Records reviewed by inspectors highlighted the fact that staff meetings had not taken place weekly and attendance at staff meetings varied depending on the availability of staff. Given the shift pattern staff worked in the centre the inspectors recommend that the centre should consider having team meetings less frequently scheduling meetings at regular times when it is possible to ensure maximum attendance. The issues in regards to staff supervision and team meetings not taking place in accordance with the time frames specified in the centres policies were also identified as issues requiring action in the last two inspections of the centre. The centre management in response acknowledged the need to prioritise these supportive measures but despite these assurances the frequency of team meetings and supervision continue not to comply with the centres policies. The regional residential services manager informed inspectors that the organisation was in the process of creating a deputy manager post in the centre and part of their role will be to share the responsibility for staff supervision with the centre manager.

The inspectors reviewed the reporting process of handover within the centre. These took the form of emails completed by the care staff to the manager and residential services manager. These emails gave a detailed plan for each young person from the previous day and included contact with professionals and peers. The email handovers also recorded any consequences in place; upcoming appointments and details of significant events that occurred for each young person. This ensured that the managers had the relevant information for the respective young people and allowed the managers the opportunity to address any concerns that may arise.

Staff members interviewed said they were well supported by the management team and there were support systems in place for staff including on call support, group supervision and debriefing following serious incidents.

Training and development

Inspectors found that all the staff had completed the mandatory core training required in first aid, fire safety and their model of behaviour management. One staff was due to complete a refresher in fire training and this was scheduled. Inspectors found from a review of child protection training records that staff employed since the last inspection had only completed training in the Tusla E-learning module:

Introduction to Children First, 2017. In addition to this the organisation must ensure that they also provide training in Children First and child protection to these 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.

All staff had received training in social pedagogy, the centre's model of care. The inspectors found that the staff interviewed were invested in the model of care and there was evidence of a clear link to practice in individual work done with the young people. Staff in interview stated that the organisation was supportive of training and a number of staff had attended conferences and further training in the model of care. The administrator for the organisation kept records of training and scheduled refreshers for staff when required.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 IV, Article 21, Register.*

The centre has 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.

Required Action

- The external line managers must have mechanisms in place for assessing the quality and effectiveness of the service.
- The centre manager must amend the centre register to record contact details of social workers, the addresses of the young people’s parents and the full addresses of where young people were discharged to.
- The centre management must ensure that staff supervision and team meetings takes place within the time frames specified in the centres policies.
- The organisation must ensure that 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.

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 had an admission policy which detailed the referral and admissions criteria and the admission process. The centre was registered to provide care for two young people, aged between thirteen and seventeen years of age on admission and referrals for placements were accepted from the child and family agency national private placement team. At the time of inspection there were two young people in

residence. Both were under thirteen and derogations against the stated purpose and function were approved by the Alternative Care Inspection and Monitoring Service. Admissions to the centre are considered by the C.E.O., the regional residential services manager and the centre manager. Consideration was given to placement mix and the suitability of the model of care to the assessed needs of the young people. The inspectors found from a review of the files that there was adequate referral information on file including preadmission risk assessments.

The inspectors interviewed a social worker, social work team leader and guardian ad litem during the course of the inspection. All stated they were very satisfied that the placement was meeting the needs of their young people and that the young people had made great progress in their placement to date.

Contact with families

There were family access plans in place for both young people and evidence of regular and consistent access. Inspectors found from a review of records and interviews with supervising social workers that the manager and care team has been proactive and flexible in their efforts to encourage supportive family relationships through regular contact, consultation and inclusion in the care of the young people. Staff in the centre transported the young people to meet with family members when required and there was space within the centre for families and young people to meet in private.

Standard

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

Social Work Role

Inspectors completed interviews with the two placing social work teams as part of the inspection process and found that they were familiar with the care needs of the young people and their progress in their placement. There was clarity in the working roles between the centre staff and the allocated social workers and all parties reported an effective working relationship. Social worker's stated they were very satisfied with the service provided to the young people highlighting their child centred approach and the relationships they had developed with the young people.

Children's case and care records

The inspectors found that records were well organised and indexed to facilitate easy access. The care files were sub-divided into sections and the key documentation was clearly in evidence. Records were written in an appropriate professional manner. The care files contained copies of the young person's birth certificate, care orders and other relevant documentation required by the regulations. 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

The inspectors found that the two young people had up-to-date care plans on file. Both young people had monthly statutory reviews in compliance with the child and family agency national policy for the placement of children aged 12 years and under in residential care. Inspectors noted that the minutes of some monthly reviews were not on file and the social workers should provide these to the centre. The care plans for the young people were supported by placement plans. The goals of the placement plans were congruent with the care plans and the centre had a system in place to track if the goals were being met. These placement plans were reviewed monthly and there was good evidence of oversight from the centre manager. The inspectors found good evidence on file and from interviewing the young people that they were involved and active in care planning.

Supervision and visiting of young people

The two young people had allocated social workers who visited them at the centre in line with statutory regulations. A record of social work visits was kept on the young people's care files. The inspectors observed records of regular contact between the social workers and the centre regarding the young people's progress. The inspectors found no evidence that the social workers had read the records in the centre and other relevant records as required by the regulations.

Emotional and specialist support

The staff in the centre presented with a good understanding of the needs of the young people. In interview they demonstrated a good understanding of the reasons behind presenting behaviours and an awareness of the importance of good primary care and nurturing. The staff team were trained in the social pedagogy model of care and were incorporating this model in all their interactions with young people. There was a lot

of positivity among the team regarding this model and how it was benefiting the young people. Each young person had two allocated keyworkers. There was good evidence on file of individual work being carried out with the young people and key working was reviewed at team meetings.

From a review of the young people's care files and interviews with the centre manager and social workers, inspectors found that there were extensive emotional and specialist supports in place for both of the young people. The organisation also had a clinical team that developed individual development plans for the young people. Staff informed inspectors that clinical meetings facilitated by the organisations clinical psychologist took place on a regular basis providing them with support and clinical guidance. The inspectors were informed that minutes of these meetings were not recorded for staff not in attendance. Inspectors recommend that the organisations clinical psychologist should provide the centre with minutes of clinical meetings to ensure that all staff can benefit from clinical guidance, and are aware of agreed strategies and interventions in working with the young people.

3.5.3 Practices that did not meet the required standard

None identified. Not all standards were assessed during this inspection.

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

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

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

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- Supervising social workers must ensure that minutes of monthly care plan reviews which were not on file at the time of inspection are forwarded to the centre.
- The supervising social workers must read the records in the centre from time to time as required by the regulations.
- The organisations clinical psychologist should provide the centre with minutes of clinical meetings to ensure that all staff can benefit from clinical guidance, and are aware of agreed strategies and interventions in working with the young people.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a number of policies in place in relation to safeguarding and child protection. Inspectors found from staff interviews and questionnaires that they had a good awareness of safeguarding practices in general. They referenced the centre's policy on lone working, personal care routines along with a culture of openness and reflective practice whereby staff are encouraged to challenge each other as good safeguarding practices. The young people had individual risk assessments and safety plans on file to minimise known or potential risks which had been developed in consultation with the young people's social workers. The children's advocacy group EPIC (Empowering People in Care) had visited the centre and social workers visited the young people in the centre on a regular basis.

Following the full implementation of the Children First Act 2015 in December 2017, Tusla requires that all organisations working with children and families and classed as 'relevant services' must have a child safeguarding statement in place. The child safeguarding statement submitted at the time of inspection was found by inspectors

not to be in compliance with statutory requirements as it was a generic statement covering the organisation's four centres and was not centre specific. The regional residential services manager advised the inspectors that since the onsite inspection they had been in contact with the Tusla child safeguarding statement compliance unit (CSSCU) and a centre specific child safeguarding statement was being developed. Post inspection the inspectors were provided with written confirmation from the CSSCU that the centre now had a compliant child safeguarding statement in place. A number of staff interviewed during the inspection were not familiar with the content of the child safeguarding statement. Management must ensure that all staff are made aware of the newly developed child safeguarding statement

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre had a written child welfare and protection policy in place. As highlighted earlier in the report inspectors found from a review of training records 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. All staff interviewed were aware that the centre manager was the designated person for the reporting of child protection and welfare concerns. Staff interviewed during the course of the inspection were all familiar with the process for responding to concerns, allegations and disclosure of abuse and neglect. Staff were also aware of the revised procedures for reporting child protection concerns in line with the requirements of the Children First: National Guidance for the Protection and Welfare of Children, 2017.

The inspectors found that there had been a number of child protection concerns made by the centre in relation to the young people in the year prior to inspection. Records examined by inspectors showed that these were reported appropriately and there was evidence of regular follow up. All of the reports made were found by inspectors to be responded to and safety measures where necessary were taken to promote the on-going safety of the young people involved.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that all staff are made aware of the centres child safeguarding statement.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre was located in a detached bungalow in a rural setting on the outskirts of a large town. The centre was warm and homely and in good structural repair. Inspectors were informed at the time of inspection that the house had been recently purchased by the organisation which the manager stated will enable for the upgrading of the house over time. The centre was adequately lit, heated and ventilated and the cooking and laundry facilities were domestic in nature. There was adequate space within the centre for the young people to receive visits from family members and social workers in private. Each young person was allocated their own room on admission to the centre and the inspectors found that the rooms were comfortably furnished and personalised. There were gardens to the front and rear of the property. Inspectors recommend given the age of the young people that the centre should give consideration to developing the playroom and purchasing outdoor play equipment. Evidence of insurance cover was provided to inspectors.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

Routine maintenance and repair work was carried out by local contractors. The centre maintained a log of maintenance and repair requirements. From a review of the maintenance log it was evident that there were delays in some repairs taking place. At the time of inspection the inspectors were informed that the organisation had recruited their own maintenance person to carry out repairs and maintenance going forward. Inspectors found that there was no evidence on file of external line

managers routinely monitoring the premises to ensure the maintenance of standards and safety.

Safety

The centre had an up to date health and safety statement and a staff member was the dedicated health and safety officer. The health and safety statement identified the chief executive officer as the person with the overall responsibility for health and safety in the centre. Given the fact that the C.E.O. has no operational role in the centre the inspectors recommend that the centre manager is the designated person with overall responsibility for health and safety in the centre. The inspectors found evidence on file that monthly health and safety audits of the premises were being carried out and evidence that issues requiring action were identified. However, inspectors found no evidence in these audits or the centres health and safety statement that new or current risks and hazards were being recorded and control measures put in place. During a walk-through of the premises the inspectors noted that a fence had been removed at the rear garden which posed a potential risk and this area needed to be secured. Inspectors received confirmation post inspection that this issue had been addressed.

Medicines for young people were stored in a dedicated locked and secured cabinet in a locked office, the administration of which was recorded in individual records. All of the staff were trained in first aid.

3.10.3 Practices that did not meet the required standard

Fire Safety

Inspectors found that fire detection and fire safety equipment at the centre met the required standard and staff had received fire safety training. There was evidence that detection equipment and fire safety equipment was maintained and fire drills had been undertaken and appropriately recorded. The centre had a number of systems in place for checking the fire equipment and premises including daily checks of escape routes and weekly inspections of fire doors. The inspectors found from reviewing the fire register that there were gaps during which time these checks had not taken place. For example, weekly inspections of the fire doors did not take place from the 14/10/18 to the 29/03/19. This period also corresponded with the time during which the designated person with responsibility for fire safety was on leave. The fire register identified issues with two fire doors in the centre which required repair. The inspectors noted that in both cases repairs took over two months to be completed. The inspectors also noted that thumb turn locks on fire exit doors recommended in a

previous inspection had never been installed and this must be addressed without delay. Inspectors found no evidence of managerial oversight on the fire register.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996,***
-Part III, Article 13, Fire Precautions.

Required Action

- Centre management must ensure that repairs in the centre are dealt with promptly.
- External management must routinely monitor the premises to ensure the maintenance of standards and safety.
- The C.E.O. must designate the overall responsibility for health and safety in the centre to the centre manager.
- The centre management must ensure that there is more robust oversight of fire safety in the centre and address the fire safety issues identified in this report.

4 Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The external line managers must have mechanisms in place for assessing the quality and effectiveness of the service.	<p>The regional manager currently supervises the centre manager every six weeks where the quality and effectiveness of the service are discussed. The manager reports into the C.E.O. and regional manager on a monthly basis as part of the overall management and governance procedures. These meetings are recorded.</p> <p>The manager discusses the care and support needs of the young people during a monthly care meeting facilitated by the regional manager and in the presence of the senior psychologist. These meetings are recorded.</p> <p>The regional manager visits the centre regularly and reviews documentation, meets with staff, meets with young people and provides feedback to the centre manager. The regional manager is also in receipt of monthly</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 being addressed. Policy to be shared upon completion: no later than December 6/12/19.

	<p>The centre manager must amend the centre register to record contact details of social workers, the addresses of the young people's parents and the full addresses of where young people were discharged to.</p> <p>The centre management must ensure that staff supervision and team meetings takes place within the time frames specified in the centres policies.</p>	<p>Quality Assurance documents completed by the centre manager which includes actions and review dates.</p> <p>The regional manager is in receipt of daily handovers from the centre and receives all S.E.N. documentation from the centre. A Significant Event Review Process takes place monthly and if required more frequently</p> <p>Register was amended on the 18/10/19 to include the required additional information.</p> <p>The centre manager will ensure that staff supervision and team meetings take place within the time frames specified in the centres policies. Senior staff member within centre to assume supervision duties to assist centre manager</p>	<p>Standardised register across four residential services within Compass CFS to be issued. This has been followed up with administration department 19/10/19.</p> <p>Regional manager to review supervision logs and team meetings minutes to ensure they are undertaken within the time frames specified in the centre policies. The centre manager must inform the regional manager if and when any discrepancies occur and these will be documented and placed on file. Supervision training arranged for 12/12/19.</p>
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	<p>The organisation must ensure that 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>It has been the organisations understanding that the introduction of the TUSLA E-learning training in relation to Child Protection was sufficient following its inception. Following the inspection recommendations, Compass C.F.S. has arranged training to be provided for all team members in line with inspection recommendations on the 7/12/19.</p>	<p>Inspection recommendation in relation to provision of appropriate child protection training forwarded to Compass C.F.S. training coordinator. This training will be provided to new and existing staff as mandatory training going forward.</p>
<p>3.5</p>	<p>Supervising social workers must ensure that minutes of monthly care plan reviews which were not on file at the time of inspection are forwarded to the centre.</p> <p>The supervising social workers must read the records in the centre from time to time as required by the regulations.</p> <p>The organisations clinical psychologist should provide the centre with minutes of clinical meetings to ensure that all staff can benefit from clinical guidance, and are aware of agreed strategies and</p>	<p>Relevant placing social workers contacted in relation to provision of minutes highlighted. A number of since have been placed on file. Centre awaiting response in relation to copies of minutes for three reviews and has received assurances that these will be forthcoming shortly</p> <p>Inspection recommendations communicated to placing Social Workers by centre manager.</p> <p>Following on from the inspection recommendations, the clinical psychologist has agreed that an overview of the main topics discussed will be recorded and expanded upon. All recommended journals and strategies will</p>	<p>Centre manager to follow up immediately following young people’s CICR’s</p> <p>To be discussed at CICR and Social Work visits to centre as appropriate</p> <p>Centre manager to review Clinical meetings with the doctor at care planning meetings. Clinical psychologist has recorded minutes for clinical support meetings subsequent to the draft inspection report.</p>

	interventions in working with the young people.	also be attached to this document. This document will be forwarded to the entire team by email, and will also be stored on the Clinical Supervision file, which can be viewed by the centre manager. The clinical psychologist has agreed, when possible, to have this document completed and distributed within 2 working days.	
3.7	Centre management must ensure that all staff are made aware of the centres child safeguarding statement.	Child Safeguarding Statement discussed and explored at team meeting 18/10/19. Statement discussed in individual supervision sessions. Statement signed by staff.	Statement made available to staff in Centre. Statement subject to annual review as per Compass policy and procedures review process
3.10	Centre management must ensure that repairs in the centre are dealt with promptly. External management must routinely monitor the premises to ensure the maintenance of standards and safety. The C.E.O. must designate the overall responsibility for health and safety in the centre to the centre manager.	Maintenance coordinator recently employed by Compass C.F.S. with responsibility for overview and liaising with centre management and staff responsible for health and safety audits. Regional manager to visit centre once monthly and record oversight of quality assurance audits Centre Health and Safety amended to reflect change of responsibility to centre manager	Maintenance recording log and monthly health and safety audit combined into single audit tool to ensure effective oversight and timely response to issues identified. Maintenance coordinator to provide monthly reports of work undertaken at centre. Health and Safety statement to be reviewed annually as per company policy

	<p>The centre management must ensure that there is more robust oversight of fire safety in the centre and address the fire safety issues identified in this report.</p>	<p>Specific repair issues identified carried out 18/10/19. Fire register included in monthly quality assurance audits and oversight evidenced. Transfer of responsibility to appropriate staff in the event of sick or annual leave arising.</p>	<p>Monthly oversight of fire register to be evidenced. Maintenance coordinator to respond to highlighted maintenance issues in timely manner.</p>
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