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: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Compass Family Services**
Registered Capacity:	**Two young people**
Type of Inspection:	**Announced**
Date of inspection:	**09th, 10th and 11th November 2022**
Registration Status:	**Registered from the 05th December 2022 to the 05th December 2025**
Inspection Team:	**Paschal McMahon** **Linda McGuiness**
Date Report Issued:	**23rd January 2023**

Contents

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 and Regulation 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 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 second registration and in year three of the cycle. The centre was registered without conditions attached from the 05th of December 2019 to the 05th of December 2022.

The centre was registered as dual occupancy to accommodate two young people of all 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. The work with young people was informed and guided by the principles of the continental European model of social pedagogy and an understanding of attachment patterns. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child Centred Care and Support	1.6
2: Effective Care and Support	2.3

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

A draft inspection report was issued to the centre manager, senior management and the relevant social work departments on the 25th November 2022. 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 centre manager returned the report with a satisfactory completed action plan (CAPA) on the 9th December 2022.

Simultaneously, a determination was made following a review of the centre's application for re registration that the centre was not in compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: *Staffing*. The staffing number of six whole time equivalents were insufficient to care for the young people living in the centre. This issue was also raised in a previous inspection in March 2022. The proprietor was afforded 21 days to submit representations however none were received.

The findings of this report and assessment by the inspection service of the submitted information, deem the centre to be not operating in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of the registration committee of the Child and Family Agency to attach a condition from 27th December 2022 to this centre, ID Number: 116 under Part VIII Article 61 (6) (a) (i) of the Child Care Act 1991. The condition being:

- The centre must evidence by the 28th of February 2023 that the qualifications, experience and availability of members of staff in the centre is adequate having regard to the number of children residing in the centre and the nature of their needs.

This condition will be reviewed on or before 28th February 2023.

3. Inspection Findings

Regulation 5: Care practices and operations policies
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Practice in the centre was child centred and focused on individual young people and their specified needs. Inspectors found from interviews, a review of centre records and meeting with young people that their views and preferences were listened to in relation to daily living in the centre and planning for their care. Inspectors were satisfied that consultation with them took place through daily interactions with adults in the house and they told inspectors they were involved in planning for the house and goals they wished to focus on. Inspectors found that they were involved in menu planning and shopping, house routines, home décor, safety plans and their medical care.

Inspectors found that at times reasons for decisions made by the adults in the centre or by Tusla, the child and family agency were explained to young people in an age-appropriate way.

Inspectors found that while the adults in the centre were aware of the role to support young people to make complaints there was a lack of clarity about the process and this required review. Young people confirmed that issues they highlighted were discussed and responded to in the regular community/house meetings. Inspectors found, however, that there was a disparity between practice in the centre and how it was recorded on centre records. A specific issue was highlighted by young people in a house meeting and while there was evidence that steps were being taken to resolve this issue, follow up was not evident on centre records. Despite being told it would be discussed at the next team meeting this was not on the record reviewed by inspectors. Centre management explained that much of the follow up was verbal and feedback to young people about the issue could not be seen on centre records reviewed.

From interviews with the young people and adults in the centre inspectors found there was a culture of openness and transparency.

The centre had a written complaints policy and procedure in place which had been updated and revised along with all organisational policies in January 2022. Inspectors found that the policy did not provide clarity about the process in place and that it contained conflicting information. The policy stated that the organisation did not distinguish between formal and informal complaints, however it then went on to describe the process for managing formal complaints. The policy also stated that all complaints were recorded in a formal way and that all complaints whether verbal or written would be logged. This was not evident in practice and during inspection interviews there was a lack of clarity in respect of the thresholds for recording different levels of complaints and it was unclear how these were tracked and monitored. Some complaints were resolved informally but there was no record of these for tracking purposes. The link between complaints and service improvements was not evident in records even though inspectors found examples of how practice had changed following a complaint made by a young person. Management explained to inspectors that even though the new suite of policies and procedures was signed off in 2022, they had decided at a recent meeting that the complaint policy should be reviewed.

Young people confirmed to inspectors that they were made aware of the complaints process on admission and were provided with written information in the form of a booklet. They were aware of the role of EPIC (Empowering People in Care) and one young person was very involved in their work. The centre's information booklet explained how to make a complaint, however it did not explain the process including feedback and appeals to young people. Information on the centre's complaints process was provided to parents in writing and was discussed and social workers and other professionals during the admission process. This was included on an admission checklist for managers.

Inspectors found that there was delivery of high-quality child focused care and there was a very low level of complaints in the centre. The process of regular, informal communication with young people minimised the likelihood of complaints arising. Each of the young people who spoke with inspectors stated that they could talk to the adults if there was an issue that they were unhappy with, and they said they were always listened to. There was one complaint recorded on file for the period under review in this inspection. Inspectors were satisfied that this complaint was well managed by the centre manager and there was evidence that the young person was satisfied with the outcome and that practice had changed as a result.
Information about 'Tell Us' the complaints and feedback policy of the Child and Family Agency was outlined in the young person information booklet.

Two allocated social workers interviewed during the inspection reported that the young people were very happy in their placements and that they had no complaints. They commended the quality of care and therapeutic relationships built with young people by a consistent staff team and stable management. They confirmed that both young people made significant progress through their time in the centre and that they were valued and listened to.

A new system of auditing was implemented in the organisation in 2022. However, inspectors found that there were no audits that assessed compliance with Theme 1 of the National Standards for Children's Residential Centres, 2018 (HIQA) whereby senior management could assess how policy, procedures and best practice relating to this theme was being implemented in the service.

There was evidence that feedback on the effectiveness of the complaint's procedure was sought from one young person who was involved in a 'CEO for a day' process. They were very proud to explain this to inspectors. While this was very positive, a formal mechanism for receiving feedback from young people was not yet in place and the regional manager informed inspectors this was under review.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 1.6**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that the complaints policy is revised to ensure absolute clarity about process, recording and review of complaints.
- The registered provider must ensure that all complaints are recorded, managed, and reviewed in line with policy and that feedback to young people is evident in all circumstances.
- The centre manager must ensure that there is recorded evidence of follow up to issues young people raise with adults.

- The registered provider must ensure that the young person's booklet includes information about the complaints process including receiving feedback and the right to appeal.
- The registered provider must ensure that there is a mechanism for young people to provide feedback on the complaint's procedure and its effectiveness.

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

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

Inspectors found that the effectiveness of care was supported by an environment that was safe and comfortable. There were policies relating to young people's rooms, communal areas, maintenance and repair, privacy, personal memorabilia, and the participation of young people. The centre was a detached single storey residence located on the outskirts of a large town. There was easy access to schools, shops, and many recreational amenities. Inspectors found that the centre was adequately lit, heated, and ventilated. Young people told the inspectors that they liked the house and had no complaints. There was evidence that recent work had taken place to upgrade the centre including new floors and painting of rooms. Part of the heating system was also upgraded to make it more efficient and economical. Young people confirmed that they were consulted about how the centre was decorated and they were aware that the issue of a new bath was being explored for them.

There was sufficient indoor personal and communal space for the adults and two young people who lived there. Each young person had their own room and inspectors found that the rooms were comfortably furnished and personalised. The centre provided a stimulating environment with availability of games, books, computers, and other equipment to support young people's preferred activities. Use of the back garden was limited by poor soil drainage however this did not impact negatively on young people's experiences and they were actively facilitated to participate in community activities.

Inspectors found that the centre was clean and homely with domestic furnishings and appliances. There were agreed cleaning schedules in place and inspectors found that the kitchen and food preparation areas were clean. There were adequate laundry facilities and cleaning materials were stored securely.

Photos of adults and young people enjoying activities and special occasions were displayed throughout the centre. Maintenance work was generally completed in a timely manner and this was confirmed during inspection interviews. Inspectors found however, that some issues highlighted during routine house checks were not transferred on to the maintenance register. The policy did not include oversight by senior management and therefore these deficits were not highlighted. Management must ensure that all maintenance requirements are properly recorded and evidence oversight by senior management to ensure monitoring, follow up and implementation of required actions.

Small electrical appliances appeared in good working order with no obvious signs of damage or wear and tear and were checked as part of routine health and safety audits. Written confirmation from a chartered engineer was furnished to the inspectorate at time of registration that all statutory requirements relating to fire safety and building control were complied with. No structural alterations had taken place since then.

There was an appointed fire safety representative. Inspectors found while there were adequate precautions taken by the centre against the risk of fire there was no specific information that outlined fire safety and prevention measures, the fire evacuation procedure, use of fire alarm system, and information relating to the use of fire extinguishers. The safety policy which was reviewed in January 2022 alongside the entire suite of polices made brief reference to compliance with fire safety legislation and the fire safety register however inspectors did not deem this to be sufficient. Some deficits were noted during this inspection that were not highlighted as part of a Theme 2 audit of the National Standards for Children's Residential Centres, 2018 (HIQA). Staff fire safety training was not recorded in the relevant section of the fire register and on one occasion when the fire alarm was activated a number of times during the night it was not recorded on the section relating to 'events' on the fire register. While there was follow up with the maintenance company to assess if there was a fault it was not recorded correctly, and this pointed to a lack of clarity which should be guided by policy.

Daily, weekly, and monthly internal fire checks took place as required. Fire drills were taking place on a monthly basis which was in excess of requirements. Some of these were conducted during the hours of darkness as required and young people always participated.

Fire evacuation plans were displayed in the centre and there was a designated fire assembly point. The risk of fire and associated controls was named on the health and safety statement. Fire exits were illuminated, and the fire panel had identified zones. There were adequate arrangements in place for detecting, containing, and extinguishing fires and for the maintenance of firefighting equipment.

The centre had a written health and safety statement developed in line with legislation and was updated on 02/11/22. This contained roles and responsibilities and designated the centre manager as responsible for health and safety in the centre. The centre manager informed inspectors that staff were in the process of reading the health and safety statement and that a list would be maintained once completed.

Inspectors viewed a sample of residential and management meetings and found the health and safety and fire safety were not consistently reviewed at this level in the organisation. Improvements in governance were required as there was no reference to premises or the findings of audits conducted in respect of health and safety or fire safety within the organisation.

The social care leader who was onsite every weekday conducted monthly health and safety checks and a walkaround the centre. The format of this was a checklist and inspectors found that although sections were completed there were deficits not highlighted. For example, the audit acknowledged with a tick that there were systems in place to ensure that all staff were trained in relevant health and safety including fire awareness and prevention. However, this training was not checked as part of the methodology for the audit and inspectors found deficits in some training outlined below. Inspectors found also that some actions from monthly house audits were carried over from one report to the next and that the issues arising were not entered on the maintenance log as mentioned previously.

A theme 6 audit by the regional manager in November 2022 did not include a review of training relevant to health and safety to ensure staff remain competent in all relevant areas as required. Some staff had no manual handling training, some fire training was online only and the social care manager did not hold up to date fire safety or first aid training. One staff member recently employed, carried fire

extinguisher training with them from a previous employment and this is not acceptable. The registered proprietor must ensure that staff have received all training relevant to health and safety and fire safety and this must be regularly monitored to maintain compliance.

First aid kits were available and stocks in first aid kits were regularly checked. There was a system in place to record any accidents or injuries. There were no such incidents in the timeframe reviewed for this inspection. Inspectors note that there was no risk assessment in place to determine the number of staff required to have first aid responder training and this should take place as a matter of priority. The health and safety statement outlined a procedure in place for reporting workplace accidents in line with health and safety workplace legislation. The registered proprietor submitted evidence of adequate insurance in place valid to August 2023.

There was a medication management policy in place and staff were trained in safe administration of medicines. Medicines were securely stored and there were systems in place for the administration and disposal of medication however this did not specify stock control measures which must be included. Inspectors found from review of one significant event, that a young person was not given medication in accordance with prescribing information. The reason for this was not recorded and was found on another record to have been an oversight. This was not recorded as a medical error and was not reviewed at the team meeting or as part of the review of the incident at the organisation's significant event review group. The centre manager must ensure that a reason why medication was not administered is recorded and that this is notified and reviewed appropriately.

Centre staff used their own vehicles to transport the young people and the policy indicated that all appropriate paperwork must be provided to ensure safety. These included tax, insurance, national car test (NCT) and a letter of indemnity. Inspectors found that on a small number of files reviewed there were missing documents that were not highlighted during audits. As with training, the audit in place checked that there was a system in place but did not cross reference the presence of required documents. Copies of full driving licences were evidenced on the personnel files reviewed by the inspectors.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 15** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered proprietor must ensure that the fire register contains all relevant training information and accurately records all incident where the fire alarm is activated.
- The registered proprietor must ensure that risk assessment takes place to determine the number of staff required to have first aid responder training.
- The registered proprietor must ensure that all maintenance requirements are properly recorded and evidence oversight by senior management to ensure monitoring, follow up and implementation of required actions.
- The registered proprietor must ensure that staff have received all training relevant to health and safety and fire safety and this must be monitored to maintain compliance.
- The centre manager must ensure that the medication management policy includes stock control and medical errors. All medical errors must be reported, reviewed, and analysed for learning purposes.
- The registered proprietor must ensure that fire safety training takes place on site for all staff.
- The registered proprietor must ensure that audits robustly assess compliance with national standards, policies, procedures and systems in place and report on findings with a clear action plan.
- The registered proprietor must ensure that governance over premises, health and safety and fire safety is evident within the organisation.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	The registered provider must ensure that the complaints policy is revised to ensure absolute clarity about process, recording and review of complaints.	The complaints policy has been revised to ensure clarity regarding process, review and recording of complaints. The policy outlines processes in relation to informal and formal complaints, and their management, recording and review. Training on this policy will be provided at the residential management meeting on 21.12.2022, and to the staff team at the next team meeting thereafter.	The suite of policies is reviewed at two-yearly intervals, or sooner if required, by the regional manager with the head of services signing off on all revised policies. Complaints are reviewed monthly by the centre manager as part of their governance, and during house visits and external auditing by the regional manager. Where there are any deficits identified these are addressed immediately and reported to the head of services.
	The registered provider must ensure that all complaints are recorded, managed, and reviewed in line with policy and that feedback to young people is evident in all circumstances.	A log for capturing informal complaints has been introduced to ensure that all complaints – informal and formal - are recorded, managed, and reviewed in line with the revised complaints and feedback policy. As part of this policy, feedback is provided to young people and this is recorded, along with the young person's response, avenues for appeal, and a record	All complaints are reviewed monthly by the centre manager and are tracked to identify any trends, concerns, or learning. Complaints are reviewed by the regional manager as part of their governance of the centre. The centre manager carries out an annual review and analysis of complaints as part of the centre's annual compliance report.

		of any service improvement arising from the complaint.	
	The centre manager must ensure that there is recorded evidence of follow up to issues young people raise with adults.	Where issues are raised by young people, this will be record on the register of informal complaints, which will evidence follow up of issues raised by young people with the adults.	All complaints are reviewed monthly by the centre manager and are tracked to identify any trends, concerns, or learning. Complaints are reviewed by the regional manager as part of their governance of the centre. The centre manager carries out an annual review and analysis of complaints as part of the centre's annual compliance report.
	The registered provider must ensure that the young person's booklet includes information about the complaints process including receiving feedback and the right to appeal.	The young person's booklet will be reviewed to include information about the complaints process including receiving feedback and the right to, and process of, appeal. The updated booklet will be provided to the young people during January 2023 and individual work carried out on the updated booklet.	The centre manager will review this individual work as part of the placement planning process and this is reviewed by the regional manager as part of their governance of the centre. Central to this will be an assessment as to whether each child requires ongoing individual work in this area.

	The registered provider must ensure that there is a mechanism for young people to provide feedback on the complaint's procedure and its effectiveness.	The head of services is in the process of developing feedback mechanisms for all stakeholders, including children. A formal feedback mechanism is being introduced for the complaints process during Q1 2023. At the outcome stage of the complaints process, the centre manager seeks the feedback of young people on the complaints procedure and its effectiveness and this is recorded on the complaints form.	Feedback from children through these mechanisms will be reviewed by the centre manager and senior management to inform improvements to the complaint's procedure.
2	The registered proprietor must ensure that the fire register contains all relevant training information and accurately records all incidents where the fire alarm is activated. The registered proprietor must ensure that risk assessment takes place to determine the number of staff required to have first aid responder training.	The relevant training information and alarm activation details have now been added to the fire register. This will be reviewed with the team at an upcoming team meeting to ensure there is a shared understanding in recording fire alarm activations. The centre manager is currently liaising with our Health and Safety consultants and is in the process of carrying out a risk assessment in relation to the requirement for first rid responders within the service. This will be completed by 23.12.2022.	The centre manager will review all fire register records monthly to ensure all relevant information is recorded. These records are audited by the Regional Residential Services Manager during house visits and as part of their governance of the centre. The outcome of this risk assessment will inform any additional training requirements within the team and any additional preventative actions. This risk assessment will be reviewed annually by the centre manager in line with the Health

			& Safety Statement and risk assessments or if and when required due to a change in circumstances or the needs of the young people within the service. This is reviewed by the regional residential service manager as part of the auditing process.
	The registered proprietor must ensure that all maintenance requirements are properly recorded and evidence oversight by senior management to ensure monitoring, follow up and implementation of required actions.	The procedure for completing maintenance requests has been reviewed. The maintenance log contains all maintenance issues and includes the date of report, any action taken, and is reviewed regularly by the centre manager to ensure all actions are completed in a timely manner and recorded appropriately.	The maintenance requirements and recording are reviewed monthly by the centre manager as part of their internal auditing process. These records are reviewed monthly on house visits by the regional manager as part of their governance of the centre and external auditing.
	The registered proprietor must ensure that staff have received all training relevant to health and safety and fire safety and this must be monitored to maintain compliance.	The centre manager will complete a full review of training requirements in these areas and will schedule the relevant training in this area for all staff. This review will be completed by end of December 2022.	Training records are reviewed monthly by the centre manager as part of their internal auditing process. These records are reviewed monthly on house visits by the regional manager as part of their governance of the centre and external auditing.

	The centre manager must ensure that the medication management policy includes stock control and medical errors. All medical errors must be reported, reviewed, and analysed for learning purposes.	The administration of medication policy will be reviewed by the regional manager during January 2023.	The suite of policies is reviewed at two-yearly intervals, or sooner if required, by the regional manager with the head of services signing off on all revised policies.
	The registered proprietor must ensure that fire safety training takes place on site for all staff.	The centre manager will complete a full review of training requirements in these areas and will schedule the relevant training in this area for all staff. This will be completed by end of December 2022.	Training records are reviewed monthly by the centre manager as part of their internal auditing process. These records are reviewed monthly on house visits by the regional manager as part of their governance of the centre and external auditing.
	The registered proprietor must ensure that audits robustly assess compliance with national standards, policies, procedures and systems in place and reports on findings with a clear action plan.	The external auditing process has been clarified to ensure audits include more information on the evidence base evaluated, the link between standards, policies, and procedures, and a more detailed analysis of findings is presented.	The head of service will carry out a qualitative and quantitative review of the external auditing process in January 2023 to ensure the effectiveness of the auditing system in robustly assessing compliance and quality.
	The registered proprietor must ensure that governance over premises, health	Starting in Q1 2023, the centre manager and regional manager will meet on a quarterly basis to review all issues	Where there are any areas of concern identified through the quarterly meeting process, the regional manager will report

	and safety and fire safety is evident within the organisation	pertaining to premises, health and safety, and fire safety, including a review of compliance in these areas. Records will be kept of these meetings.	these to the Head of Services. Premises, health and safety, and fire safety will be standing quarterly agenda points in the Residential Management Meeting.