



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 131

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Compass CFS
Registered Capacity:	Three young people
Type of Inspection:	Announced Remote
Date of inspection:	07th & 08th July 2020
Registration Status:	Registered with attached conditions from 15th September 2020 to 15th September 2023
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	07th October 2020

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters.	8
3. Inspection Findings	9
3.1 Theme 5: Leadership, Governance & Management	
4. Corrective and Preventative Actions	15

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 its first registration in 2017. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 15th September 2017 to the 15th September 2020.

The centre was registered to provide care for three young people between the ages of thirteen and seventeen upon admission. The centre's care approach was underpinned by the principles of social pedagogy with a focus on learning, teaching and providing consistency of care from key adults. A primary focus of the work with young people was informed and guided by the understanding of attachment patterns observed in young people. The adults also focused on the existing strengths of each young person and sought to develop their sense of internal control and self-efficacy. At the time of inspection, there was one young person resident in the centre. The centre had applied for a derogation to place this young person. The derogation was approved and subject to ongoing review due to the age of the young person.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 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. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

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, director of services and the relevant social work departments on the on the 17th July 2020 and to the relevant social work department on the same date. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a satisfactory action plan (CAPA) on the 10th August 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 were used to determine the centre's compliance and adherence to the regulatory frameworks and Standards in line with its registration. As part of this centre's application for registration, the staffing compliment of the centre was examined. It was the determination of the Registration Committee that the centre had not met the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7, Staffing. It was the decision of the Registration Committee to add the following conditions to the centre's registration under Part VIII, Article 61, (6) (a) (I) of the Child Care Act 1991:

- The registered capacity must remain at 2 young people until staffing levels are increased so as there is a minimum of 8 full time whole time staff, suitable qualified and experienced working in the centre

The centre continues to be registered with attached conditions from the 15th of September 2020 to the 15th of September 2023. The proposed condition will be reviewed on or before the 15th of December 2020.

3. Inspection Findings

Regulation 5: Care practices and operational policies

Regulation 6 (1) and (2): Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1

The inspectors found that staff interviewed demonstrated an understanding of the relevant legislation, regulations, policies and standards for the care and welfare of the young people, appropriate to their role. All staff had an awareness of the model of care and could speak to the social pedagogy model of care used within the centre.

At the time of inspection there was a full suite of policies and procedures to guide the work within the centre, however these policies and procedures had not been updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors were advised that a sub-committee was in place to update the centres policies and procedures and bring them in line with the National Standards for Children's Residential Centres, 2018 (HIQA). A working draft of a number of those themes being mapped was provided to the inspectors and these were in line with the national standards currently in place. The regional residential services manager advised that the update of the policies and procedures will be completed in six weeks from the time of inspection. This matter was noted in the last inspection carried out in this centre and as the issue is still outstanding, the registered provider and regional residential services manager must ensure that all outstanding policies and procedures are updated in line with the new National Standards for Children's Residential Services, 2018 (HIQA) within their agreed timeframe of six weeks. The regional residential services manager and centre manager must also ensure that a programme of training is devised and implemented to ensure that all staff are familiar with the updated policies and procedures and the guiding document underpinning them.

Standard 5.2

During the course of the inspection it was clearly evident that leadership was demonstrated by the centre manager. This was supported through interview with the staff members who stated that the centre manager was knowledgeable, approachable

and very committed. In interview with the social worker and guardian ad litem, they advised that communication with the centre manager was to a good standard and they were readily available for discussions. Inspectors found evidence of leadership in reviewing documents within the centre, where centre manager comments were clear, challenging of practice and supportive of staff efforts.

There were clearly defined governance arrangements and structures within the centre. All staff were aware of all management levels within the organisation and were clear on their respective roles and responsibilities. The centre promoted a culture of learning. This was evident from a review of centre records and centre management audit records. All staff members had received job descriptions and were clear on their own roles and responsibilities. There was a record of delegation advising of duties appropriately discussed with and delegated to staff members within the centre with the purpose of up-skilling and developing key staff members. This delegation record was readily available and communicated to all members of staff.

The centre's internal management structure consisted of one centre manager supported by three experienced members of staff, who were delegated duties as appropriate. There was no deputy centre manager in place at the time of inspection. However with only one resident, this was considered to be an internal management structure appropriate to the size and purpose and function of the centre and when a second young person was to be admitted, the management structure was to be reviewed. It was confirmed that when the centre manager takes annual leave, the period of leave was covered by the regional residential services manager.

The regional manager confirmed there were appropriate service level agreements in place and that annual reports were provided to the funding body. As stated in Standard 5.1, while there were a suite of policies and procedures these were still being updated to bring them in line with the National Standards for Children's Residential Centres, 2018 (HIQA). The registered provider must ensure that when these documents are updated and disseminated, that a policy is established to ensure that all policies and procedures are developed, reviewed and updated as appropriate.

The centre had a policy on risk management and there was a risk management framework in place which was being adhered to within the centre. The centre had a risk register in operation which detailed all aspects of the risk, including existing control measures and additional measures required, along with the person responsible for monitoring and implementing the control measures. This register

noted individual risks, centre risks and organisational risks. However inspectors found that there were maintenance tasks that were not carried out due to Covid-19. One of these tasks had a high risk rating – this should have been included on the risk register given the nature of the risk and the age of the young person resident and risk minimisation strategies implemented in the absence of the maintenance work being able to be completed. The centre manager must ensure that all risks are identified and named on the risk register and risk minimisations strategies implemented as appropriate. All staff members interviewed demonstrated an understanding of the risk management framework and process. The centre also had procedures in place for designated people to contact in case of an emergency and operated an effective on call system.

Inspectors spoke with the regional residential services manager and centre manager in relation to the ongoing Covid-19 pandemic and found evidence of a number of measures that were put in place by the organisation in response to the crisis. From review inspectors found these measures to be an appropriate response to the pandemic. In interview, staff confirmed the measures and risk assessments in place and confirmed that appropriate and ongoing communication between senior management and staff regarding changing guidelines was taking place. Inspectors spoke with the guardian ad litem and social worker for the young person placed and they felt the centre had managed the recent restrictions to a satisfactory level. Inspectors also found that as restrictions were eased the centre realigned their risk assessments in line with guidance and advice from the National Public Health Emergency Team and Government Guidelines. Staff members confirmed they still had full access to PPE and sanitizer as required. Staff stated they felt safe in their place of employment and all appropriate safeguarding measures had been implemented.

Standard 5.3

The centre had a statement of purpose and function which was updated in May 2020 and it was noted to be updated annually or as appropriate. This statement clearly described the model of care together with the aims and objectives of the centre, the range of services available and the management structure of the organisation. However, inspectors found that additional input is required to adequately outline the internal management and staff within the centre and the arrangements for the wellbeing and safety of children within the centre. Inspectors recommend that this is amended to reflect both of these issues.

Inspectors found that the statement of purpose and function was available to children and families in a child friendly booklet. It provided a good understanding of the ethos and aims and objectives of the centre. This statement was also readily available to staff in the body of their policies and procedures.

In interviews and questionnaires, inspectors found that staff were able to provide a good overview of the model of care and the social pedagogy approach. Staff members confirmed that introductory and ongoing training was provided on the model of care and there was evidence in oversight reports that the model of care was referenced in terms of terminology and underpinning values.

Standard 5.4

Inspectors found evidence that the quality, safety and continuity of care provided to children in the centre was regularly reviewed to inform improvements in practices and to achieve better outcomes for children. There was evidence of the centre manager reviewing and commenting on the quality of care and quality of information contained within files and accompanying documentation. This was further discussed in the centre manager's supervision with their line manager. There was a set agenda for team meetings to include the discussion of complaints and significant events to promote discussion and inform team learning.

Inspectors found that while the regional residential services manager was conducting audits, they were not embedded in the organisational systems and were only in the process of being brought in line with the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors were provided with a template of the new audits being devised and these were to a good standard, however these audits need to be implemented fully within the organisation. The registered provider and regional residential services manager need to ensure that arrangements are put in place to appropriately assess the safety and quality of care against the national Standards for Children's Residential Centres, 2018 (HIQA).

The centre had a clear format for recording and monitoring complaints which was supported by a complaints policy. Complaints and learning from them were standing items on the agenda for team meetings. Inspectors were advised that no complaints had been made since the admission of the young person placed. The young person's booklet provided good detail on how young people can make complaints and the

procedure in place. However it was noted through discussion with the centre manager and with the social worker that the young person was not informed about how to make a complaint in an age appropriate way and was not made aware of the young person’s booklet. The centre manager must ensure that the young person is immediately advised of their rights in this regard and ensure that all young people, regardless of age, are advised of the complaints process.

The registered provider was aware that an annual review of compliance was necessary for the end of 2020. Inspectors were advised that this was currently underway.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1

Compliance with standards	
Practices met the required standard	Standard 5.3
Practices met the required standard in some respects only	Standard 5.1 Standard 5.2 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The regional residential services manager and centre manager must ensure that all outstanding policies and procedures are updated in line with the new National Standards for Children’s Residential Services 2018 (HIQA) and indicate a timeframe of no more than two months for the completion of this task.
- The regional residential services manager and centre manager must also ensure that a programme of training is devised and implemented to ensure that all staff are familiar with the updated policies and procedures and the guiding documents underpinning them.
- The registered provider must ensure that when the policies and procedures are updated, that a policy is established to ensure that all these documents are

developed, reviewed and updated in line with the national standards as appropriate.

- The centre manager must ensure that all risks are identified and named on the risk register and risk minimisations strategies implemented as appropriate.
- The registered provider and regional residential services manager need to ensure that arrangements are put in place to appropriately assess the safety and quality of care against the national Standards for Children’s Residential Centres, 2018 (HIQA).
- The centre manager must ensure that the resident young person is immediately advised of their rights to make a complaint and ensure that all young people, regardless of age, are advised of the complaints process going forward.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider and regional residential services manager must ensure that all outstanding policies and procedures are updated in line with the new National Standards for Children’s Residential Services 2018 (HIQA) and indicate a timeframe of no more than two months from the date of inspection for the completion of this task.</p> <p>The regional residential services manager and centre manager must also ensure that a programme of training is devised and implemented to ensure that all staff are familiar with the updated policies and procedures and the guiding documents underpinning them.</p>	<p>The registered provider will ensure that all outstanding policies and procedures are updated in line with National Standards for Children’s Residential Centres 2018 (HIQA). This will be completed and available for review on the 1st September 2020.</p> <p>The regional residential services manager to develop and facilitate training which will support all staff to ensure they are familiar with the updated policies and procedures and related documents and in their implementation. This training will take place in team meeting setting during September. All staff will sign updated policies and procedures once they have received training.</p>	<p>The registered provider has developed a policy review group to ensure all policies are updated in line with the National Standards and to ensure new policy development is done in a timely manner. This is chaired by the Head of Services who reports to the CEO.</p> <p>All new and updated policies are brought into team meeting setting to ensure understanding and familiarity. This will be reflected in team meeting minutes.</p>

	<p>The registered provider must ensure that when the policies and procedures are updated, that a policy is established to ensure that all these documents are developed, reviewed and updated in line with the national standards as appropriate.</p> <p>The centre manager must ensure that all risks are identified and named on the risk register and risk minimisations strategies implemented as appropriate.</p> <p>The registered provider and regional residential services manager need to ensure that arrangements are put in place to appropriately assess the safety and quality of care against the national Standards for Children’s Residential</p>	<p>This practice will be reflected in the new policy and procedure document that will be available for review on September 1st.</p> <p>The centre risk register is a new and developing document. Training on its implementation was given in a Management Meeting on the 21st July. The centre manager will ensure that all risks are identified and named on the risk register going forward.</p> <p>The registered provider has developed an external auditing tool and policy to assess the safety and quality of care provided in the centre against the national standards. The regional manager completes this audit quarterly and provides feedback to the</p>	<p>The policy review group chaired by the Head of Services will ensure that all new policies are developed, reviewed and updated in line with the national standards. This will be reflected clearly as in the new master policy and procedure document.</p> <p>Centre Manager updates the risk register as and when required and is reviewed fully on a monthly basis. The centre manager informs the regional manager of any risks that are deemed high and require minimisation strategies. The regional manager does regular governance checks on the risk register to ensure its compliance.</p> <p>The audit tool is carried out on a quarterly basis. These are themed audits in line with the national standards. The regional manager escalates any concerns or area’s identified in need of improvement to the head of services of Compass CFS.</p>
--	--	--	---

	<p>Centres 2018 (HIQA).</p> <p>The centre manager must ensure that the resident young person is immediately advised of their rights to make a complaint and ensure that all young people, regardless of age, are advised of the complaints process going forward.</p>	<p>manager.</p> <p>The centre manager ensures the safety, quality and continuity of care on a daily basis through “ensuring satisfactory care practices in Compass CFS” policy guidelines and practices.</p> <p>Upon review this step was not followed due to the YP’s age upon admission (5 yrs. old).</p> <p>An individual piece of work on the complaints process was completed with the YP resident following inspection. This was completed using different medians to support understanding given the YP’s age. This was documented and forwarded to monitoring and inspection on 16th July. New age appropriate young person’s booklet has been provided to the YP and an individual piece of work completed in this regard.</p>	<p>There is a clear policy in place regarding the complaints process. Any YP admitted to Compass CFS Services is to be informed of the complaint process within 48hrs of admission.</p>
--	---	--	---