An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 080

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Compass CFS Ltd**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**06th, 07th & 08th March 2023**
Registration Status:	**Registered from the 13th June 2021 to the 13th June 2024**
Inspection Team:	**Joanne Cogley** **Sinead Tierney**
Date Report Issued:	**18th May 2023**

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality 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 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 August 2015. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from the 13th of June 2021 to the 13th of June 2024.

The centre was registered as a multi-occupancy centre, to provide care for three young people from age thirteen to seventeen years on admission. Their model of care was described as a relational based model underpinned by the principles of social pedagogy. The basis for this programme was that professionally qualified adults care for the young people in a consistent and predictable fashion. A primary focus of the work with young people was informed and guided by an understanding of attachment patterns.

There were three young people living in the centre at the time of inspection, with one of these three moving in during the inspection process. One of the young people was placed outside of the centre's purpose and function and a derogation had been approved from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 registered provider, senior management, centre manager on the 13th April 2023 and to the relevant social work departments on the 13th April 2023. The registered provider was required to submit 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 CAPA on the 3rd May 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 080 without attached conditions from the 13th of June 2021 to the 13th of June 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

The centre was a detached two storey house with access to local amenities. Each young person had their own bedroom and access to bathrooms, the number of which were sufficient and allowed for privacy of staff and young people. Inspectors saw two young people's bedrooms, these were nicely decorated and had adequate storage facilities. It was evident from seeing the rooms the young people had a large amount of input into their decoration and both young people confirmed this when speaking with inspectors. There were several photos on display throughout the house. There were large communal areas including a kitchen, sitting room and conservatory. There were lots of books and boardgames. Outside there was boxing bags, football goals, a trampoline and tree house and the area was well maintained. The centre was adequately lit, heated, and ventilated during the course of inspection. While the overall presentation of the house was well maintained, the internal communal areas required painting and a deep clean as there was dirt and cobwebs evident. Two social workers and one Guardian ad litem (GAL) interviewed noted the house was homely, warm, and well decorated.

From a review of fire safety records, inspectors noted some gaps in checks including, weekly fire alarm checks, monthly inspection of extinguishers and gaps in daily checks of escape routes. Fire drills had been completed in line with policy, with young people present and during the hours of darkness. However, during interview there was confusion from management and staff members in relation to the frequency drills should be carried out and this should be refreshed with all. There was evidence of an external contractor servicing fire extinguishers in October 2022 and February 2023. There was also evidence of an external contractor checking emergency lighting in August 2022. Inspectors reviewed the maintenance register

and found that most faults were addressed within one week. There were no audits carried out relating to standard 2.3 of the National Standards for Children's Residential Centres, 2018 (HIQA) in 2022. The regional residential service manager informed inspectors a new auditing template was being rolled out in 2023 and one had been completed to date in February 2023. The aforementioned deficits were noted in this audit and were to be actioned by the centre manager.

Inspectors noted that there were two fire doors in the centre that were not operating correctly. They were not fully self-closing and had to be physically pushed / pulled closed. There was a gap which impacted on the effectiveness of the door in terms of preventing smoke from entering the room and preventing the spread of a fire. Inspectors wrote to the centre manager following the inspection to request immediate action be taken. The centre manager confirmed an external contractor visited the centre on the 09th March to rectify the issues. The issues with the fire doors had not been identified in staff or management checks nor the audit completed in February therefore it was unclear how long they had not been operational.

Inspectors noted the head of services visited the centre in January 2023 and completed a review of the premises with the centre manager. Twenty-five actions were identified, with seven outstanding at the time of inspection. The outstanding actions were of a larger scale project such as a new kitchen, revamp of staff bedrooms, new flooring, and painting of the house. It was not evident what action was being taken in relation to these larger scale projects or a timeline for completion. Again, this was noted in the regional residential service managers audit carried out in February 2023 that no timeframes had been identified.

There was an up-to-date site-specific health and safety statement in place however those interviewed were not familiar with the content of same and this should be refreshed with the team. A sample of personnel files were reviewed and found staff had training in manual handling, fire safety and basic first aid. A risk assessment had been carried out by senior management and it was identified that the organisation would train two trainers to roll out the training company wide, a date was still to be confirmed. The centre had a system in place for the recording of accidents and there were no recorded accidents on file since the last inspection in February 2022.

The staff used their own vehicles to transport the young people. From a review of personnel files, driving licences were on file. In the case of two staff members, there was no evidence of indemnity on file, for one staff member the letter of indemnity related to a previous employment and two staff members had not provided proof of

appropriate NCT documentation. The registered provider must satisfy themselves staff members are appropriately insured and demonstrate evidence their cars are roadworthy.

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

Actions required:

- The centre manager must ensure all staff are familiar with the site specific health & safety statement and all associated risks.
- The registered provider must ensure all identified works required are planned for and carried out in a timely manner.
- The registered provider must satisfy themselves staff members are appropriately insured and demonstrate evidence their cars are roadworthy.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

There were a number of policies in place to safeguard young people that were aligned to best practice and legislation. These included: policies related to safeguarding, bullying, whistleblowing, staff code of conduct, recruitment and management of disclosures. There was a child safeguarding statement in place accompanied by a

letter from the child safeguarding compliance unit. Inspectors reviewed this document and found while it contained a number of appropriate child protection / safeguarding risks, it also included risks that were not defined under children's first legislation and this should be reviewed to ensure only risks relevant to child protection are part of the statement. Staff and management interviewed were not familiar with the risks associated with the safeguarding statement and this should be refreshed with the team.

There had been no reported child protection and welfare concerns (CPWRFs) submitted since the previous inspection in January 2022 however there was evidence to show where disclosures arose the centre manager liaised with social workers to determine if it was new or known information so as to determine whether or not a CPWRF was warranted.

Inspectors reviewed personnel files and found all staff appropriately vetted and qualified. Staff members had received appropriate training in child protection and those interviewed were familiar with the process for receiving and reporting a disclosure of abuse.

The centre was dealing with a period of negative dynamics between two of the young people. Inspectors spoke with staff members, allocated social workers and the two young people involved and none felt these negative dynamics amounted to bullying. The dynamics were identified on the centre risk register and in young people's individual crisis support plans. It wasn't however identified in placement planning. Whilst there had been a significant amount of work completed with one young person in relation to the dynamics, there was limited work being carried out with the second younger person despite it being an area identified for work in their most recent care plan. Inspectors met with the two young people who they observed to be very at ease in their placement. Both young people were clear in stating they felt safe in placement and identified key people they would speak to if they had an issue. The issue of negative dynamics was addressed and both young people confirmed the staff team supported them through this and each had their own individual plans. Social workers and GAL noted that the centre were managing this effectively at the time but it needed to be continuously monitored to ensure it didn't escalate and that they were proactive in ensuring separate daily planning.

A review of individual work showed young people being educated around keeping themselves safe, age-appropriate sex education and internet safety. Internet safety was looked at only in the context of scams and could be broadened out to include

dangers of strangers on the internet, social media, online abuse given the vulnerabilities of the young people in placement.

Each young person had an individual support plan (ISP) in place. Inspectors found that whilst these plans were thorough in identifying risks and approaches to utilise, they weren't linked to placement planning. Several high risks behaviours were identified in the ISP however weren't referenced in the placement plan with no goals identified to work on to minimise risks. While individual areas of vulnerabilities were risk assessed and pre-admission risk assessments were carried out, the GAL for one young person noted the centre didn't communicate with them on the most recent admission. They reviewed the pre-admission risk assessment sent by the social worker and raised some concerns directly with the centre however at the time of interview noted they were yet to receive a response.

There was a policy on protected disclosures in place that staff interviewed were familiar with.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required:

- The registered provider must review the child safeguarding statement to ensure all identified risks are in line with children's first definitions and that staff are familiar with same.
- The centre manager must ensure specific targeted individual work is carried out relevant to the current issues and vulnerabilities of the young people.
- The registered provider and centre manager must ensure all documents link to the placement plan and care plan which identify clear goals to reduce risk and behaviours.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Two of the three young people had recent statutory reviews and the centre was awaiting updated care plans as a result. In the case of one young person the care plan on file was over a year old therefore it was difficult to determine if their current health needs were being adequately addressed. There were no minutes on file from the reviews and the centre manager should ensure, for best practice, that in the absence of statutory minutes, a record is maintained by the centre for reference. The third young person moved in during the inspection process therefore had not had a statutory review relevant to the placement at the time of inspection however there was a care plan on file relevant to their previous placement with up-to-date information.

There were several assessments evident on file for young people together with a comprehensive social history. Two of the young people had regular dental and optical check ups and were supported in attending appointments. The third young person had a medical intake assessment organised however refused to attend. All young people had access to a local general practitioner. They could not remain with their family GP due to geographical locations. Young people had access to a range of specialist services including CAMHS, occupational therapy, play therapy and speech and language therapy. There was noted delays in relation to the provision of CAMHS services and play therapy.

The centre had access to the organisations clinical psychologist who supported the team in working with the young people. They drew up therapeutic plans on a monthly basis. From review of plans inspectors noted errors in age and date of births and outdated and incorrect information being presented in relation to goals and medication needs. The residential services manager and centre manager must ensure appropriate oversight of these plans moving forward. Social workers interviewed confirmed they received copies of placement plans and individual support plans but could not recall receiving copies of therapeutic plans and were not aware of the content of same.

There was a medication management policy in place that staff members were familiar with. A recent medication error had occurred in which ten times the recommended dosage had been administered to a young person due to incorrect syringe usage. There was evidence to show this error had been reported through the significant event notification (SEN) system and changes to practice were identified and medical advice sought at the time. The GAL for the young person confirmed they received notification of the incident and were informed of practice changes as a result. The allocated social worker was on leave at the time and confirmed their team leader would have been made aware. Staff members were clear in interview the changes which had occurred as result of this error. One change to practice included the requirement for two staff members to be present for the administration of medication and double signing of the MARS record (medication administration record sheet). This change had not been reflected in the centres policies nor in practice as records reviewed during inspection continued with one staff signature. The medication in question was reviewed by inspectors, the medication information sheet was not present nor were recent changes to dosage reflected on the pharmacy label attached to the medication. The registered provider and centre manager must ensure any changes to medication administration are reflected in policy and practice and that the correct labelling and storage of medication is occurring within the centre at all times.

There was signature evidence to show the regional residential service manager had oversight of the medical files in February 2023. One audit had been completed on Theme 4 in July 2022 by the regional residential services manager in which no actions were identified. The aforementioned actions in this report were post audit and as such there wasn't evidence to show they had been identified by the service themselves.

Compliance with Regulation	
Regulation met	**Regulation 10** **Regulation 12**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Standard 4.2**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required:

- The registered provider and centre manager must ensure oversight of therapeutic plans to ensure up to date and accurate information is being presented and plans are shared with allocated social workers.
- The registered provider and centre manager must ensure any changes to medication administration are reflected in policy and practice and that the correct labelling and storage of medication is occurring within the centre at all times.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure all staff are familiar with the site-specific health & safety statement and all associated risks.	The site-specific health and safety statement was brought into a Team Meeting held on the 30.03.23 and all associated risks were discussed with the team. All team members are in the process of signing and reviewing the safety statement	The health and safety statement is reviewed annually and monthly health and safety audits are completed. Any updates to the health and safety risk assessments will be discussed in team meetings under health and safety, and the team will read and sign off on the updated statement. Additionally, any new staff members will be made aware of the health and safety statement during their induction phase and the centre Manager will assess their understanding of this through supervision.
	The registered provider must ensure all identified works required are planned for and carried out in a timely manner.	The centre and regional manager have developed a plan of works to improve the centre. The maintenance planner is developing costings and will schedule a programme of identified works for completion by the end of quarter 3, 2023.	The Centre Manager will track, monitor and over-see the completion of these works and progress will be reviewed with the regional manager as part of the quarterly Service Improvement Plan review.

	The registered provider must satisfy themselves staff members are appropriately insured and demonstrate evidence their cars are roadworthy.	The outstanding documentation in relation to insurance and roadworthiness has been placed on staff files. All staff are insured and compliant with Compass Use of Vehicles for Business Purposes Policy.	Driving documentation is reviewed monthly by the administration manager, who informs the residential manager where any staff member does not have appropriate documentation on file. This is also reviewed by the regional manager as part of the external auditing system.
3	The registered provider must review the child safeguarding statement to ensure all identified risks are in line with children's first definitions and that staff are familiar with same.	The risks that have been identified as not meeting the Children First definitions have been removed from the child safeguarding statement and it will be sent to the CSSCU for review on 04.05.2023. The updated statement will be reviewed with the staff team at an upcoming team meeting and through individual supervision.	The Policy Review Group headed by the Regional Residential Service Manager reviews all policies in line with organisational Policy Review Framework, or in response to changes in legislation. When a policy is updated, it is discussed with the team through team meetings and individual supervision, and all staff members sign the updated policy.
	The centre manager must ensure specific targeted individual work is carried out relevant to the current issues and vulnerabilities of the young people.	The centre manager has reviewed the programme of individual work for young people and ensured that it is relevant to the current issues and vulnerabilities of the young people. This has been supported through the clinical supervision process	The Centre Manager reviews each young person's program of care files and individual work on a monthly basis to ensure they are linked and relevant to the current issues and vulnerabilities of the young people. All programme of care

		with the support of the senior clinical psychologist.	documents including the young person's Individual Therapeutic Plan are shared with all relevant professionals and are subject to regular ongoing monthly review. These documents are also reviewed monthly by the regional manager as part of their governance of the centre.
	The registered provider and centre manager must ensure all documents link to the placement plan and care plan which identify clear goals to reduce risk and behaviours.	The centre manager has reviewed all programme of care documentation for the young people to ensure all documents are linked, with clear goals and individual work identified to reduce risk and support young people in understanding their behaviour.	The Young People's Placement Plans are informed by the Care Plan, Individual Support Plan, and Individual Therapeutic Plan provided by Compass Senior Clinical Psychologised. A schedule of individual work is drafted monthly for each young person based on the needs identified in the Placement Plan. The Centre Manager review's all young people's Individual work schedules and ensured that the targeted individual work is relevant to the current issues and vulnerabilities of the young people. These documents are also reviewed monthly by the regional manager as part of their governance of the centre.

4	The registered provider and centre manager must ensure oversight of therapeutic plans to ensure up to date and accurate information is being presented and plans are shared with allocated social workers.	The individual therapeutic plans have been corrected by the senior clinical psychologist to ensure all information is accurate and up to date. These have been reviewed by the centre manager and regional manager. Within 5 days of a clinical meeting being held, the senior clinical psychologist forwards an updated Individual Therapeutic Plan to the centre manager. This is reviewed by the centre manager to ensure accurate and relevant information, and that it aligns with the programme of care for each child. The plan is then shared with all relevant professionals and the staff team.	Individual Therapeutic Plans are reviewed monthly by the centre manager as part of their governance of the centre, and by the regional manager as part of their governance, and as part of the external auditing process.
	The registered provider and centre manager must ensure any changes to medication administration are reflected in policy and practice and that the correct labelling and storage of medication is occurring within the centre at all times.	The Medication Management Policy is currently under review and an updated policy will be completed by the end of June 2023. In the interim, the centre manager reviews the management of medication on a weekly basis to ensure the correct labelling and storage of medication is occurring within the centre at all times.	Upon completion of the updated Medication Management Policy, all team members will receive training in relation to this during July 2023. A monthly Medication Management audit will be completed by the Centre Manager and this will be monitored by the Regional Manager through external auditing. Any new

			employees will receive training in relation to the Management of Medication in line with the policy as part of the induction process.