



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 036

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Compass Child and Family Service Ltd.
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	22nd, 23rd & 24th April 2024
Registration Status:	Registered from the 13th June 2024 to the 13th June 2027
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	25th June 2024

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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 on the 04th November 2013. At the time of this inspection the centre was in its fourth registration and was in year three 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 service to accommodate up to four young people aged 13 to 17 years on admission. The centre provided medium to long term care placements. 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. At the time of inspection, there were four children living in the centre; one young person aged between 13 and 17 and three young people aged under thirteen years. The centre was granted a derogation to the registration status to accommodate the young people who were under thirteen years of age on admission which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2 & 2.3
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 and to the relevant social work departments on the 29th May 2024. 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 head of services returned the report with a CAPA on the 14th June 2024. 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: 036 without attached conditions from the 13th of June 2024 to the 13th of June 2027.

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

The inspectors found that care plan reviews for the four children living in the centre were undertaken in line with the timeframes set out in the regulations and national policy. Three of the children were under 13 years and statutory reviews had occurred monthly in line with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. Two of the children had care plans on file that were up to date at the time of inspection. The centre was awaiting an updated care plan for one child whose statutory review was recently undertaken. Updated care plans were not on file following the monthly care plan reviews for one of the children. There was evidence on file that the centre manager had contacted the relevant social work department in an effort to secure on file the outstanding care plans. The children were well represented at care plan reviews with centre managers and the children's key workers in attendance. Senior managers and the organisations senior clinical psychologist also attended care plan reviews and professional meetings as required. There was evidence of strong advocacy for the children at all levels within the service.

The inspectors found the centre managers did not maintain a record on file of key decisions taken at statutory care plan reviews. Oftentimes there were significant delays receiving updated care plans therefore in accordance with best practice a record should be maintained by managers of decisions made at reviews to inform and update the child's placement plan.

The care records evidenced the children were consulted in an age-appropriate manner to ensure their input and participation in care and placement planning. A number of the children attended and participated in their review meetings. Prior to statutory reviews the children were encouraged to complete Tusla consultation forms and these were maintained on the individual care files. Additionally, there was evidence the children received feedback from their statutory reviews in instances where they did not attend in person.

The adults who cared for the children provided opportunities for families to have a positive input into their children's lives in line with their care plans. Carers and managers developed positive relationships with parents and significant family members. There was effective sharing of information with families and evidence that their views were considered at care plan reviews. The inspectors spoke with the parents and significant family members of three of the children in placement. Family members were satisfied with the standard of care their children received. They commended the work and commitment of the carers and the managers. They confirmed they were happy with the progress their children had made to date while living in the centre.

Each child had a placement plan on file that was up to date. The placement plans were developed by their key workers with input from the care team. The placement plan format was user-friendly and set out a number of individual and achievable goals for each month in line with the care plan. There was evidence that key areas outlined in the care and placement plans were targeted through individual work and opportunity led discussions that were undertaken in a natural and non-directive manner. The team were also creative in their efforts to engage the younger children in learning and personal development. They employed methods such as social stories and visual aids for learning. Monthly progress reports were forwarded to the social workers. These reports outlined the children's progress to meet the goals of their placement plans and their overall engagement in the care programme.

The children received the required specialist supports as outlined in their care plans. The carers encouraged, supported and facilitated the children to attend specialist appointments. The outcome of these appointments was recorded on the individual care records. The management team were robust advocates for the children to ensure they received access to the required specialist supports. The adults caring for the children had access to the service's senior clinical psychologist. This psychologist met with the team on a monthly basis and provided clinical support and guidance.

The senior clinical psychologist developed a therapeutic plan for each child that informed the therapeutic approach and the goals of the placement plan. These were reviewed on a monthly basis. The carers who spoke with the inspectors confirmed that this clinical input was an invaluable resource to them. It supported them to understand the children's behavioural presentation and their emotional and psychological needs which in turn shaped their care responses and interactions with the children.

There was evidence of effective communication between the centre and the social work departments. Centre managers were satisfied that the children's social workers were accessible and there was evidence of regular communications on file. Social workers confirmed the centre manager and care team were in regular communication with them and kept them updated through monthly reports, emails and telephone contact as well as attendance at care plan reviews and professional meetings. The social workers and Guardian's ad Litem told the inspector that the children received a high level of care from a committed team.

The inspectors observed caring and nurturing interactions between the children and the care team. The unique worth and individuality of each child was evidently valued and reflected in the ethos, management and care practices of the centre. The care records evidenced the progress made to date by each of the children. The children who met with inspectors were positive about the care they received. The relationships they had developed with the management team and the adults caring for them was evident. There was one aspect of care practice that was of concern to the inspectors. On a number of occasions some of the children had visited the homes of the adults caring for them. This was agreed following consultation with the children's social workers. Risk assessments were undertaken prior to the visits however the inspectors found these assessments were not sufficiently robust in terms of assessing potential safeguarding issues, lone working and professional boundaries. The inspectors recommend that this practice cease to minimise the risk of safeguarding issues arising and to ensure the safety and protection of both the adult carers, other adults in the carers home and the children themselves.

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

The premises was a two-storey house and was located on the outskirts of a small rural town. The layout and design of the residential centre was suitable to provide safe and effective care for the four children in placement. There was adequate communal

space within the centre for the children to engage in recreational activities including two living rooms and the oldest child had their own “den” adjacent to their bedroom. Inspectors were informed on the previous inspection in 2023 that there were plans to review the layout and design of the centre with a view to extending the kitchen area and repurposing a number of rooms to generate a more functional open plan environment for the children. An architect was identified however no further progress was made in relation to this proposed redesign and there was no set timeline for these works to commence. There was an identified list of works to upgrade and redecorate the centre however these were deferred due to the plan to undertake more substantial structural alterations. If the timeframes for the planned structural alterations are extended out again then the provider must address the identified decorative upgrades required in the house.

The inspectors found the house was clean, adequately lit and ventilated. Bathroom and toilet facilities were sufficient in number and ensured privacy. Cooking and laundry facilities were domestic in style.

Each child had their own bedroom. Inspectors viewed the children’s bedrooms and found they had personalised their rooms by choosing paint colours and furnishings. There was adequate space to store their belongings and personal belongings were safely stored. There were ample toys, books, sensory equipment and other recreational materials in their bedrooms and within the communal spaces which were suitable for their age and stage of development. Care was taken to create a homely environment and the children referred to it as their home. It was evident the children had an input into the decoration of the centre and there were lots of photographs of the children and the adult carers on display. Outside of the centre there were excellent facilities with a purpose-built play area at the rear of the premises. Inspectors were satisfied that these outdoor premises were safe and secure and the gardens and the grounds were well maintained. There were suitable spaces to enable the children to meet with family members and social workers. The allocated social workers and family members for the four children were satisfied with the quality of the premises and commented on the homely atmosphere.

There were a number of deficits in relation to fire safety identified in the last inspection and inspectors found that the lack of oversight of fire safety remained an issue in this inspection namely with regard to fire drills and internal checks on fire doors. There was evidence that fire drills were undertaken on a regular basis however the times when the drills were undertaken was not recorded on the fire drill report. The centre manager must ensure that fire drills are recorded appropriately noting the time and duration of the drill and document any issues that arose.

Inspectors found that daily fire safety checks were carried out by the carers on the escape routes and the fire alarm system however the required weekly checks on the fire doors were not conducted in line with the required procedures. Inspectors noted on a walkthrough of the premises that the self-closing mechanisms on a number of internal doors were not operating effectively. Inspectors recommend that the centre seek the advice from their fire officer to assess the suitability of the fire doors as the younger children were unable to open the doors due to the self-closing mechanism in place. The centre had arrangements in place with external contractors for the inspection and maintenance of the fire equipment, the fire alarm system and the emergency lighting system. At the time of inspection all members of the team had received fire training and details of this training was verified in the fire register.

The centre had a health and safety statement that was reviewed in March 2024. It identified the centre manager as the person responsible for health and safety and the deputy manager as the centre's safety representative. Procedures were in place for the management of health and safety risks and there were environmental risk assessments in place. Inspectors found that the centre had a monthly audit checklist on the premises however this template required amendments as it did not identify all the rooms in the centre. This was brought to the centre managers attention at the time of inspection. Inspectors were satisfied that immediate repairs were conducted in a timely manner. Evidence was provided to the inspectors to confirm there was adequate insurance in place against accidents and injuries.

There was evidence on staff personnel files that all staff had completed first aid responder training (FAR). The centre had systems in place to record accidents and injuries. In February 2024 the organisations head of services issued a practice note to the centre that provided guidance to the team members in relation to the reporting and management of incidents. Inspectors were satisfied that all accidents were appropriately recorded and incidents were reported to the Health and Safety Authority in line with health and safety legislation.

The care team used their own vehicles to transport the children. Documents were maintained on the personnel files to evidence that staff vehicles were appropriately insured ,taxed and roadworthy along with letters of indemnity. The files also contained copies of the staff members full driving licences. Staff were provided with first aid kits to carry in their vehicles when transporting children.

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

Compliance with standards	
Practices met the required standard	Standard 2.2
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 provider must ensure that a timeframe is established for the commencement and completion of the proposed structural works on the premises.
- The centre manager must ensure that fire drills are recorded appropriately noting the time and duration of the drill and document any issues that arose.
- The centre manager must ensure that weekly checks of the fire doors are conducted in line with procedures.

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.

Following a review of the children's care plans and placement plans the inspectors found there was an evident focus on the health and wellbeing of each child. Care planning meetings incorporated detailed discussions around the children's health and developmental needs and included planning for required assessments. The relevant sections of care and admission files contained a record of up to date medical, psychological, and social history reports. There was evidence to support that these assessments formed the basis of work undertaken with the children in their placement plans, therapeutic plans and in key working.

Inspectors reviewed key work records that evidenced the care team had undertaken individual work with each child on their health and development needs in an age-appropriate manner. This included educating the children on healthy eating, exercise and diet. Activities and exercise were built into daily planning and the children were involved in a wide range of sporting activities and clubs in the community. The carers interviewed demonstrated that they were cognisant of the mental health needs of the children. They outlined various approaches and techniques implemented to promote positive mental health such as the use of sensory toys to assist in managing stress and self-regulation.

The care files contained comprehensive medical records for all children including medical histories and vaccination records. Centre managers stated they were satisfied they were provided with the required medical and health information when the children were admitted.

Each child was registered with a general practitioner. There was evidence the children were supported to attend both required or routine, medical, dental and optical appointments. All medical appointments and contacts were appropriately recorded and followed up. The carers interviewed were alert and well informed in relation to the children's medical issues. They maintained effective communication with social workers and parents in relation to medical issues where appropriate. The need for specialist supports were discussed in detail at care plan reviews, professional meetings and in clinical meetings. Where the clinical supports available within the organisation were not deemed sufficient, the management sought approval for funding from supervising social work departments to secure timely interventions. Social workers were satisfied that the centre was proactive in their efforts to meet the health needs of the children.

The centre had guidelines on the administration of medication. Training records evidenced that staff received training in the administration of medication. All medications were stored in a locked cabinet with medications for each young person stored separately. There was a dedicated medication folder in place that identified information on all medications, a record of administration of medications and other related information. The inspectors reviewed medication records and were satisfied that the administration of medication was in line with policy with evidence of management oversight.

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

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

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The registered provider must ensure that a timeframe is established for the commencement and completion of the proposed structural works on the premises.</p> <p>The centre manager must ensure that fire drills are recorded appropriately noting the time and duration of the drill and document any issues that arose.</p>	<p>Plans for proposed structural works were drafted by an architect in quarter 2 2024. The architect has provided a timeframe for completion which is quarter 1 2025.</p> <p>The centre manager has provided clarity to the team in relation to the required information to be recorded when carrying out fire drills. The centre manager will review all completed fire drills to ensure that they are being recorded appropriately.</p>	<p>There are currently no health & safety concerns with regards to the existing living environment. Regular routine health & safety and maintenance audits will continue to be carried out. It was identified by the organisation's senior management that the proposed structural works would further enhance the life space and these works are line with the organisation's strategic objectives. This will be monitored on an ongoing basis by the Head of Services.</p> <p>This will be monitored on an ongoing basis by the regional residential services manager.</p>

	The centre manager should ensure that weekly checks of the fire doors are conducted in line with procedures.	The deputy manager has been delegated the responsibility of ensuring weekly fire door checks are being completed appropriately. This is overseen by the residential services manager who audits this process on a monthly basis.	The regional residential services manager will audit this practice in line with the existing governance framework, consisting of regular house visits, service governance meetings and external audits in line with the National Standards.
4	N/A		