



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Compass Child and Family Services DAC
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	25th, 26th & 27th August
Registration Status:	Registered from 13th June 2024 to 13th June 2027
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	24/11/2025

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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 fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 13th of June 2024 to the 13th of June 2027.

The centre was registered as a multi-occupancy service to accommodate up to four children aged 13 to 17 years on admission and provides medium to long term care placements. The purpose and function of the centre was to provide a nurturing, safe and secure relational based care setting for children. 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. At the time of inspection, there were four children living in the centre, two children aged between 13 and 17 years and two children aged under thirteen years. The centre was granted a derogation to the registration status to accommodate the children who were under thirteen years of age which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

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 registered provider, senior management, centre manager and to the relevant social work departments on the 1st October 2025. 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 16th October 2025. 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 June 2024 to the 13th June 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Inspectors found that the children received child-centred care appropriate to their individual needs. Inspectors spoke with all four children living in the centre at the time of the inspection. Listening to the children as part of this inspection provided inspectors with an opportunity to understand their experience of living in the centre. They all stated that the manager and the adults caring for them were nice and helped them a lot. Inspectors observed the interactions between staff, management and the children to be kind, caring and respectful. Staff were knowledgeable about each of the children and had details about parents, siblings, extended family and their community of origin. They had sufficient information about the children's background which assisted with the promotion of identity.

Inspectors found that all children were actively engaged in education and were also engaged in extra-curricular activities within the community. The children had busy routines and were supported and facilitated to meet with friends in a manner that was similar to other children in the community. The children were also facilitated to have their friends visit and space was provided within the centre to have visits from friends and family members that did not disrupt the rest of the other children.

The staff team worked well together and with other professionals to ensure children's needs were met. Social workers and Guardians ad Litem confirmed this to the inspectors. External professionals commended the work undertaken by the manager and staff team to help support the children to develop and maintain friendships in school and in the local community.

Special occasions such as birthdays and personal achievements were appropriately marked, celebrated and documented. Photographs and certificates of achievement were displayed. Individual work was undertaken with the children to ascertain their

views on how they wished to celebrate their birthdays or special religious events to include celebrations with family, siblings and friends. In one instance a child's family member was invited to the centre to help the child prepare for a special religious occasion.

Two of the older children had personal mobile phones to facilitate them to independently contact their families. There were appropriate safeguards in place for the safe use of mobile phones. One young person had a keen interest in news and current affairs, and they were facilitated to access news on the television and through newspapers.

Feedback from external professionals on the quality of care provided to the children was positive. All professionals praised the willingness of the staff team to facilitate an individual programme of care specific to the needs of each child. Professionals spoke highly of the staff, and particularly the centre manager. They said that the staff team were committed to the children and communicated well with them about the children's care, advocating on their behalf where necessary. They described a team who were committed to providing the children with the best care, and who were open to using different approaches to teach and support them to manage challenges. All professionals who spoke with inspectors stated they were satisfied that the children's rights were promoted and protected and gave examples of this, including access to education, participation in activities/hobbies of interest to children, along with encouraging participation at review meetings and respecting their wishes regarding family contact.

The centre had a written policy that guided practice in relation to family contact. The policy highlighted the importance of family contact and the organisations commitment to work with families and significant others in the children's lives. The inspectors found this policy was realised in practice. A record of family contact and the outcome of such contact was maintained on the individual care records. Visits from and to family members, significant others and friends was encouraged and facilitated by the centre manager and care team. In instances where children had lost contact with a parent the social workers and the managers actively sought to re-establish contact and to identify key people within the extended family to provide support. Families were consulted and participated in the care planning process. The care plans and placement plans set out the plans to facilitate and support family contact. The inspectors spoke with a parent or a significant family member for each one of the four children. They spoke positively about the centre manager and key staff. They were happy with the care their child received, and they all expressed the

opinion that their child was safe and well-cared for. Family members confirmed they were kept informed about events in their child’s life through regular communication with the centre manager and key staff. The manager ensured that parents, where possible, had every opportunity to make a positive input to the care of their child. Sibling contact was also facilitated and planned for within the statutory care planning processes. Where a child did not have contact with their parents or siblings the reasons were explained to the child and documented in the care records. There was evidence of ongoing efforts by social work professionals and Guardians ad Litem, in collaboration with the centre manager and key workers, to repair and support sibling contact.

The centre had developed a comprehensive, user-friendly booklet for families, that provided information about the service, how they care for the children, keep them safe and how to make a complaint if not satisfied with any aspect of their child’s care. The booklet outlined the value and importance of family contact and how the centre staff will promote and facilitate this contact.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
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

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There was effective leadership and management which ensured a good quality, safe service which was well-led. The centre manager was appropriately qualified and experienced to undertake the role. The manager provided strong leadership to the staff team and set the calm, relaxed tone for the care provided. This view was reiterated by the social workers and Guardians ad Litem who spoke with the inspectors. The centre manager and deputy manager completed monthly internal house audits which were forwarded to the regional residential services manager. This audit report was a detailed and comprehensive overview of all key activities and operations including overview of complaints, staff supervision and status of actions following in-service compliance audits.

The regional residential services manager visited the centre on average once every two months. They undertook themed audits based on the requirements of the National Standards for Children's residential Centres (HIQA) 2018. Four themed audits were completed to date in 2025, and the regional residential services manager stated the audit schedule to the end of the year would focus on the remaining four themes of the national standards. The audits were not available at the time of the inspection; however, they were subsequently forwarded by the regional residential services manager to the inspectors prior to drafting this report. The inspectors reviewed the four audits completed in 2025 and found they were well structured, provided evidence of levels of compliance under each required standard and identified gaps or deficits in compliance. There was evidence that the auditor spoke with the managers, staff team, the children and reviewed care records, centre records and benchmarked practice against centre policies and procedures. Actions plans were developed and set out within the audit report however the action plans were not signed off by the centre manager or dated to evidence when developed. There was evidence that audit findings and outcomes of the audit were discussed in the centre managers bi-monthly supervision, at governance meetings and at the regional residential managers meetings. Staff stated that the centre manager provided them with feedback from the audits undertaken by the regional residential services

manager. The inspectors recommend that the centre manager signs and dates the action plan on completion to evidence timely responses to audit reports and ensure the compliance audits are made available to the staff team and are accessible to the inspectors.

There were systems in place for managers to meet regularly. Governance meetings and residential management meetings were undertaken on a regular basis. Staff supervision, audit planning, outcomes and the management of complaints all formed part of the discussions at these meetings along with workforce planning. A record of these meetings was maintained, and a sample of records were reviewed by the inspectors. They evidenced good governance and oversight of the residential centre to ensure safe, effective care. Compliance and governance were a standing agenda item at the regional residential management meetings where outcomes of statutory inspections were shared and discussed for organisational learning. Internal audits and quality assurance systems were also reviewed alongside policy implementation and guidance.

The centre had a written complaints policy. There were systems in place to record the children's complaints, and these were maintained on their care records. A centre complaints register was maintained that outlined key information in relation to complaints for tracking patterns and trends about complaints. The register recorded the outcome of the complaint and there was evidence of the centre managers oversight of all complaints. The complaints reviewed by the inspectors evidenced that the children were familiar with their right to make a complaint and could exercise this right with ease and confidence. The deputy manager was the identified complaints officer, and this role was clearly defined and staff interviewed were aware of this role. Complaints were discussed at each team meeting, at governance meetings and at the residential management meetings. Complaints were evidenced as notified to the social workers. Where patterns of complaints occurred, there was evidence these were appropriately acted upon and discussed at the statutory review meetings and with the relevant family members. This was confirmed by family members who spoke with the inspectors. There was evidence that the social workers and the centre managers worked collaboratively to resolve more serious complaints made by the children. Appropriate actions were taken following complaints to mitigate the likelihood of similar complaints recurring and feedback was provided to the children following complaints through individual work or significant discussions with the managers and key staff. The external managers had oversight of complaints through the managers monthly house audits and there was evidence that the centre

complaints process and its effectiveness was discussed within the centre managers supervision.

An annual service improvement plan (SIP) was completed by the centre manager for 2024. The vision, mission and goals of the centre were outlined along with the organisational structure and the purpose of the service improvement plan. The service improvement plan outlined areas of compliance with national standards and key actions taken to improve practice in 2024 based on statutory inspections and in-service audits. The plan also set out key actions and service improvement goals for 2025. The inspectors found that the service had commenced work on a number of identified actions for 2025. The inspectors noted that the SIP provided an overview of the children in placement however the inspectors recommend that personal information relating to the children should not be incorporated into the centre's annual SIP. The inspectors also noted that the SIP was not signed off by the CEO or the Board of the organisation. The inspectors recommend that the SIP is approved by the senior managers within the organisation. In addition, the staff interviewed were not aware of the SIP and had not been informed about the identified goals for the centre in 2025 in terms of service improvements. The inspectors recommend the SIP is discussed at a team meeting to ensure the care team are familiar with the identified areas for improvement in the centre for the coming year.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.4
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

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff interviewed were aware of and understood their roles and responsibilities and the lines of accountability were clear. The centre manager was responsible for monitoring the quality of all house records, incident records and decisions taken by care staff. Roles and responsibilities were set out in written job descriptions provided to staff members. The team members who met with the inspectors demonstrated a commitment to providing a child-centred, safe and effective service to the children in their care in line with their specified model of care. Staff interviewed were less familiar with the role of the regional residential manager in relation to the compliance auditing aspect of their role and its purpose. The inspectors recommend the regional residential services managers meet with the team to outline their role and provide feedback to the collective team following audits.

All new staff completed an induction on their commencement of employment. This included becoming familiar with the organisations policies and procedures, observation of some duties prior to taking on those duties and becoming familiar with the children's needs, routines, safety and support plans and placement plans.

The centre had a supervision policy in place. The centre managers were appropriately experienced and trained to deliver staff supervision. Staff members also received supervision training. The inspector reviewed a sample of staff supervision records including the centre managers supervision records. The supervision records for the centre manager were not available at the time of the inspection however these were subsequently forwarded to the inspector. The inspector recommends that the centre manager has access to their supervision records, and these are accessible to the inspectors when requested.

Supervision records were maintained securely, and both the supervisor and the supervisee had signed their supervision records. Supervision contracts reviewed by the inspectors were signed by both the supervisor and the supervisee. The inspectors found there were some gaps in the frequency of staff supervision across the files

sampled and this was highlighted in the regional managers audits earlier in the year. The centre manager was working to ensure that all staff received supervision in line with the policy, every four to six weeks. Supervision covered many of the necessary elements of supervision including staff wellbeing, identification of training needs, opportunities for reflection and learning as well as providing guidance and direction in relation to practice. However, as there were no set agenda items at each supervision forum some aspects of the supervision process were not covered such as discussions in relation the children's placement plans, individual and key working completed since that last supervision and review of the management and impact of significant events. The quality of the supervision records was found to be of a good standard overall however, clear actions arising from the supervision process were not consistently identified on the records therefore this impacted on the capacity of the supervisor to review and track the actions agreed from one supervision session to the next. The centre manager should ensure that actions arising within the supervision process are identified and reviewed at subsequent supervision sessions.

There were procedures in place to protect staff and minimise the risk to their safety. Policies such as lone working and ongoing training in a recognised behaviour management model were some of the systems in place to protect staff. The centre manager maintained a risk register that evaluated and reviewed risks to staff safety. Where there was a risk identified to staff safety, this was risk-assessed and appropriate measures were taken.

There was a written policy on staff training and development. It was clear from interviews with staff and review of centre records that a culture of learning was promoted in the centre and within the wider service. There was a written policy in relation to reflective practice and learning. The manager promoted reflective practice within the team, and this was embedded in the team over the past twelve months. There was evidence of shared learning at wider service management meetings and regional management meetings. Managers were supported and encouraged to complete leadership training. Staff were facilitated to attend relevant conferences, avail of training opportunities and facilitated to attend mandatory training and refresher training as required.

There were communications systems in the place for the staff to support safe and effective care. There were arrangements in place to facilitate good communication within the staff team such as handover meetings during which shifts were planned, individual children discussed, and tasks allocated to individual team members. The centre manager or deputy manager attended the handover meeting each day Monday

to Friday. Team meetings were scheduled every two weeks and inspectors reviewed a sample of minutes of these meetings. There was evidence that actions from previous meetings were reviewed, and all team members signed the team meeting records to evidence they had read and understood them. Staff attendance at team meetings was good. The inspector reviewed the minutes of team meetings and found they were comprehensive and reflected the learning culture that was encouraged. The in-service clinical psychologist attended the team meeting periodically to review the placement goals for each child from a clinical perspective. Discussions were used as opportunities for learning and practice improvement. This included discussions on behaviour management, team approaches and consistent care, complaints and family relationships. Team meetings focused on the sharing of key information, the identification of key risks and how to respond to such risks.

There were formal regular governance meetings in place to discuss and review specific team leadership responsibilities with regard to the care and support of the children and generally to support day to day management of the service. The regional residential manager, centre manager and deputy manager attended these meetings. The deputy manager undertook the managers roles when they were on leave. There was a delegation of duties system in place that recorded what duties were delegated to the deputy manager and other staff members. Delegations, roles and responsibilities were also discussed with the centre manager in their supervision with the regional residential services manager.

There was a written policy on staff appraisals. There was evidence that performance appraisals were not undertaken in line with the policy. The majority of the team members had not received their annual performance appraisal. This anomaly was previously highlighted through internal audits and was identified for action in the service improvement plan 2024. The centre manager had developed an appraisal schedule for 2025 however the inspectors found that the dates identified to undertake the outstanding performance appraisals were not met. The regional service manager in conjunction with the centre manager must ensure that performance appraisals for all relevant staff members are prioritised for completion.

There was a written policy outlining the purpose of the employee assistance programme (EAP). The centre staff and managers had access to a confidential EAP service for support around personal issues, including the impact of working in the service. Staff interviewed were aware of the range of support services available to them and how to access them. There was evidence the CEO had provided information to staff members on the EAP programme available them and the centre manager

outlined the purpose of the EAP programme at a team meeting. In addition, staff interviewed stated they felt well supported by the centre manager on a day-to-day basis and through individual supervision and additionally through monthly clinical supervision that was facilitated by the in-service clinical psychologist. Staff interviewed stated that the managers were accessible and supported them in their work with the children. There was evidence that the centre manager and the regional manager provided positive feedback to the team on their work with the children and their commitment to the centre and the wider service.

The team members also participated in bi-monthly group supervision facilitated by an external practitioner to assist staff to raise, explore and discuss work related issues. The group supervision process was subject to review and evaluation by the centre management team at the time of the inspection.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional service manager in conjunction with the centre manager must ensure that annual performance appraisals for all relevant staff members are prioritised for completion in line with centre policy and the requirements of the National Standards for Children’s Residential Centres (HIQA) 2018.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The regional service manager in conjunction with the centre manager must ensure that annual performance appraisals for all relevant staff members are prioritised for completion in line with centre policy and the requirements of the National Standards for Children’s Residential Centres (HIQA) 2018.	A schedule of appraisals was drawn up by the centre manager immediately following the inspection and shared with the regional manager. Since the inspection, two appraisals have taken place. All outstanding performance appraisals will be completed by 01.12.25. The centre manager is maintaining a tracking log to monitor progress and completion dates.	Implement an annual appraisal schedule aligned with each staff members start date. The centre manager will review compliance monthly and report progress to the regional service manager. The annual appraisal schedule is kept under review through the bi-monthly service governance meeting process and the external auditing process. These processes are subject to the oversight of the Head of Services.