



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: o8o**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Compass CFS Ltd</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of inspection:</b>	<b>27<sup>th</sup> &amp; 28<sup>th</sup> May 2024</b>
<b>Registration Status:</b>	<b>Registered from the 13<sup>th</sup> June 2024 to the 13<sup>th</sup> June 2027</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>22<sup>nd</sup> August 2024</b>

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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 three of the cycle. The centre was registered without attached conditions from the 13<sup>th</sup> of June 2024 to the 13<sup>th</sup> of June 2027.

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. 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 inspectors examined the following themes and standards:

Theme	Standard
1: Child centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6

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 2<sup>nd</sup> July 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 centre manager returned the report with a CAPA on the 17<sup>th</sup> July 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: 080 without attached conditions from the 13<sup>th</sup> of June 2024 to the 13<sup>th</sup> of June 2027.

### 3. Inspection Findings

**Regulation 7: Staffing**

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 12: Provision of Food and Cooking Facilities**

**Regulation 16: Notification of Significant Events**

**Theme 1: Child-centred Care and Support**

**Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.**

Inspectors found that the care team were child-centred in their care practices and cognisant of protecting the rights of young people in the centre. In interviews the staff were able to describe the practices in place that promoted the rights of the young people in placement and reflected the core principles as outlined in legislation and in the United Nations (UN) Convention on the Rights of the Child. External professionals interviewed by the inspectors confirmed that the key workers and centre manager were good advocates for the young people and promoted the young people's voices in their care practices and in care planning forums. The two young people inspectors spoke with during the inspection also demonstrated an awareness of their rights.

Inspectors found that the staff had provided information to young people on their rights through key working. This included the right to be heard, make complaints, have contact with family and siblings and the right to privacy. A review of individual work records and placement plans also evidenced young people were informed of their rights and were supported by the care team to exercise these rights in a manner appropriate to their age, ability and stage of development.

Care and placement planning reviewed evidenced a focus on supporting the young people to understand their culture, identity and heritage. The inspectors found that these discussions with the young people were undertaken in a thoughtful and sensitive manner with evidence of the young person's voice being heard. The team sought to obtain parental input regarding cultural and religious beliefs and this was confirmed to inspectors by the parents of the young people. When one young person



expressed a wish to move closer to their family there was evidence that the centre management had advocated on their behalf.

The young people in placement did not have any special dietary requirements however there was evidence that they had access to a healthy and varied diet with opportunities to engage in menu planning and cooking their own preferred meals.

**Standard 1.2 Each child's dignity and privacy is respected and promoted.**

The inspectors found that each young person's dignity and privacy was respected and promoted. Inspectors met with two young people during the inspection and both spoke positively about their key workers and the care they were receiving in the centre. There was evidence that when young people raised concerns in relation to privacy that these issues were responded to appropriately by the care team. Where there were restrictions in relation to privacy, inspectors saw evidence that these were in line with care planning and safety plans and were subject to on-going review. At the time of inspection there were restrictions placed on one young person's privacy. The centre manager and the young person's parent confirmed that the rationale for these restrictions was explained to the young person concerned. The centre had an intimate and personal care policy and procedure to provide guidance to the adults regarding supporting the young people in their intimate care needs in a way which promoted their dignity and privacy while also protecting the integrity of the staff involved.

Each young person had their own room where they could spend time by themselves and a safe place for the storage of their personal belongings. The young people also spent time in the community with friends and participated in various activities in line with their age and stage of development.

Inspectors were satisfied after speaking with young people and reviewing individual work records that the young people had been informed about who their personal information was shared with.

Inspectors found that the care team gathered photos and other important items of each young person's time in the centre. The young people were also assisted in making memory boxes to store memorabilia and special items belonging to them.

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

The inspectors found that the young people were provided with many opportunities to exercise choice in their daily lives and thus they were able to participate in making informed decisions about their care. It was evident from meeting with the young people and inspectors' observations while in the centre that the young people had developed trusting relationships with the adults caring for them. Social workers and a young person's Guardian ad Litem highlighted that there was a number of long serving staff members working in the centre which was beneficial in terms of building relationships with the young people and providing consistency of care.

The team sent monthly reports to the allocated social workers to keep them updated on the young people's progress. These reports included a section which recorded the young person's voice and opinions and in some cases pictures of the young people celebrating special occasions or activities. Inspectors noted that the tone of the language used by the managers and key workers in these reports was very positive focusing on the progress young people were making and demonstrated the high regard they had for the young people.

Inspectors found that two of the young people were consulted and encouraged to attend their statutory care plan reviews. Minutes of their care plan meetings viewed by inspectors recorded the views of the young people and their parents. Inspectors found that the third young person who was under 12 and who's care was subject to monthly reviews had not attended any of their reviews or submitted any consultation forms prior to the meetings. Inspectors were informed that staff met with the young person every month prior and following the review meetings to gain their input and to give them feedback. Minutes of the young person's care plan review in January 2024 recorded that the young person should attend their review meeting in person in the coming months. The young person had also expressed a wish to the care team to attend a review meeting. However, at the time of this inspection in May 2024, the young person had not attended any of their reviews. Post inspection, inspectors were informed by the allocated social work team leader that a date had been set in August 2024 for the young person to attend their review in person.

Inspectors found that the three young people in placement were all of different ages and stages of development and were not engaging collectively in house meetings at the time of inspection. Efforts were made to carry out individual work with any young person that did not attend to check in with them and gain their input. There was

evidence that the house meeting process was reviewed at team meetings to assess its effectiveness and efforts were made to make them more natural scheduling them to take place at mealtimes which the team reported had been more successful in recent months.

Each young person had two key workers who made efforts to consult with them on a monthly basis to get their input into their placement plans. Prior to the inspection one of the young people was assigned an additional support worker which was proving beneficial in terms of the young person's increased level of engagement.

While inspectors found that the young people were aware in a general way that they could read their daily logs they found that the practice of supporting and promoting this practice was not evident. Inspectors noted that on one occasion a staff member had given inaccurate information to a young person informing them that they could not access their records until they turned eighteen years of age. The centre manager and the key workers must, in a more explicit way, make the young people aware of the information that is recorded about them and support and encourage them proactively to read their own records, where appropriate. The centre manager must also ensure that all staff are aware of the centres "access to information guidelines".

The young people in the centre were aware of the national advocacy service for young people in care (EPIC). All of the young people had attended an EPIC event and a representative from EPIC had visited the centre and made efforts to link in and advocate on behalf of one young person.

**Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.**

Inspectors viewed evidence across a range of records of the care team communicating with the young people in a very child focused manner, trying to understand their needs and providing them with age-appropriate information. Work had been undertaken with young people to make them aware of why they were living in the centre and they were strongly supported to connect with their families. There was evidence on file that life story work had been undertaken with one young person by their allocated social worker. Another young person's social worker informed inspectors that there were plans in place to conduct life story work with them including a genogram to support them to understand their life history and their journey in care.

The inspectors did not find any evidence on the young people's files that they were provided with any written information such as a young person's booklet that outlined their rights with a specific focus on the special importance of some of these rights for young people living in care. There was also no evidence of parents being sent written information on the centre. Inspectors were informed at the time of inspection that new centre booklets for both young people and parents were being developed. Inspectors reviewed these draft booklets during the inspection and gave feedback to centre and senior management. Inspectors recommend that these documents are finalised and distributed to parents and young people as soon as possible.

There was no evidence on file that the care team had discussed aspects of the National Standards for Children's Residential Centres with the young people or that they were provided with a copy of the national standards or a guide to the standards as required under the standards. The centre manager must ensure the young people are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to each young person.

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

There was robust evidence to show that the centre was promoting the important role that parents, families, community and friends played in the young people's lives. Inspectors found from reviewing family contact records that the staff were regularly updating family members on the young people's progress. The centre management were proactive in advocating for the young people to ensure that appropriate family access was taking place. When access arrangements had not taken place as planned or difficulties arose the team made efforts to resolve these issues with the allocated social work departments. One of the young people was placed a significant distance from their community and there was evidence that they were facilitated in returning to their community to maintain links with their family and community. A number of the young people's family members had also visited the centre.

The allocated social workers and the Guardian ad Litem were satisfied that the centre manager and staff team worked hard to ensure that the young people maintained positive links with family and their community. Inspectors spoke to the parents of the three young people, all of whom were satisfied that they were kept informed and consulted about their child's progress. They also highlighted how happy they were

with the quality of care being provided and the level of support they received from the centre.

The care team encouraged the young people to be part of the local community and they were engaged in a number of local sporting clubs and activities including hurling, rugby, dancing and horse riding. One young person told inspectors that they had recently won a county hurling medal and spoke about the enjoyable trips, concerts and activities they had shared with everyone in the centre. The two young people that met with inspectors confirmed that birthdays and special occasions were celebrated in the centre. A young person who had recently celebrated their birthday took great pleasure in telling inspectors about the party they had in a local playcentre with their siblings and friends and the gifts they received.

The young people had age-appropriate access to telephones, mobile phones, appropriate media and other electronic devices. There was evidence that key working was undertaken with the young people when issues or concerns had arisen in relation to inappropriate use of mobile phones and concerns around technology.

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

Inspectors found from interviews with staff, social workers, parents and young people that the young people's views and preferences were considered in relation to their daily living arrangements. Both young people that met with inspectors stated that they were very happy living in the centre, they had a say in decisions being made that affected them in their lives and felt heard by the adults caring for them. The young people named several members of the care team and management they could speak with if they were unhappy about any aspect of their care. While in the centre inspectors observed positive interactions between staff and the young people and of staff demonstrating good child friendly ways of engaging with them in line with their individual needs, learning styles and communication needs. Inspectors could see from a range of records that young people's opinions and viewpoints were sought and the reasons for decisions made were explained to the young people in line with their age and level of understanding.

Inspectors were satisfied from a review of records including team meetings, house meetings and centre audits that there was evidence of a culture of openness and transparency that welcomed feedback, suggestions, and complaints. Inspectors noted feedback recorded on file from both a parent and social worker which was very

complimentary in relation to the care being provided to the young people in the centre.

The centre had a written complaints policy and procedure in place. The policy was consistent with relevant legislation, Tusla complaints procedures and best practice. The policy had been reviewed and updated in the year prior to inspection and was still in the process of being embedded. The young people had been made aware of the complaints policy and there was evidence on file that young people's right to make complaints had been revisited with them in key working and individual work records. One of the young people had also made a complaint using the Tusla "Tell Us" complaints procedure.

Inspectors noted that complaint forms were stored in the staff office and young people had to request a form if they required one. Inspectors recommend that complaint forms are made more accessible to young people and stored in a location where they can be accessed without having to request them from staff. There was no evidence that parents had been made aware of the complaints process. Inspectors were informed that the proposed updated parents' booklet contained information on the complaints process which will be issued to the families of all the young people. Parents that spoke with inspectors had no complaints in relation to the care of the young people and were confident that if an issue arose it would be dealt with appropriately by the centre.

There were three complaints recorded on the complaints register since the last inspection in March 2023. The inspectors reviewed these complaints along with the accompanying documentation and were satisfied that they were managed appropriately. Inspectors found that in some cases documentation relating to complaints was stored in different locations and recommends that all documentation in respect of complaints is stored together for monitoring and tracking purposes. Inspectors also recommend that the complaint register is amended to include the date of resolution and whether the young person was satisfied with the outcome.

There was evidence that complaints were being monitored and reviewed by the centre manager and by external management. An audit conducted by the regional services manager identified that while complaints were a standing item at staff meetings there was limited recording of young people's complaints in the minutes of the staff meetings and this was an area that required more detail in relation to outcomes, and the young person's experiences of the process. There was also evidence that senior

managers in the company had met periodically with the young people to enquire if they were happy with the care they received.

The centre did not have a mechanism for young people to provide feedback on the complaint's procedure and its effectiveness in terms of resolving the young people's complaints. The registered provider must develop mechanisms for young people to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 7</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 12</b> <b>Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.1</b> <b>Standard 1.2</b> <b>Standard 1.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.3</b> <b>Standard 1.4</b> <b>Standard 1.6</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required:**

- The centre manager and key workers must, in a more explicit way, make the young people aware of the information that is recorded about them and support and encourage them proactively to read their own records, where appropriate.
- The centre manager must ensure that all staff and young people are aware of the centres "Access to Information Guidelines".
- The registered provider must ensure the centre booklets being developed for both young people and parents are finalised and distributed as soon as possible.
- The centre manager must ensure the young people are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to each young person.

- The registered provider must develop mechanisms for young people to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager and the key workers must in a more explicit way make the young people aware of the information that is recorded about them and support and encourage them proactively to read their own records, where appropriate.	Work has been completed with one child in this area and a plan is being formulated for them to access and contribute to their own records. Individual work on this area with the other two children will be completed in July 2024 as part of their programme of care. This topic has been added to a required monthly piece of individual work where placement goals are discussed, and children are reminded of their right to read to their own records.	This has been discussed with the team at a team meeting on 30/05/24 to ensure the team are fully aware of this requirement. Individual work is reviewed by centre management and the regional manager as part of their governance of the centre.
	The centre manager must ensure that all staff and young people are aware of the centres “Access to Information Guidelines”.	This was discussed with the team at a team meeting on 30/05/24 to ensure the team are fully aware of this area. A practice note to guide adults in this area has been shared with staff. This makes clear the arrangements for accessing different types of information. This note will be discussed at the next team meeting on 25/07/24.	House meetings and individual work records are reviewed by centre management as part of their governance of the centre. This work will be completed regularly with each young person and with the group. A full review of the policies and procedures document is scheduled for the second half of the year and will incorporate

	<p>The registered provider must ensure the centre booklets being developed for both young people and parents are finalised and distributed as soon as possible.</p> <p>The centre manager must ensure the young people are provided with a copy of the national standards or a guide to the standards and that staff in the centre spend time explaining the standards to each young person.</p>	<p>This area will also be on the agenda for the next house meeting on 19/07/24 and discussed in the individual work as outlined above.</p> <p>These documents are at review stage and will be distributed to young people and parents during August 2024. Individual work will be carried out with each young person. Contact will be made with parents to review the document and answer any queries they may have. A record will be kept of this.</p> <p>A child friendly guide to the national standards has been printed and issued to each child. This will be added to the programme of care for each child for August 2024. A piece of individual work will be completed with each child, and this will be repeated at regular intervals.</p>	<p>review of this policy.</p> <p>As part of a young person's admission to the centre, booklets for young people and parents will be reviewed with each part and a record kept of this. These records are subject to review by the centre management and regional manager as part of their governance of the centre. These steps will be repeated when there is any update to either booklet.</p> <p>Centre management will assess the need for ongoing work with individual children depending on their understanding of this area. This will be completed with each child at admission, moving forward, and records are reviewed by centre management and the regional manager as part of their oversight of the centre.</p>
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	<p>The registered provider must develop mechanisms for young people to provide feedback on the complaints procedure and develop systems to evaluate the effectiveness of the complaints procedure in the centre.</p>	<p>The complaint form for the centre has been updated and now requests and records feedback from young people on their experience of the complaints procedure. The house meeting process will review this area each quarter. A section in the upcoming young person booklet will provide the opportunity for children to provide feedback on complaints.</p>	<p>This work will be completed regularly with young people and after each complaint, the complaints officer will request feedback from the young person as to their experience of the process and any improvements they would make. Complaints are a standing agenda item on team meetings. The organisation's management team regularly review complaints at their Residential Management Meeting, and this will incorporate the feedback of young people.</p>
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