



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 116

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Compass Family Services
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	13th, 14th and 15th November 2023
Registration Status:	Registered from the 05th December 2022 to the 05th December 2025
Inspection Team:	Janice Ryan Paschal McMahon
Date Report Issued:	19th December 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 05th December 2016. At the time of this inspection the centre was in their third registration and in year one of the cycle. The centre was registered without conditions attached from the 05th of December 2022 to the 05th of December 2025.

The centre was registered as dual occupancy to accommodate young people aged thirteen to seventeen years on admission. Their model of care was described as a relational based model within a shared living environment. The fundamental basis for this programme was that professionally qualified adults, called house pedagogues, live with and share the living space with young people with the primary purpose of providing care in a consistent and predictable fashion. In accordance with the centre's social pedagogy model of care all those working in the centre were referred to as "adults" as opposed to staff in the body of this report. The work with young people was informed and guided by the principles of the continental European model of social pedagogy and an understanding of attachment patterns. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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 7th December 2023 and to the relevant social work departments on the same date. The registered provider was required to review the report for any factual inaccuracies and return it to the inspection service. The centre manager returned the report confirming there were no factual inaccuracies on the 12th December 2023.

The findings of this report 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: 116 without attached conditions from the 5th December 2022 to 5th December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

The centre had policies and procedures in place to protect children from all forms of abuse and neglect which were updated in May 2023. The inspectors found that these policies were in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children's First: National Guidance for the Protection and Welfare of Children, 2017 and were reviewed at the team meetings.

The centre had a written Child Safeguarding Statement (CSS) which was dated August 2023, and this had been approved by the Tusla's Child Safeguarding Statement Compliance Unit. The statement set out the potential risks of harm or abuse for young people living in the centre, as defined under the Children First Act, 2015, along with measures in place to mitigate against the identified risk. The Residential Service Manager (RSM) was the Designated Liaison Person (DLP) for the centre and in their absence the Regional Manager was the Deputy Designated Liaison Person. In interview, the adults had a clear understanding of the CSS and the risks contained within. They were aware who the DLP was in the centre and in their absence who the deputy DLP was.

Inspectors reviewed the centre's training register and a sample of adult files and found that all staff had completed up to date training in Children's First, 2017. Adults had also completed additional training in the centre's own child protection policy, designated liaison persons training, mandated person training and child sexual exploitation. In interview, adults and management were clear of their responsibilities as mandated persons to report any child protection and welfare concerns to the Child and Family Agency through the dedicated Tusla portal.

The inspectors found that there was effective communication between a range of professionals involved in the care of the young people and families where appropriate were also informed of any issues or concerns that arose. The centre had a child protection and welfare register in place and on review of same the inspectors found

that there had been no reported child protection and welfare concerns for the previous twelve months which was corroborated in interview by both social workers. Inspectors found that the centre had clear and effective systems in place to promptly notify all significant events and both allocated social workers were satisfied with this process.

Inspectors found that all referral information was on file and the pre-admission risk assessment corresponded to known vulnerabilities and risks associated for both young people on admission to the centre. The inspectors reviewed a range of documentation to ensure safe care of both young people in the centre which included risk assessments, strategy meetings, safety plans, individual crisis support plans (ICSP), individual absent management plan ((IAMP). Inspectors found that the centre were consistently reviewing and updating these documents to ensure that they were proactively safeguarding all young people. The inspectors reviewed specific safety plans that were in place for both young people. The inspectors found that these safety plans were lengthy in timelines and were not current for one young person as there had been no identified concern in the previous 12 months. These must be reviewed to ensure that safety plans are reflective of current areas of concern. In interview with the allocated social workers and a Guardian Ad Litem they all described the good communication with the team and management which ensured good planning and management of areas of concern.

Adults were clear in how to address bullying concerns which had been identified for one young person whilst out in the community. The inspectors found the centre had implemented clear strategies to mitigate the risk of harm to this young person. This concern was managed appropriately and in a timely manner.

The inspectors found that all documents were reviewed in a range of forums for example, team meetings, management meetings and multidisciplinary meetings. They were sent to all relevant professionals for feedback and were updated accordingly with clear collaboration between the centre and the social work department. Adults and management within the centre were able to identify all known vulnerabilities for each young person as well as the associated risk assessments and control measures in place.

Young people were supported to understand behaviours of concerns, and these were discussed regularly through key working. External supports were put in place to address concerns from the clinical team and external services were utilised for young people when required. Young people were supported to speak out in the centre and

were consulted and included in decisions around their care. It was clearly evident that both young people had built strong relationships with team members which was allowing for more effective work to be completed and was in keeping with the social pedagogy model of care. One young person in the centre was an Ambassador for Social Pedagogy Professional Association and recently attended an educational trip outside of Ireland where they had completed a presentation at this conference.

A quality assurance audit covering Theme 3 of the National Standards for Children's Residential Centres, 2018 (HIQA) was completed by the Head of Services (HOS). This was detailed and had identified an action in relation to the Child Safeguarding Statement which had now been completed. Within this audit the inspectors noted that the audit had commented on the positive management of staff turnover within the centre. The centre had minimised the impact of losing six long term adult members over the past six months however, this had been managed appropriately and not impacted the care of both young people.

There was a written protected disclosures policy in place. In interview adults identified people they could bring concerns to if required and were confident they would not suffer any adverse consequences for doing so. Adults spoke about the ethos of the organisation and described the social pedagogy model of care which supported a culture of reflective practice that was focussed on learning. They also confirmed that they could challenge practice with no adverse effects on them. The Residential Service Manager confirmed that there had been no reported protected disclosures in the previous twelve months since this inspection.

The inspectors observed both young people's interactions in the centre and found that they were warm and caring. Inspectors also met with both young people and they both confirmed they felt happy and safe in the centre. They advised it was there home and they liked living there. One young person spoke about the social pedagogy model which was implemented in the centre and found that less adults were needed in the centre to support a more homely environment.

In interview with the allocated social workers and a GAL they spoke highly of the centre and the social pedagogy model in place in the centre. They were very satisfied with the standard of care that was being provided to both young people and that the young people's health and development needs were being met.

Compliance with Regulation	
Regulation met	Regulation 16 Regulation 5

Compliance with standards	
Practices met the required standard	Standard 3.1
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 10: Health Care

Theme 4: Health, Wellbeing and Development

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

The inspectors reviewed both young people's care plans and found that the health and development needs of the young people were aligned to the placement plans on file. The inspectors found that both young people had a range of specialist supports available to them in line with their care planning goals.

Inspectors found that a multi-disciplinary approach was in place which took account of young people's needs to ensure services required were sought in an effective and timely manner. The inspectors also found evidence that young people's voice and opinions were sought in discussing their physical and mental health needs. There was clinical input provided by the internal clinician in the organisation which provided support and advice to the young people and adults.

Adults in interview described the health needs of the young people and spoke about how they supported each young person to take care of their mental health and wellbeing. The inspectors found evidence of this in individual key working for each young person. Since admission both young people attended the local GP as it was not possible for them to stay with their family GP due to the location of same. One young

person who was over the age of 16 years was promoted and encouraged to attend a GP on their own in line with their rights. Both young people spoke to inspectors and advised how they were supported to attend appointments and that they were well cared for in the centre.

On review of the pre-admission medical information the inspectors found it difficult to determine the exact information that was provided on admission to the centre for both young people over five years previous. Inspectors found that one young person had no immunisation record on their care file. This was followed up by the RSM and rectified during the course of this inspection. The adults maintained records of all medical and specialist appointments and contact with medical professionals.

The centre had a medication management policy in place. Adults had completed relevant training. Records in relation to medication administration were complete and up to date. Medications were stored securely in line with centre policy.

The inspectors found that the audit completed in relation to Theme 4 of the National Standards for Children's Residential Centres, 2018 (HIQA) was satisfactory.

Compliance with Regulation	
Regulation met	Regulation 10
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
3	None identified		
4	None identified		