



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 131**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Compass Family Services</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>31<sup>st</sup> July 2023, 01<sup>st</sup> August 2023</b>
<b>Registration Status:</b>	<b>Registered from 15<sup>th</sup> September 2023 to 15<sup>th</sup> September 2026</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>12<sup>th</sup> September 2023</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 on the 15<sup>th</sup> September 2017. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 15<sup>th</sup> of September 2020 to the 15<sup>th</sup> of September 2023.

The centre was registered to provide medium term care for four young people between the ages of thirteen and seventeen on admission. 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. The staff members were referred to as adults and focused on the existing strengths of each young person and sought to develop their sense of internal control and self-efficacy. At the time of inspection, there were three young people living in the centre and the centre had been granted a derogation to accommodate two of the young people as they were under the age of thirteen years.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5, 1.6
3: Safe Care and Support	3.3

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 on the 15<sup>th</sup> August 2023 and to the relevant social work departments on the 15<sup>th</sup> August 2023. There were no identified shortfalls under these standards for the centre to address.

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: 131 without attached conditions from the 15<sup>th</sup> September 2023 to 15<sup>th</sup> September 2026. 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.**

The centre had policies in place underpinning the role of community, family and friends in the lives of the young people resident in the centre. In interview, inspectors found that centre staff recognised and promoted the important role that parents, families, friends and communities played in the young people's lives. In interview parents of two young people reported that they were kept informed and consulted about developments in the young peoples' lives, in line with their care planning. A review of centre records demonstrated that there was an emphasis placed on providing regular updates to parents where this was agreed following consultation in the young person's child in care review.

In interviews with young people, they stated that they were supported to meet with a range of family members, including siblings and friends as deemed appropriate and agreed to, in their child in care review. Inspectors found that the young people were encouraged and facilitated to avail of face-to-face contact, record voice memos, voice notes and communicate in a number of alternative methods where the needs of the young person and family member could be best met. There were access plans on file for two young people and the initial statutory child in care review for the third young person, who was recently admitted, was arranged for the day following inspection. This was in line with statutory timeframes. There was evidence that the centre staff and management worked collaboratively with the social worker to re-establish parental contact for one of the young people. There was evidence in centre records that individual work was completed with the young person to prepare them for this contact and to determine their views and wishes following the visit and on additional visits moving forward. All family contact was recorded in the young people's care files. One young person stated that they regularly had friends over to visit them in the centre and this was facilitated and encouraged by the staff and management.

Inspectors found that parents were encouraged to participate as fully as was possible in the lives of the young people and the centre forwarded school reports and reported outcomes of medical appointments to the parents where they were not in a position to attend. Openness and transparency with parents was evident on review of the care records. In one instance, the clinical psychologist for the centre offered to explore and discuss a report with the parent of one young person so as to assist them in fully understanding the outcome and recommendations.

In interviews with Guardians ad Litem, they noted that the centre staff worked hard to maintain sibling contact for the young people. This was further supported in each of the young people's care records. One young person stated that they regularly had visits with their sibling and the centre had facilitated them in spending overnights with their sibling supported by the allocated social worker.

Each of the young people resident in the centre were facilitated to participate in a variety of sports and leisure activities. Where the young person had an interest in team sports, they were facilitated to join local community and school clubs. Young people were also encouraged to attend horse riding and swimming. Inspectors observed that centre staff bought supplies for arts and crafts, children's comics and books appropriate to their age and stage of development and involved the young people in gardening and planting vegetables where they had an interest in those activities.

There was a birthday board located in the main entrance of the centre where the birthdays of the young people and staff were displayed. In interviews with staff, they stated that for each young person's birthday there was a celebration with cake, presents and balloons. The young people were given the opportunity to decide how they would like to celebrate special occasions in the centre and this was confirmed in interview with the young people. One young person had a celebration to mark the end of primary school education.

The centre had a policy outlining the safe and appropriate access to social media and internet in the centre. There was a social media plan developed for each young person resident in the centre. These were updated monthly and were in line with care planning and were based on their age, stage of development and potential risk of harm. The young people were facilitated to telephone parents in private where this was deemed safe and permitted in line with their care plan. Where the support or supervision of family contact was required, this was explained to the young person and parent.

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

A review of centre records and interviews with staff and managers evidenced that young people were listened to and their views and preferences in relation to their daily living arrangements were considered. In interview young people stated that they felt listened to and their concerns and complaints were acted upon. There was evidence of a culture of openness and transparency within the centre and this was evident in a range of records including young people's meetings, team meetings, complaints and daily logs.

The centre had a complaints process in place which was consistent with the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA). In interview staff, demonstrated that they were familiar with the complaints process and minutes of team meeting records evidenced that complaints were discussed at team meetings and learning identified for the team. Information in relation to the complaints policy and process, as well as the Tusla "Tell Us" complaints procedure was detailed in information booklets provided to the young people and parents on admission. In interview one parent was unsure if they had received a copy of the parents' booklet when their young person was admitted, however the centre manager provided an additional copy to the parent prior to the conclusion of this inspection. Parents interviewed were aware of how to make a complaint if they needed to do so.

There was evidence that the use of the complaints process was promoted and encouraged and that young people used the complaints process to express their concerns or dissatisfaction in relation to aspects of their care. The managers and staff interviewed demonstrated an awareness of the importance of having a robust complaints procedure to safeguard the children in placement and had made complaints on the young people's behalf where this was considered appropriate. Young people had been made aware and linked in with external advocacy services available to them should they wish to escalate a complaint or have someone advocate on their behalf such as the ombudsman for children and EPIC (Empowering Young People in Care).

All complaints were recorded in a complaints register. The inspectors reviewed the complaints records on file and were satisfied that they were recorded appropriately, well managed and there was evidence the young people were satisfied with the outcome in most cases. There was evidence that the complaints officer spoke with

the young people following the outcome of their complaint and advised them of their right to appeal and requested feedback on the complaints process.

There was evidence that complaints were being monitored and reviewed by the centre manager and externally by the regional manager. Bimonthly residential management meetings minutes and audits reviewed contained an overview and analysis of complaints, trends and patterns. There was also evidence that the regional manager met periodically with the young people to enquire if they were happy with the care they received.

Social workers interviewed confirmed they were notified in a timely manner of all complaints. Serious complaints were additionally notified through the significant event notification system. In interview the allocated social work teams stated that they were satisfied that the young people's complaints were managed appropriately. Parents were also informed of young people's complaints.

There was evidence in the complaint forms that the complaints officer sought feedback on the complaint's procedure in their discussions with the young people, advising them of the complaints process and external agencies that could advocate on their behalf.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 9</b> <b>Regulation 16</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.5</b> <b>Standard 1.6</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None

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

**Theme 3: Safe Care and Support**

**Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

Inspectors found that an open culture was promoted in the centre and staff members who were interviewed were confident that they would challenge each other's practice if required. There was evidence that the staff and management team were in regular contact and worked closely with social workers and family members where appropriate. Inspectors found that young people's meetings were held regularly in the centre and the young people were supported and encouraged by centre staff and managers to raise concerns, express their views and have their voice heard.

Parents and social work feedback on the young people's placements was evident through care plan reviews and there was evidence that the centre sought the views of parents through regular telephone calls and when facilitating family contact visits. Social workers interviewed stated that the centre manager regularly liaised with them to ensure they were satisfied with the standard of care and the progress their allocated child had made. Following a compliance audit a recommendation to develop formal feedback forms for parents and social workers was highlighted. The senior managers are currently developing a format to receive written feedback in relation to the children's care.

The inspectors found that the centre had a written policy and procedure for the recording and notification of child protection and welfare concerns. Inspectors were informed by two allocated social workers and Guardians ad Litem that all incidents were reported in a prompt manner both via phone and e-mail. Significant events reviewed by inspectors were notified promptly and managed in line with Tusla's national centralised notification system. Incidents of a child protection nature were appropriately dealt with under the Child Protection and Welfare Report Form (CPWRF) with accompanying significant event notification and tracking number.

Each young person had an individual support plan (ISP) in place which contained relevant information and was appropriately updated following a significant event as necessary.

The senior managers in the service facilitated a significant event review group meeting to evaluate and identify learning outcomes from serious incidents. Significant events were also reviewed at team meetings and supervision records reviewed, demonstrated good discussion with individual staff members on their role in significant events and they were offered appropriate debrief following the event. There were measures in place through joint working with social work departments to ensure parents were notified of incidents.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 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 3.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None required		
3	None required		