An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 209

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Solis GMC Children's Services**
Registered Capacity:	**Six young people**
Type of Inspection:	**CAPA Review**
Date of inspection:	**26th & 27th August**
Registration Status:	**Registered from 27th September 2022 to 27th September 2025**
Inspection Team:	**Lorna Wogan**
Date Report Issued:	**11th November 2024**

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of a corrective actions and preventative actions (CAPA) review 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 27th September 2022. At the time of this CAPA review the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 27th September 2022 to the 27th September 2025.

The centre was registered as a multi-occupancy, transition centre and provided six apartments in semi-independent living arrangements for young people aged 16.5 to 17 years on admission. There were three young people living in the centre at the time of the inspection. The service aimed to provide a tailored level of support to each young person characterized by an orientation toward self-supported accommodation in their indigenous community or a community of their choice. Referrals were processed through Tusla's National Placement Team.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 19th, 20th & 21st June 2023. The inspector reviewed the documentation sent by the provider to evidence that the required actions of the previous inspection were met. Interviews were also conducted with the acting person in charge, the deputy person in charge and one social care leader to inform the CAPA review inspection process.

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 10th October 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have substantially implemented the required actions and therefore 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: 209 without attached conditions from the 27th September 2022 to the 27th September 2025 pursuant to Part VIII, and 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.

Issue Requiring Action:

- The service director and the centre managers must undertake a review of their child protection policy to ensure it is fully aligned to the Children First National Guidance and the requirements of the Children First Act, 2015.
- The centre manager must ensure the child safeguarding statement is reviewed periodically at team meetings.
- The centre manager must review all child welfare and child protection documentation to ensure all relevant documentation relating to specific concerns are stored in the one location on the individual care records.
- The centre managers and service director must review the centre policy on room searches in relation to the young people's rights to privacy against the risk of harm.

Corrective Actions:

- The child protection policy has been reviewed and updated by service director and centre manager to ensure it is fully aligned to the Children First National Guidance 2017 and the requirements of the Children First Act 2015. Completed on 23.06.23.
- Review of child safeguarding statement has now been added to the team meeting agenda. Completed 27.06.23.
- All current child welfare and protection documentation have been reviewed by centre manager, all documentation is relevant and stored in one designated location within the care records folder. Completed on 23.06.23.
- The centre manager and service director have reviewed apartment search policy with focus of balancing the young people's rights versus risk of harm. Completed on 28.06.23.

Review Findings:

The child protection/child safeguarding policy was updated in June 2023 following the previous inspection. However, the inspector found that not all previous recommendations in relation to the policy review were fully considered. The inspector highlighted the deficits to the centre manager who committed to undertake a full review of the policy once again and identified a timeframe for completion. The inspector was satisfied that the centre manager was fully appraised of the required amendments to ensure compliance with Children First National Guidance for the Protection and Welfare of Children (DCYA), 2017 and the Children's First Act, 2015. The centre manager agreed to forward the updated child protection/child safeguarding policy to the inspector when revised.

The inspector received a copy of the centres child safeguarding statement (CSS) that was updated following the previous inspection and forwarded to Tusla's child safeguarding statement compliance unit. The CSS was deemed to be compliant with the requirements of the Children's First Act, 2015 and the inspector received evidence of this. Child protection was a standing item on the team meeting records reviewed by the inspector. There was evidence that staff were informed about updates to the child protection/child safeguarding policies in July 2023. The centre manager stated the child safeguarding statement was signposted to all staff and it was displayed in the staff office. The inspector found that some efforts were made to include policy review at the team meetings however a periodic focus on specific policies at the team meeting forum should be more consistently evidenced. The centre manager stated there was a system in place at induction and through the supervision process to guide new staff through the suite of centre policies. The inspector also advised that the CSS is reviewed individually with each staff member within the supervision process to ensure they have a clear understanding of the purpose of the statement, the potential risks of harm for young people in placement and the control measures in place to mitigate such risk of harm occurring.

The centre manager had devised a new record keeping system for the storage of all records associated with child protection or welfare concerns submitted to Tusla. These documents were now stored confidentially in the individual care records along with all correspondence and additional documents associated with the reported concern. All managers and staff interviewed were familiar with the new record keeping system. The centre manager stated that the new recording system in place led to more effective monitoring and tracking of reported concerns.

The policy on room searches was update following the previous inspection. The updated policy was signposted to staff to read at a team meeting in July 2023. The inspector reviewed the policy and found it clearly balanced the rights of the young people against the risk of harm. The inspector found evidence that the policy on room searches was explained to both the young people and their social workers at the admission meeting. The manager stated that staff are expected to ensure that room searches are carried out in a manner that is respectful of the young person's personal space and undertaken in a sensitive manner. Young people to date have been generally accepting of the circumstances where room searches are required. They were now always informed if room searches were to be undertaken or had been undertaken due to the potential risk of significant harm to the young person or others living in the premises.

Overall, the inspector was satisfied that the corrective actions were substantially implemented as outlined in the CAPA.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

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**

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Issue Requiring Action:

- The centre manager must ensure that team meeting records are reviewed and signed off as an accurate record of the meeting.
- The service director must ensure that all quality assurance/compliance reports have actions plans developed to address the findings and track them to conclusion.

Corrective Actions:

- All team meeting records have been reviewed and signed off as accurate record of the meeting by centre manager and deputy manager on 24.06.23.
- The service director, co-ordinator and centre manager have created an action plan template immediately to be used for future audits to ensure clear action points, action plan and progress can be evidenced effectively. Completed 28.06.23.

Review Findings:

There was evidence of oversight of team meeting records by managers within the centre. The inspector reviewed a sample of five team meeting records and found they were signed off by the acting centre manager, the deputy manager and by external managers where they attended the team meeting. The managers interviewed by the inspector stated that following the previous inspection one or other of the centre managers had recorded the minutes of the team meetings. This was also confirmed by the staff member interviewed by the inspector. There was now a set agenda with core topics discussed at each meeting. The recording template evidenced issues discussed and decisions taken. A quality audit undertaken in October 2023 noted an improvement in the quality of the team meeting records and noted that team meetings were now more regularly scheduled. The centre manager stated that as the social care leaders became more well established in their roles throughout the year, they were assigned responsibility to record the minutes of the team meeting. The minutes of each team meeting are subsequently reviewed by the centre manager to ensure they are accurate before they are circulated, printed and filed.

There were two external systems in place to provide external oversight of the centre's practices. Quality audits and governance audits undertaken by one of the directors and the service coordinator were reviewed by the inspector. There was evidence that action plans were developed following each audit. The action plans evidenced implementation of required actions identified in these audits. Following a review of the external audits submitted the inspector found that there was a strong emphasis on auditing centre paperwork and care records. However, a more recent audit

undertaken by the service coordinator evidenced a focus on the quality of the practice in the centre. The service coordinator must continue to develop the auditing processes to ensure the quality of the centre's practice and the quality of interventions with the young people is assessed against the National Standards for Children's Residential Centres (HIQA) 2018.

The inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

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

Compliance with standards	
Practices met the required standard	**Standard 5.2**
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**

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

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

Issue Requiring Action:

- The centre manager in conjunction with the service director must undertake a training needs analysis and develop an annual staff training plan.

Corrective Action:

- The centre manager is now using training needs analysis template to populate training for each staff member immediately and identify any gaps in training

needed. Annual staff training plan will be updated accordingly to reflect upcoming training. Completed on 28.06.23.

Review Findings:

The inspector found there were a number of systems in place to identify and capture staff training needs. The supervision template captured ~~t~~raining needs and training was a standing agenda item on the team meeting records. In addition, training needs were evidenced as discussed at monthly regional managers meetings where the service coordinator and/or service directors were in attendance. Within the centre the deputy manager had responsibility to maintain an up-to-date record of all mandatory training for staff. The staff member interviewed confirmed that the deputy manager monitored the expiration dates of all mandatory training for the team members. This recording system was reviewed by the inspector and evidenced the mandatory training identified on the dataset was completed by core staff and dates for the completion of outstanding training requirements was identified for two new core staff members. However, the inspector found that this record of mandatory training did not include the Tusla e-Learning training in Children First or Mandated Persons. Additionally, the inspector advised that the date the training was completed by each staff member is identified on the training record pro forma to ensure dates for required refresher training can be easily tracked. There was evidence that additional training needs to meet the presenting needs of the young people were identified by staff and highlighted to the service coordinator and the directors. The centre manager stated they have become more active to identify training needs based of the needs of the young people referred to the centre. Youth mental health and anti-ligature training were identified as current training needs that were currently being sought for the team. The centre manager confirmed there were no issues in relation to funding for staff training where required. At the time of this CAPA review the director had developed a two-week induction training schedule for new staff members and for relief staff that included behaviour management, first aid, Children First, manual handling and fire safety training.

The inspector was satisfied that the identified corrective actions were substantially implemented as outlined in the CAPA.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.3
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