An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 075

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Solis GMC**
Registered Capacity:	**Four young people**
Type of Inspection:	**CAPA Review**
Date of inspection:	**2nd July 2024**
Registration Status:	**Registered from the 24th of September 2024 to the 24th of September 2027**
Inspection Team:	**Paschal McMahon**
Date Report Issued:	**14th October 2024**

Contents

1. Information about the inspection **4**

1.1 Centre Description
1.2 Methodology

2. Findings with regard to registration matters 7

3. Inspection Findings **8**

3.1 Theme 3: Safe Care and Support (Standard 3.1 only)
3.2 Theme 5: Leadership, Governance and Management (standard 5.2 only)
3.3 Theme 6: Responsive Workforce (standard 6.1 only)

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 and preventive 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 in September 2012. At the time of this CAPA review the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 24th of September 2021 to the 24th of September 2024.

The registered provider made a decision to close the centre temporarily in May 2023 and an application to retain the registration for a six-month period was granted by the Alternative Care Inspection and Monitoring Service. The centre subsequently reopened in August 2023 to provide short/long term bespoke care for one young person. Their model of care was described as being relationship based incorporating Erik K. Laursen's 'Seven Habits of Reclaiming Relationships'. Staff interactions were relationship based and aimed at providing a consistent, structured environment where young people were offered opportunities to make decisions affecting their own lives. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection in February 2023. For the purposes of this inspection the inspectors requested documentation from the centre manager to provide evidence that actions taken in relation to the CAPA had been completed. Inspectors also interviewed the centre manager, the organisations service coordinator and the social worker for the young person living in the centre.

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 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 19th of September 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 fully 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: 075 without attached conditions from the 24th of September 2024 to the 24th of September 2027 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 acting centre manager must ensure a list of mandated persons is maintained and all staff are aware of the child safeguarding statement and associated risks.
- The director and acting centre manager must ensure all staff are registered on the Tusla portal and confident in reporting child protection and welfare concerns.
- The director must ensure appropriate governance mechanisms are implemented to oversee child protection and to identify and action deficits.
- The acting centre manager must ensure all concerns that meet the threshold for a mandated report are reported in line with Children's First, 2017.
- The acting centre manager must ensure all significant events are notified to allocated social workers and relevant professionals within an appropriate timeframe.
- The director must ensure any recommendations from internal and external reports relating to practice within the centre are shared with the acting centre manager.
- The acting centre manager must ensure a proactive risk management approach to safeguarding is in place.
- The director must ensure that the standard practice of all young people having to present themselves to a Garda station following a missing in care incident is reviewed and only implemented where necessary following a risk assessment.

Corrective Actions:

- List of Mandated Staff to be displayed in the Centre's Main Office and to be updated as required. Action Completed

- All staff have been directed to register on the Tusla portal and support given where required to ensure all staff are compliant. Action complete.
- A Child Protection Audit commencing April will be conducted monthly including confirmation that all CPWRF have been appropriately notified.
- All concerns that the acting manager considers meeting the threshold for a mandated report will be reported as appropriate.
- SENs will be notified within one working day either by the acting centre manager or designated on call.
- The recommendations from both internal and external reports have been shared with the acting centre manager.
- Acting centre manager has completed further Risk Management training and is to implement the HSE Risk Register Management Tool to review and manage risk documentation within the centre. Risk Assessment workshop for staff team to be devised by May 2023.
- IAMP have been reviewed and updated accordingly. Action complete.

Review Findings:

The acting centre manager provided the inspector with a copy of the list of mandated persons working in the centre. The inspector found that the centres child safeguarding statement had been reviewed and updated in June and December 2023 and most recently in May 2024. Minutes of team meeting minutes showed that child protection was a rolling team meeting agenda item and there was evidence that child protection concerns were discussed. This included the protocol to be followed by staff under Children First in response to any child protection concerns that arose and a discussion of case studies in order to link policy to practice. The acting centre manager confirmed that all staff were registered on the Tusla portal and had received training in submitting child protection and welfare report forms (CPWRFs). The manager was the centres designated liaison person (DLP) and the deputy manager was the deputy DLP and both had received training in the roles from external agencies. Training records provided to the inspector evidenced that staff had received training in the centres child protection policies and procedures, Children First e-learning, as well as online mandatory reporting and mandated person training. Additional training had also been provided on child sexual exploitation to some members of the team.

The action in relation to the planned monthly child protection audits which were due to commence in April 2023 confirming that all child protection and welfare report forms had been appropriately notified to Tusla had not been implemented. The centre managers told the inspector that this was due to the centre closing for a

number of months resulting in a lack of data for review with a total of 3 CPWRFs reported by the centre in the year prior to the CAPA review. The centre was now planning to use a Tusla Children First Self-Assessment tool to monitor the reporting of child protection concerns going forward. At the time of the CAPA review an audit using this new self-assessment tool was completed by the acting centre manager and forwarded to the inspector who was satisfied with this response.

The inspector viewed evidence that since reopening in August 2023 , both the service coordinator and the organisations external auditors had conducted audits of aspects of standard 3.1 of the National Standards for Children's Residential Centres (HIQA) 2018 to assess levels of compliance. The inspector was satisfied that there were appropriate measures taken by the centre management in response to issues requiring action in these audits.

The acting centre manager reported that significant events were notified promptly to the allocated social workers. The inspector reviewed a number of significant events and was satisfied that they were reported to the relevant parties in a timely manner. The social worker for the current young person in placement also confirmed to the inspector that they were notified promptly of all significant events by phone and email contact.

The acting centre manager provided the inspector with a schedule of management meetings that had taken place in 2024 and reported that they were kept up to date by senior management on all relevant operational matters. They stated that the appointment of a service coordinator had resulted in improved communication and more organised feedback.

The inspector found that risk assessments formed part of the staff meeting agenda and there was evidence that that the potential risk of harm for the young person living in the centre and procedures in place to mitigate these risks were discussed and reviewed. The acting centre manager provided the inspector with a copy of the HSE risk management tool the centre were utilising along with details of training that had been provided to the team in relation to risk assessment and risk management. The allocated social worker for the current young person in placement informed the inspector that they were satisfied with the centres risk management approach and safeguarding practices. Strategy meetings had taken place between the centre and the social work department in response to an increase in significant events and high risk behaviours. The service coordinator's governance audits viewed by the inspector also included a review of the centres risk assessments and risk register and there was

evidence that action was taken by centre management in response to identified deficits.

The acting centre manager stated that the practice of young people having to attend a Garda station following missing in care incidents had ceased. There had been no reported missing in care incidents since the last inspection.

Compliance with Regulation	
Regulations met	**Regulation 5** **Regulation 16**
Regulations 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**

Further actions required

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes

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 acting centre manager must ensure they demonstrate leadership within the centre through attendance at daily handover meetings and evidenced oversight of documentation.

- The director and acting centre manager must ensure all staff have a working knowledge of the organisations risk management framework and can effectively identify, record and manage risk
- The director must ensure there are appropriate governance and auditing mechanisms in place that align with the National Standards for Childrens Residential Centres (HIQA) 2018.

Corrective Actions:

- Acting centre manager to attend handovers when in the centre unless meetings prevent this.
- A workshop will be convened by end April 2023 with the staff team on risk management training with focus on the identification, recording of and implementation of risk strategies in line with the organisation's policy.
- A regional manager appointment is under review with responsibility for governance, auditing and evidencing of same. The post should be appointed by April. In the interim external audit arrangements remain in place alongside internal governance systems.

Review Findings:

The inspector was informed that the acting centre manager or deputy manager attended daily handover meetings to provide oversight, support and guidance to the team but this was not recorded in the handover records. The handover form was subsequently amended at the time of the CAPA review and the inspector was provided with copies of recent handover records which recorded the managers in attendance. There was evidence that the centre had taken measures to ensure that staff had a greater awareness of risk management since the last inspection. Training records evidenced that risk assessment training was provided to staff on two occasions in June and October 2023. In addition, the acting centre manager completed a workshop with the team on risk management in January 2024 which was centre specific focusing on risk assessments and risk management. Staff were also made aware of the centres corporate risk assessment which was updated in May 2024 at team meetings.

The inspector found that new governance arrangements were put in place in July 2023 with the appointment of a service coordinator who had oversight of the centre and three other centres. The service coordinator informed the inspector in interview they visited the centre a minimum twice a week. They were provided with daily updates and reviewed documentation including daily logs and had oversight of all significant events. The acting centre manager provided them with monthly

governance reports. The services coordinator reviewed these reports and developed action plans for the acting centre manager to complete. The inspector viewed a sample of these completed action plans and found that they outlined the corrective actions taken in response to any unresolved issues or follow up required.

The service had both internal and external auditing arrangements in place. In the period under review the service coordinator had conducted audits on the centre care files, supervision records along with a number of audits on the themes of the national standards. In the year prior to the CAPA review four audits were also conducted by the external auditors. The inspector was satisfied from reviewing completed audit action plans that appropriate action was taken in response to identified deficits in these audits.

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**

Further actions required

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Issue Requiring Action:

- The director must ensure effective workforce planning including the provision of sufficient numbers of staff with the necessary experience to meet the needs of the young people living in the centre.
- The director and centre manager must ensure staff turnover is reviewed on an ongoing basis for learning and to promote staff retention.
- The director must ensure staff personnel files are reviewed to ensure they contain the required documentation and that recruitment practice and procedures are robust.
- The director must ensure mandatory training for staff is brought up to date as a priority.

Corrective Actions:

- Recruitment for graduate support care workers, social care workers, and social care leader posts is ongoing in the region.
- Turnover and staff retention is reviewed in the acting managers supervision. Exit interviews will be shared with acting manager in line with retention practice.
- A checklist is now in effect for ensuring all essential information is in staff personnel files prior to being sent to the centre.
- All mandatory training for current team to be completed by end of May 2023 in line with completion of Induction and prior to probationary reviews.

Review Findings:

The inspector found that the centre had a sufficient number of staff to care for the young person in placement. The centre managers and social care leaders had the required experience for their roles. The inspector was informed that recruitment for social care workers and social care leaders was ongoing across the region.

The inspector noted that five staff members had left their posts in the previous fourteen months and four new staff had been recruited. The inspector reviewed two exit interviews completed by members of the team that had left the service since the last inspection, both of which raised a number of concerns in relation to the operation and culture within the centre. The inspectorate subsequently raised these concerns with the registered provider who provided a response. The inspector found that the organisation had no procedure in place for the review of exit interviews and recommends that a procedure is put in place to ensure that all information in exit

interviews is analysed for learning purposes, service improvement and to promote staff retention.

Since the last inspection an audit had been carried out on the personnel files and corrective actions were taken to ensure that they contained the relevant information. The inspector reviewed information held on the personnel file of a staff member who was recruited in September 2023 and was satisfied that the file contained all the required documentation. Training records viewed by the inspector provided evidence that the majority of the full-time staff had received the required mandatory training and a training schedule was in place.

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

Compliance with standards	
Practices met the required standard	**Standard 6.1**
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**

Further actions required

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes