



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 138

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Solis MMC Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	18th and 20th August 2020
Registration Status:	Registered from 20th July 2018 to 20th July 2021
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	27th October 2020

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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 Assurance 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 20th July 2018. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 20th July 2018 to 20th July 2021.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre provided short to medium term care placements. The centre aimed to provide an individualised programme of care to assist each young person to develop resilience through the medium of positive and caring relationships. The centre provided young people with the opportunity to develop relationships with caring adults who model appropriate ways of dealing with emotions and life challenges. The approach to working with young people was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

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 on the 12th October 2020 and to the relevant social work departments on the 12th October. This inspection found the centre to be operating fully compliant with the standards inspected therefore there was no issues requiring action identified. The centre manager reviewed the report for accuracy and returned the draft report on the 13th October 2020.

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: 138 without attached conditions from the 20th July 2018 to the 20th July 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had an admission policy that was up to date and reflected the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA). The policy outlined a clear admissions process from the initial screening of referrals by the senior management team to the admission of the young person to the centre. There were robust gatekeeping processes in place and managers were clear on the cohort of young people they could care for in line with the centre's statement of purpose. All six admissions to the centre to date were appropriate and managers interviewed displayed strong values and a clear ethos in relation to protecting the young people currently in placement.

There was evidence that managers secured relevant information to make informed decisions about the suitability of the referral. Young people considered for admission to the centre were subject to a pre-admission assessment, including a collective impact risk assessment. The collective impact assessment evidenced that the rights and needs of young people living in the centre were considered in determining the appropriateness of the placement. There were clear safeguards in place to manage identified needs and potential concerns and these were evident on the documents reviewed by the inspectors. Social workers interviewed confirmed that information from pre-admission and impact risk assessments was shared with them prior to any new admission to the centre. There was evidence that staff were consulted about admissions to the centre and this was reflected in the minutes of team meetings and confirmed by staff in interviews with inspectors.

A placement proposal was developed for each young person that set out what supports and interventions the placement could provide. Pre-admission meetings were held with the young people and their social workers, so as to identify the young

person's areas of strengths and those that required development. The young people's participation in pre-admission meetings was evidenced on the centre records and they signed the placement admission booklet on receipt of same. There was evidence that the centre manager, key staff and social workers identified the child's needs on admission and these identified needs along with the care plan informed the initial draft placement plan.

Written information about the centre was provided to young people, their families and social workers on admission. Planned key work evidenced how this information was revisited with young people to ensure they fully understood the care routines and the goals of their placement.

Detailed transition plans were on file for all current residents and three former residents and the inspectors found that admissions to the centre were managed in a child-centred and sensitive manner. Transition plans ensured young people met key staff, other residents, shared a meal in the centre and had an overnight stay prior to their admission. The young people were also consulted about personalizing their bedroom.

There was evidence of effective communication between the young people's allocated social workers and the staff team to ensure the placements continued to meet the young people's needs. Social workers told inspectors that they received regular updates on the young people's progress and were notified promptly of any issues arising.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

Care plans and placement plans were up to date for the young people living in the centre. Care and placement plans on file were found to be comprehensive and outlined clear goals for each young person based on their individual needs and how best they might be achieved. The centre manager had a system in place to promote the holding of child in care reviews with social workers and to ensure updated care plans were on file in line with the regulations. One young person was subject to monthly statutory reviews in line with the national protocol for the placement of children aged twelve years and under in residential care. Written records of decisions taken at statutory reviews were maintained by the centre manager and care plans were updated following these meetings.

There was evidence that the centre manager regularly liaised with each young person's social worker to implement the care and placement plan. Each young person had a comprehensive placement plan that met objectives set out in care plan. Placement plans were prepared by the centre manager in collaboration with the centre's case managers and key workers. The inspectors found that placement plans were live documents that were monitored, reviewed and updated by the centre manager, case managers and keyworkers. Centre records evidenced that placement plans were discussed in supervision and in team meetings to ensure all staff members were familiar with the goals of each young person's placement. Staff interviewed by the inspectors were familiar with the goals of the children's placement plans. Placement plans were then reviewed and updated as monthly key work schedules were completed and following each statutory care plan review. Placement plans were also subject to regular auditing processes by the external line manager and the service's quality assurance officer.

Young people were facilitated to participate in care and placement planning forums. From the beginning of placement young people were informed of the aims and objectives of the placement. These goals were reviewed with young people during key work sessions where the monthly goals of the placement and the progress achieved to meet these goals were discussed. The young people were also encouraged and supported to participate in activities relevant to their interests and hobbies in order to maximize their wellbeing and personal development and these were also set out in the placement plans.

Young people were supported to participate in care plan reviews including participation in meetings that were held remotely due to Covid 19 restrictions. Young people had opportunity to read and question staff about what was written in centre records. Feedback from young people in placement evidenced a trusting relationship with staff due to a culture of openness, transparency and inclusion in the care and placement planning processes. A parent interviewed also confirmed that the centre staff provided them with regular updates on their child's progress.

Social workers and centre staff confirmed that the young people in placement had access to the required specialist services. Staff were strong advocates to ensure the young people had the necessary specialist supports and they supported the young people to attend their specialist appointments. There was evidence of effective communication with external professionals. There was also clarity in relation to individual roles and responsibilities whilst at all times ensuring the welfare and needs of the young people were kept to the fore.

Social workers were provided with a copy of updated placement plans and had the opportunity to contribute to each placement plan. There was effective communication between the staff in the centre and the allocated social worker to ensure continuity of care and adherence to each child's care and placement plan. There was also evidence of good collaboration and consultation with social workers when new and emerging needs occurred as the placement progressed. Social workers commended the centre staff in relation to the specific and detailed key work undertaken with the young people to meet the goals of their placement plan and their over-arching care plan.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The premises were suitable to provide safe and effective care. The layout and design of the accommodation was of a high standard and was suitable to meet the needs of each young person in the centre. The premises were comfortable, clean, well maintained and in a good state of repair. The centre was adequately heated, lit and ventilated.

Each young person had their own bedroom that was nicely decorated and personalised. The centre had facilities for young people to safely store expensive or personal items in the staff office and each young person was facilitated to lock their bedroom when they left the centre. There was ample space in the centre to facilitate privacy for the young people. Bathroom facilities were sufficient in number and privacy for girls and boys was considered in the allocation of bathrooms for use. The young people informed the inspectors that they liked the house and it felt homely. The young people valued the environment as evidenced on the centre feedback forms and inspection questionnaires.

Outdoor spaces were found to be safe, secure and well maintained. There were appropriate games, art materials and evidence of creative projects undertaken with young people.

A maintenance log was held in the centre and staff confirmed that maintenance issues were rectified in a prompt manner. The premises were regularly risk assessed and monitored by internal and external managers and monthly site specific health and safety audits were completed and were evident on file.

Fire safety was adequate in the centre and there was a fire safety policy that was up to date. The centre had a written report from a qualified architect that confirmed the

building was in compliance with fire safety and building regulations. Fire fighting equipment was in place, and appropriate checks were carried out on a set basis. The fire register contained records of fire drills involving staff and young people. The centre's fire register was completed and up to date with all required checks. Evacuation plans were displayed in the centre and the fire precautions in place ensured the centre was sufficiently prepared in the event of a fire. The centre manager was the appointed fire and health and safety representative and all staff interviewed identified them in that role. Fire safety and health and safety were standing items on the team meeting agenda and discussed in staff supervision. All staff training in fire safety and first aid was up to date.

The centre had a health and safety statement that was up to date and signed by all staff members. The health and safety statement was recently reviewed with staff in supervision. Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The centre had a system in place to record accidents or injuries. On-site health and safety audits were undertaken on a monthly basis and were monitored by the external line manager. Incidents and accidents were comprehensively recorded, maintained on the individual care file and were subject to oversight by managers. All staff were fully trained in an approved behaviour management technique for the safe management of young people presenting with challenging behaviour. Appropriate mentoring or structured conversations were held with the young people to explore serious incidents and what could be different in the future.

Staff indicated that health and safety risks posed by the recent pandemic associated with Covid 19 were comprehensively responded to by management. The centre maintained a Covid 19 governance folder that contained advice, guidance and protocols for staff to follow in relation to deep cleaning schedules, physical distancing, hand hygiene, coughing etiquette and visitors to the centre. Staff completed training on infection control and hand-washing. Contingency plans were in place in the event that staff or young people contracted Covid 19. Staff confirmed they were provided with ample supplies of PPE, hygiene products and hand sanitizers.

Records indicated that each centre vehicle was appropriately serviced and assessed on a regular basis. All centre vehicles were roadworthy and had valid tax and insurance details on file. Staff also completed daily vehicle inspections that were recorded and monitored by the shift team manager. A review of a sample of staff

personnel files demonstrated that staff that were permitted to drive the centre vehicles had a full driving license as was required.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

An individual care file was maintained for each young person in the centre. Files were up to date and information stored on care files was well organised and accessible. There were standard templates to record specific events and care practices and these were written to a good standard. All regulatory information was evident on the individual care files such as birth certificates, care orders, social history and care plans.

The inspectors found that records were signed by the centre manager and were regularly audited by the external line manager and the quality assurance officer. The centre had a data protection policy and there were no noted breaches of data confidentiality. Staff members had completed GDPR training and were aware of requirements to protect personal information. The organisation had systems in place to archive files of former residents and ensure they were maintained in perpetuity. Individual care files and centre records were maintained confidentially in the staff office in appropriately secured cabinets.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

The centre had a discharge policy that accounted for both planned and unplanned discharges and allowed for continuity of care upon discharge from the centre. Inspectors examined the care files of three young people who were discharged from the service since the last inspection. Inspectors found the centre manager and staff facilitated a good quality programme of care for the young people as they prepared for discharge from the centre. This programme was effectively co-ordinated between various services, was developed for each young person and was regularly reviewed in line with their individual needs and goals.

Comprehensive and detailed transition plans were on file for each of the young people discharged from the centre. The transition plans for discharge evidenced that staff were knowledgeable of each young person's individual needs and planned accordingly to ensure that the move from the centre was carefully managed with the required supports identified for each young person.

There were arrangements in place to facilitate good communication and cooperation between various agencies and professionals to deliver good outcomes for young people. This was evidenced through the successful planned transition of three young people from the centre into foster care and aftercare placements. There was good communication with aftercare workers and good collaborative work was evidenced on file. Work completed by key workers through the placement planning process complemented the work undertaken by Tusla's aftercare service. Regular meeting processes were in place to plan the discharges and ensure all the required supports were in place, including in one instance aftercare support from staff in the centre during the initial stages of discharge for one young person.

There was evidence that young people and significant family members were involved in planning meetings and consulted in relation to discharge plans. Aftercare needs assessments were undertaken by Tusla's aftercare workers that informed the aftercare plans on the individual care files. End of placement reports were completed and relevant information was transferred when young people were discharged and/or moving to another service.

Inspectors found that feedback was sought from young people leaving care. Young people were encouraged to express their views on their experience of care in the centre. Inspectors viewed feedback forms completed by former residents and the young people were positive about their experience living in the centre and the help they received from centre staff.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Staff were familiar with Tusla's National Aftercare Policy, 2017. The centre manager had a good working knowledge of the policy including the referral process, allocation of aftercare workers, the needs assessment and aftercare planning process. At the time of the inspection the centre manager had submitted an application to the aftercare service for one of the current residents and there was evidence the centre manager and social worker advocated on behalf of the young person to ensure the referral was approved and allocated.

The centre had its own aftercare planning programmes in place that included a structured aftercare needs assessment. The centre staff focused on promoting positive outcomes, independence and life skills for the young people, particularly in relation to transitioning to an aftercare programme. Each goal was set out in detail on placement plans, as well as the supports required in achieving these goals. Care

records demonstrated that direct work or mentoring was undertaken with each young person to achieve their goals in relation to life skills and independence living skills. Integrated care planning was supported by input from various services and professionals. Inspectors found evidence of young people being involved in the decision making process in relation to their future plans.

The centre manager stated that young people were offered copies of important documents such as their birth certificate, medical records and education records upon discharge in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17
Regulation not met	None

Compliance with standards	
Practices met the required standard	Standard 2.1 Standard 2.2 Standard 2.3 Standard 2.4 Standard 2.5 Standard 2.6
Practices met the required standard in some respects only	None
Practices did not meet the required standard	None

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		