



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Alternative Care - Inspection and Monitoring Service**

### **Children's Residential Centre**

**Centre ID number: 159**

**Year: 2019**

Alternative Care Inspection and Monitoring Service  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 - D15 CF9K  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Solis MMC Ltd</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Dates of Inspection:</b>	<b>30<sup>th</sup> and 31<sup>st</sup> October 2019</b>
<b>Registration Status:</b>	<b>Registered from 27<sup>th</sup> June 2019 to 27<sup>th</sup> June 2022</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>28<sup>th</sup> January 2020</b>

# Contents

<b>1. Foreword</b>	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	9
<b>3. Analysis of Findings</b>	10
3.2 Management and Staffing	
3.5 Planning for Children and Young People	

## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing 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 27<sup>th</sup> June 2019. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without attached conditions from 27<sup>th</sup> June 2019 to 27<sup>th</sup> June 2022.

The centre was registered as a single occupancy centre, for an average eighteen-month period, for a young person with complex and challenging needs that required a period of residential care as a single occupant before being transitioned to a mainstream multi occupancy centre. The centre aimed to provide an individualised programme of care to assist the young person to develop resilience through the medium of positive and caring relationships. The approach to working with young people was also informed by attachment and resilience theories and an understanding of the impact of trauma on child development.

The inspectors examined standard 2 'management and staffing' and standard 5 'planning for children and young people' of the National Standards For Children's Residential Centres , 2001. This inspection was announced and took place on the 30<sup>th</sup> and 31<sup>st</sup> October 2019. There was one young person in a single occupancy placement at the time of the inspection.

## 1.2 Methodology

This report is based on a range of inspection techniques including:

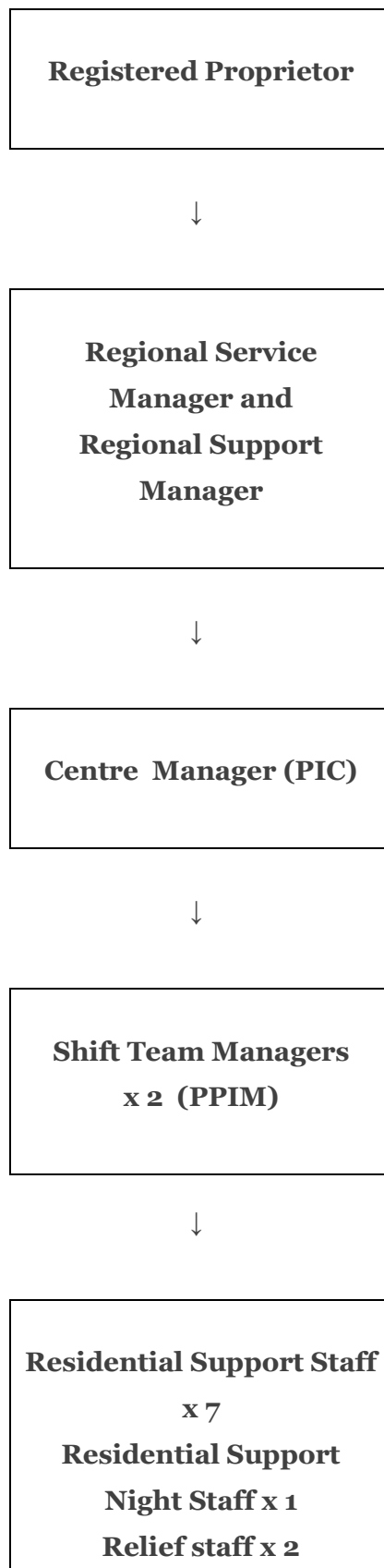
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) The regional manager
  - b) The centre manager (PIC)
  - c) Two shift team managers (PPIM)
  - d) Seven residential support workers
  - e) The allocated social worker
- ◆ An examination of the centre's files and recording process.
  - centre governance records
  - six staff supervision files
  - six personnel files
  - individual care file
  - daily logs
  - handover records
  - centre staff rosters
  - house meeting records
  - centre register
  - significant event register
  - physical intervention records
  - child protection concerns register
  - financial records
  - centre induction pack
  - visitors book
  - staff team and management meeting records
  - staff training records
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The regional services manager
  - b) The centre manager
  - c) One shift team coordinator
  - d) Two residential support workers
  - e) The allocated social worker
  - f) The parent of the young person in placement

- ◆ Attendance at handover meeting
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional services manager and the relevant social work departments on the 12<sup>th</sup> December 2019. The findings of this report and assessment by the inspection service deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 159 without attached conditions from the 27<sup>th</sup> June 2019 to the 27<sup>th</sup> June 2022 pursuant to Part VIII, 1991 Child Care Act.

## 3.2 Management and Staffing

### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

### **3.2.1 Practices that met the required standard in full**

#### **Management**

The inspectors found there was a good management structure in place and management provided effective leadership to the staff team. There were robust systems in place for external oversight of the centre. The inspectors found there were clear lines of accountability within the organisation and staff members were familiar with the internal and external management structure and the respective role and responsibilities of each manager within the organisation.

The centre manager had a relevant qualification in a related field to social care and was undertaking a master's programme in health and social care at the time of the inspection. The manager was sufficiently experienced to undertake the role and had worked within the organisation for over seven years. The inspectors found evidence that the centre manager had oversight of centre practices through review of all centre records, monthly reports for each young person, attendance at handovers, team meetings and care plan reviews, oversight of significant events, staff training needs and staff supervision. The centre manager was based at the centre Monday to Friday every week and was accessible to staff and provided guidance and direction to the staff team as required. This was evidenced and confirmed through interviews with staff and completed staff questionnaires. The inspectors found that staff had confidence in their manager and in the wider management team and found them to be accessible, supportive and diligent in their approach. The manager was supported in their role by two shift team managers who provided a management presence at the centre seven days a week. The shift team managers were responsible for leading each shift and were delegated responsibility for a number of managerial tasks. Shift team manager meetings were held fortnightly and a record of these meetings was maintained. Both shift team managers had relevant qualifications in related fields to social care and were experienced practitioners.

The centre manager was managed by the regional service manager and the regional support manager who were appropriately qualified and experienced to undertake this role. The regional service managers had oversight of the centre through receipt of written daily updates, weekly visits, attendance at managers' meetings, team meetings and regular review of the centre's recording processes including individual key-work and the individual placement plans. The regional service manager completed written service manager reports following visits to the centre and action plans were developed in response to these visits. The centre manager also completed centre-specific governance reports that were forwarded to the regional service manager and the registered proprietor. The inspectors found there was effective communication between the centre manager and the regional service managers.

The centre maintained a governance folder that evidenced regular senior management meetings, regional management meetings, centre manager and shift team managers' meetings, service manager's reports, quality assurance audits, governance reports and significant events review meetings. There were systems in place to address any actions arising from these governance and management forums. Service policies were reviewed with staff in supervision and externally by the quality assurance officer and senior managers across the service.

The inspectors found there were systems in place to assess the quality and effectiveness of the care programme through the statutory review process, regular review of key work and review of placement plans and risk assessments. The inspectors found that complex and challenging incidents were competently managed by the staff team with appropriate follow up and oversight by the centre manager.

The organisation's quality assurance officer had an audit system that was designed to focus on compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). There was a clear narrative around each standard under the specific themes with findings and a qualitative analysis evident. There was evidence that issues identified were responded to by the centre manager.

The registered proprietor was assured that appropriate and suitable care practices were in place through chairing senior management meetings, receipt of twice daily updates, service manager's reports and quality assurance audit reports and action plans. The proprietor periodically visited the centre and had visited the centre in July 2019.

## **Register**

The centre manager maintained a register outlining the required information relating to the admission and discharge of young people from the centre. The inspectors found it was completed in line with the regulations and was up to date. The register showed that one young person was admitted to the centre since the commencement of operations. At the time of the inspection there were no discharges from the centre.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

## **Notification of Significant Events**

The centre had a system for the prompt notification of significant events. The social worker for the young person in placement confirmed to the inspectors they were satisfied they were notified in a prompt manner of all significant events.

A register of all significant events was maintained at the centre that assisted the managers in tracking trends and patterns of events. This register was up to date and information held on the register was consistent with significant event reports on the care file. An electronic database of significant events was also maintained by the centre manager and forwarded to external managers.

There was evidence of robust oversight of all significant events relating to the young people at team meetings, senior management meetings and within individual supervision.

## **Staffing**

Overall the inspectors found there was a stable cohesive staff team in place. Two staff members had left the service since commencement of operations and exit interviews were completed by the service's HR department. There were no issues or concerns about the service raised with the centre manager on the departure of these staff from the organisation.

The team comprised of the centre manager, two shift team managers, eight residential support staff and two relief residential support workers. There was a shift team manager on duty every day up from 8am to 7.30pm and two residential support workers. The roster was well organised to meet the needs of the young person and provided opportunities for the shift team managers to undertake their assigned management tasks. The staff/child ratio was 2:1 at all times during the day and two waking staff throughout the night. The inspectors found there was a sufficient

number of staff in place to deliver the service and a staff member qualified to social care leader level on each shift.

The staff team had a range of qualifications such as youth and community work, teaching, psychology, counselling and social work. Five members of staff had a recognised qualification in social care practice. The inspectors found there were a balance of experience and a range of expertise within the team. Staff received guidance and support from the organisation's clinical psychologist to support them in their care approach and further develop their capacity to meet the needs of the young person in placement.

All staff members participated in a two week induction process prior to commencing operations and there was evidence the induction training programme was relevant, informative and contributed to individual development and team development. The inspectors reviewed the centre induction training pack and found staff received a comprehensive induction training programme that included core training and training in the care approach and relational model. Induction training over two days was also undertaken with newly recruited staff and this was evidenced on their personnel files.

The information on the personnel files was accessible and the files were well organised. The inspectors examined six personnel files including files for staff members recruited since the last inspection. The files evidenced that the required references, Garda vetting and relevant police checks were undertaken prior to commencement of employment. Staff qualifications were verified and evidenced on file.

Staff had the opportunity to provide feedback once a quarter to the senior management team through an independent survey and senior managers used this information for service improvement. Following interviews with staff, observations of practice and review of inspection questionnaires completed by staff the inspectors found the team to be well motivated in their work and committed to providing a high standard of care for the young person. This was confirmed in the feedback from the allocated social worker and the young person's parent.

### **Supervision and support**

The centre had a written policy in relation to staff supervision. The inspectors found that supervision was carried out in line with centre policy. The policy outlined that staff received supervision monthly and on a fortnightly basis for employees on their

six month probationary period. The centre manager was trained in supervision practice and provided formal individual supervision to all members of the team. The shift team managers provided fortnightly policy/practice supervision to all staff during their probationary period. Six staff supervision files were inspected and were found to be well maintained with all the relevant records accessible and well organised. A supervision folder was maintained for each staff member and was kept in a secure location. This folder held a range of records relating to individual staff induction, training, supervision contracts, minutes of meetings and debriefing. The records examined by the inspector evidenced that placement plans, individual work and key work was discussed in the supervision process. There were systems in place to ensure the centre manager and external managers could track, monitor and review staff supervision. The inspectors found that the centre manager and staff valued their supervision practice and its importance in terms of accountability, development and support.

Handover meetings were undertaken twice a day at 8am and 10pm when staff came on duty. Written handover records were maintained that were reviewed by the inspectors. These records evidenced good communications systems for planning and reviewing purposes. Team meetings were held fortnightly and there was evidence of good attendance by staff. Minutes of these meetings were held on file and evidenced a structured and comprehensive meeting forum that was valued by staff and contributed to effective planning and safe care.

The shift team managers undertook an 'end of shift analyses with staff where they had experienced a stressful event in the course of their work. Where staff required additional support in their work the organisations' clinical psychologist was available to them. Staff interviewed outlined their confidence in the centre manager and the shift team managers. Staff members interviewed confirmed they were provided with an employee's handbook.

### **Training and development**

There was an effective on-going development and training programme for staff. The inspectors found there was a good investment by the organisation in staff training and a schedule of training was set out for the year ahead. The centre manager maintained a record of all staff training and training needs were identified within the staff supervision process. Mandatory training in behaviour management, first aid, manual handling, fire safety and Children First and associated refresher training was provided for staff members on commencement of operations. Newly recruited staff had not completed all the required mandatory training at the time of the inspection

however this was recognised by managers and was scheduled to be undertaken in the coming months. There were systems in place to ensure that training deficits were addressed by the balance of experience on the team. All staff had completed the TUSLA e-learning Children First programme. Staff members were also provided with additional training relevant to their work and training to further enhance the skills base within the team and the on-going development of the model of care.

### **Administrative files**

The inspectors reviewed a number of the administrative files in the centre and found these to be in order and evidenced oversight by external managers. It was observed that centre records were maintained in line with the Freedom of Information Act, 2014 and stored securely. The centre manager was aware of the requirement to maintain all records relating to the young people in perpetuity and the service had systems in place for archiving records. Staff had received training in relation to the centre's recording systems and had received guidance on report writing. The inspectors found that records were written in a professional manner.

The inspectors found that there were adequate financial arrangements in place and sufficient resources to meet the needs of the young person in placement. There were systems in place to evidence monies provided to the young person for clothing and pocket money.

### **3.2.2 Practices that met the required standard in some respect only**

None identified.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***  
***-Part III, Article 5, Care Practices and Operational Policies***  
***-Part III, Article 6, Paragraph 2, Change of Person in Charge***  
***-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***  
***-Part III, Article 16, Notification of Significant Events.***

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

The centre had a written policy and agreed procedures describing the admission process. Referrals to the centre were considered by the organisations external consultant, the centre manager and the regional manager. A pre-admission meeting took place and the young person was involved in the development of a placement agreement. Pre-placement risk assessments were evident on the young person's care file. There was no requirement to undertake an impact risk assessment prior to admission as the placement was agreed for single occupancy. The social worker and the social work team leader visited the centre prior to admission. There was evidence the views and opinions of the parent and the young person were considered in the admission process. The social worker confirmed they had assisted the young person to understand the reason for their placement in care and the duration of the placement.

Key staff members visited the young person in their previous placement prior to their admission and the young person was provided with written information about the centre. The centre also had an information booklet for parents and social workers that described the service provided. The centre manager confirmed they received adequate information about the young person in advance of the placement.

The social worker with responsibility for the young person in placement confirmed they were satisfied the young person was well cared for in the centre and the young person's needs were well met. The social worker was satisfied the staff had good knowledge and understanding of the young persons' needs and had the skills and capacity to meet these needs.



### **Statutory care planning and review**

The inspectors found that the statutory care plan was developed in accordance with the requirements of the legislation. The inspectors found that care plans were subject to review in accordance with the timeframes set out in the legislation. The young person's placement was supported by a comprehensive written care plan developed by the social worker and the care plan was updated following the statutory care plan review. The care plans addressed all the key areas in the young person's life such as educational, social, emotional, behavioural and health requirements. The care plan identified how the placement would support and promote the welfare of the young person.

The social worker confirmed they had consulted with the young person's parents in the development of the statutory care plan. The young person was invited to attend their statutory review and had opportunities to contribute to the care plan review through attendance, consultation documents and staff representation of their views. The inspector found that the staff team were good advocates for the young person and supported them to understand the outcomes of their review meetings.

The centre had developed a comprehensive placement plan for the young person in placement. The placement plan outlined the areas of work to be undertaken by the staff to support the young person in placement and there was an evident link between the key-work and individual work undertaken by staff and the targets set out in the placement plan. Key-workers discussed the placement plans with their manager in supervision and the placement plan document was updated every three months. The social worker confirmed they received a copy of the young persons' placement plan.

### **Contact with families**

The inspectors found that staff recognised and promoted the important role that parents, families and friends play in the young persons' life. The inspectors found the young person's views were taken into account in relation to family contact. Staff facilitated, encouraged and supported contact visits and telephone contact with family members. Family contact was reviewed at statutory review meetings and set out in the care plan. The care file contained a record of all family contact and outlined the outcome of such contact. There was evidence that parents were invited to attend the care plan reviews and were consulted with and kept informed of their child's progress in placement. The centre staff had weekly telephone contact with the young persons' parent where they updated them in relation to their child's placement and of any significant events. The young persons' mother confirmed this with the inspectors.

## **Supervision and visiting of young people**

The young person in placement had an allocated social worker and there was evidence they were appropriately supported by their social worker. The social worker was in regular contact with the centre staff and visited the young person at the centre in compliance with the regulations. The social worker confirmed they had the opportunity to meet with the young person in private at the centre. The centre staff maintained a record of all social work visits and the outcome of such visits and the social worker confirmed they maintained a record of every visit to the young person on the case file. There was evidence the social worker had access to the centre records and read and signed the relevant records from time to time.

## **Social Work Role**

### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The inspector found that the centre staff were aware of the statutory responsibilities of the social worker. The social worker scheduled the statutory reviews and other planning meetings as required and forwarded the updated care plans to the centre following the statutory reviews. The social worker was satisfied they were informed of all relevant and appropriate information relating to the young person. Staff interviewed confirmed communication between the social worker and the centre was good and the social worker confirmed receipt of written progress reports on a fortnightly basis. The social worker stated they were satisfied that the young person was safe and well cared for in the centre by a stable and committed team. The social worker was satisfied the young people had made good progress to date and was developing positive and appropriate relationships with the staff.

The social worker confirmed that on visits they enquired with the young person if they were satisfied with their care and whether they had any complaints about their care. At the time of the inspection the young person had not raised any complaints about their care in the centre.

The centre had a system in place to receive written feedback from the social workers in relation to the care placements. Feedback forms were provided to social workers

every three months and the initial feedback form was recently sent to the current supervising social worker.

### **Emotional and specialist support**

The inspectors found that the staff team had a good understanding of the young persons' emotional needs. The inspectors observed staff interactions with the young person that were respectful and positive. The organisations clinical psychologist was available to guide and support staff to respond to the emotional and psychological needs of the young person as and when required. The centre manager outlined that where specific events for the young person identified a significant emotional component the centre manager and team could consult with the organisations clinical psychologist. The inspectors found that staff interviewed were attuned to the emotional and psychological needs of the young person and displayed empathy and understanding of those needs.

One of the shift team managers was the appointed case manager allocated to the young person in placement. The case manager ensured that identified key work was assigned and undertaken with the young person as set out in the placement plan. The young persons' case manager ensured the placement plan was up to date and the goals identified in the placement plan were evaluated and achieved.

### **Preparation for leaving care**

There was evidence across the centre records that the staff team supported the young person to learn and practice the required skills in preparation for independent living in the future. There was evidence that staff provided opportunities for the young person to learn a range of life skills appropriate to their age and stage of development. There were plans in place to provide the young people with opportunities to take responsibility for budgeting, cooking and learning a range of practical life skills. The staff interviewed confirmed that the young person was expected to keep their bedrooms clean and tidy and had small chores to complete on a weekly basis.

### **Discharges**

The centre had a written policy on discharges outlining that the centre endeavoured to ensure that young people did not leave their placement in an unplanned manner. There was a written policy in place to manage both planned and unplanned discharges. There were no discharges from the centre to date.

## **Aftercare**

Tusla, the Child and Family Agency had a national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to young people on leaving care. The centre manager was aware of the TUSLA aftercare policy. The young person had an allocated aftercare worker who was due to commence an aftercare needs assessment in the coming month.

## **Children's case and care records**

The young person had an individual care file that was stored in a secure fire retardant cabinet in the centre. The inspectors found that records were written in an appropriate professional manner. The care file contained a copy of the young people's birth certificate and evidenced voluntary consent to care. The care files were well maintained and information was easy to access on the files. The records were written in a professional manner and information about the young person was expressed in a clear manner. The inspectors found evidence across the records that the young persons' views were actively sought and recorded. There was evidence the care files were subject to regular checks and audits by both internal and external managers.

All staff received clear guidance on maintaining confidentiality during their induction process and this was evidenced on their supervision files. The organisation archived care files and care records in their head office when young people were discharged from the centre.

### **3.5.2 Practices that met the required standard in some respect only**

None identified.

### **3.5.3 Practices that did not meet the required standard**

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

***-Part III, Article 10, Health Care (Specialist service provision).***