



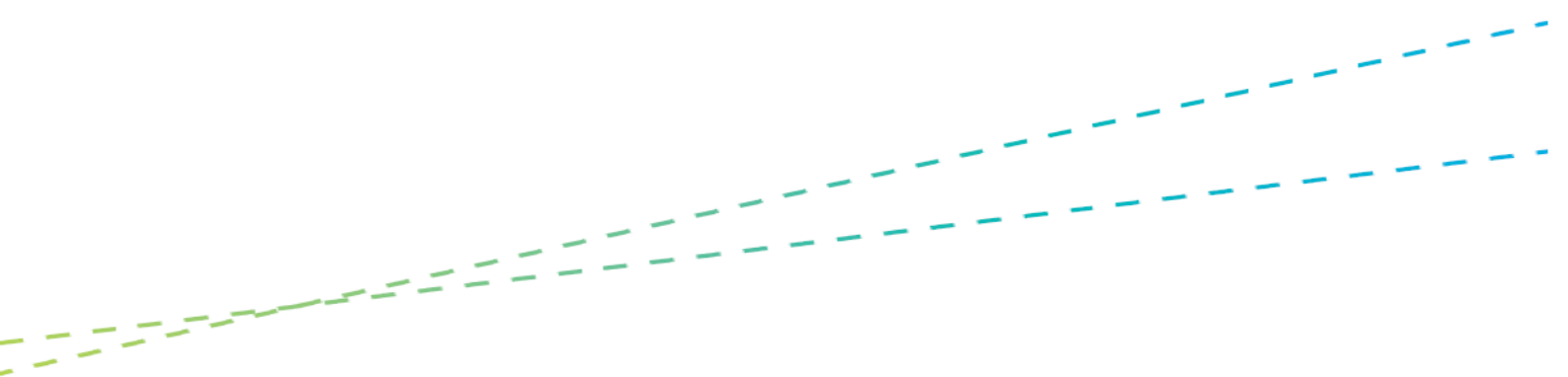
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 075

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Solis MMC
Registered Capacity:	Four young people
Type of Inspection:	Announced
Dates of Inspection	17th and 18th February 2020
Registration Status:	Without conditions from the 24th of September 2018 to the 24th of September 2021
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	22nd April 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 in September 2012. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 24th of September 2018 to the 24th of September 2021.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. 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 were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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

At the time of this inspection the centre was registered without conditions from the 24th of September 2018 to the 24th of September 2021. A draft inspection report was issued to the registered provider, senior management and centre manager on the 30th March 2020 and to the relevant social work departments on the same date. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 8th April 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

Inspectors reviewed the child protection policies in place and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. Organisational management had recently reviewed the policies and procedures in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). The centre had an appropriate child safeguarding statement with written confirmation from the Child Safeguarding Statement Compliance Unit that the statement met the required standard. The centre had a policy on bullying and peer abuse and inspectors were satisfied that the centre were responsive to any issues of bullying or harassment in regards to the young people. Keyworking sessions and individual work took place to ensure young people could identify if they were at risk from others or because of their own behaviour. Young people who met with inspectors said they could talk with staff if they felt unsafe. The centre had measures in place to safeguard young people online. Internet safety and protection from bullying was also addressed in keyworking.

Staff training records evidenced that each staff member had completed training in the centres policies on child protection and also the Tusla E-Learning module: Introduction to Children First, 2017. However, inspectors found from interviews and questionnaires that not all staff were familiar with child protection reporting procedures regarding their statutory obligations as mandated persons under the Children First Act, 2015 in their awareness of how to report a child protection concern via the Tusla portal. Inspectors saw evidence on centre records that child protection was a standing agenda item at both staff team meetings, senior management meetings and was discussed in staff supervision.

There was evidence across centre records that the centre was making every effort to engage the young people’s placing social workers to promote their safety and wellbeing. The social workers told inspectors in interview that the centre regularly forwarded them safety plans and risk assessments for their comments.

The young people's care plans, placement plans, risk assessments were reviewed by the inspectors and addressed areas of vulnerability for the young people and took account of the need to keep them safe. The centre had created pre-admission risk assessments for all three current young people to identify and address areas of vulnerability and risk management plans were developed when necessary.

There were agreed procedures in place to inform parents of allegations of abuse. Social workers for the young people confirmed they were satisfied their allocated child was safe, cared for effectively and they had no safeguarding concerns.

The centre had a whistleblowing policy which outlined the procedure for making a protected disclosure enabling members of staff to raise concerns or disclose information of wrongdoing or malpractice. The policy provided guidance to staff in reporting malpractice internally within the company and to an identified external consultant. Inspectors found in interviews that not all staff were familiar with the policy. The centre management must ensure that all staff members are aware of the centres whistleblowing policy.

Standard 3.2

The centre had a range of policies and procedures in place in order to manage young people's behaviour. Staff had been trained in a recognised model of behaviour management and refresher training took place within the required timeframes. All young people had placement support plans developed by the centre which provided guidance to staff in managing the young people's behaviour. Each young person had an ICMP (Individual Crisis Management Plan) which assessed the young people's potential behaviour during a crisis and outlined strategies for responding to this behaviour. In addition to this the centre had also developed situation management or safety management plans in cases where a young person was consistently and persistently putting themselves and others at risk and this was notified to the relevant social work department through this document. At the time of inspection there was a situation management plan in place for one young person due to concerns in relation to their behaviour and their impact on the other two residents.

While there was evidence that social workers had provided sufficient pre-admission referral information to the centre and evidence of pre-placement planning it was evident from interviews and a review of the care files that additional assessments needed to be undertaken in regards to one young person to fully inform staff of the young person's presenting needs. The centre was experiencing difficulties in

accessing specialist support services for this young person and there was evidence on file that the acting centre manager was actively following up on this with the relevant social work department. Clinical guidance was provided to the team by an external forensic psychologist in relation to the young people's therapeutic needs and they liaised with the centre manager and met with the team occasionally.

It was evident in practice that staff sought to identify the causes of challenging behaviour and made efforts to reinforce the young people's positive behaviours rather than sanctioning negative behaviours. During interviews with management and staff, inspectors found that they understood the underlying causes of behaviour and were creative in their approaches in developing alternate strategies in managing them. Staff were aware of the impact of bullying, harassment, neglect, abuse on young people and there was evidence of good work being done in supporting young people's mental health.

Following a review of incidents on file, the inspectors were concerned regarding management responses to young people's behaviour. The inspectors found that some incidents were not managed satisfactorily and the direction given to staff members by a centre manager in resolving conflict with the young people was not appropriate or in line with the centres stated commitment to maintaining positive relationships with young people. This led to strained relationships between some young people and some staff members.

One particularly concerning incident was the guidance given to a staff member following a complaint made against them by a young person. Following the incident it was noted in the staff member's supervision records that the permanent manager instructed the staff member to "ignore" the young person who made the complaint and to limit their contact with them going forward. This was contrary to the centres belief that staff should provide positive role models in interpersonal relations and was in breach of the centres sanctions/consequence policy which identifies the ignoring of a young person as a prohibited sanction. There was no evidence on record of mediation between the young person and staff member following the incident and at the time of this inspection seven months later this issue remains unresolved.

There was an acting manager in post since November 2019 and there was evidence they had made efforts to repair the relationship. The quality assurance officer had also identified in audits that this incident had not been managed appropriately. The quality assurance officer had taken action to address this issue and had met with the young person in an effort to resolve the matter. The centre management must

proactively resolve any issues of on-going conflict that exist between staff and young people and as stated in the centres purpose and function ensure that young people are provided with the opportunity to develop relationships with caring adults who will model appropriate ways of dealing with emotions and life challenges.

The organisations quality assurance officer had oversight of the centres approach to behaviour management through their review of significant events, significant event group meetings and regular audits.

The centre had a policy on the use of restrictive practices. The inspectors found that restrictive practices in place had been risk assessed and were reviewed regularly.

Standard 3.3

The acting manager informed inspectors that an open culture was promoted and staff were encouraged to raise concerns. The inspectors met with two young people during the inspection and they both spoke positively about the staff team and identified staff members they could speak with if they had a concern. The centre had a clear complaints process and this was explained to young people on admission to the centre. Inspectors found evidence of young people being advised of their right to complain, through the company complaints procedure and evidence that that young people had used the “Tell Us” TUSLA complaints process.

There was evidence on file of the centre obtaining regular feedback from young people on their care but no evidence of feedback from social workers and parents. The centre must ensure that mechanisms are put in place for feedback from social workers and parents on the care being provided to the young people.

The centre had a policy and procedure in place for the notification, management, and review of incidents. The centre was part of a significant event review group that reviewed incidents for a number of the centres in the region. The quality assurance auditor maintained a data base of incidents. Serious incidents that occurred in the centre were reviewed by both internal and external management and feedback and learning outcomes were communicated to the staff team. The placing social workers in interview confirmed that they were notified of all significant events in a timely manner.

Compliance with Regulation

Regulation met

Regulation 16

Compliance with standards

Practices met the required standard

None identified

Practices met the required standard in some respects only

Standard 3.1
Standard 3.2
Standard 3.3

Practices did not meet the required standard

None identified

Actions required

- Centre management must ensure that all staff are familiar with child protection reporting procedures in regards to their statutory obligations as mandated persons under the Children First Act, 2015 in their awareness of how to report a child protection concern via the Tusla portal.
- The centre management must ensure that all staff members are aware of the centres whistleblowing policy.
- The centre management must proactively resolve any issues of on-going conflict that exist between staff and young people and as stated in the centres purpose and function ensure that young people are provided with the opportunity to develop relationships with caring adults who will model appropriate ways of dealing with emotions and life challenges.
- The centre must ensure that mechanisms are put in place for feedback from social workers and parents on the care being provided to the young people.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The centre had a suite of policies and procedures in place that guided staff practice in line with the regulations and standards. Prior to the inspection the organisation's quality assurance officer had updated the centre's policies and procedures in line with the National Standards for Children's Residential Centres, 2018 (HIQA). With the exception of child protection reporting procedures and whistleblowing, staff interviewed demonstrated an understanding of the relevant legislation, regulations, policies and procedures and how these documents impact on daily practice within the

centre. There were systems in place to identify gaps in compliance through the organisations various auditing systems.

Standard 5.2

At the time of the inspection the permanent centre manager was on sick leave. In the interim the deputy manager had assumed the role of acting manager and was managing the centre without any internal managerial support as three shift team coordinator posts were vacant. This issue is addressed further on in the report. From the review of centre files, questionnaires, and interviews with staff it was evident that the acting manager demonstrated good leadership skills and was supportive of staff practice. Inspectors found that in the year prior to inspection there were times when dynamics in the staff team were not positive and morale was poor. Concerns raised by staff included their capacity to care for a proposed admission with complex needs, limited staffing resources and the lack of an adequate internal management structure to support the team. Staff in interview and questionnaires reported that staff morale had improved following the appointment of the current acting manager who was regarded as supportive and effective. A team building day took place in December 2019 and two new staff had been recruited. Inspectors recommend that further work is undertaken on team development going forward.

External oversight of the centre was provided by the quality assurance officer who made regular visits to the centre, conducted audits and met with the manager, staff and young people. The acting manager also reported to a regional manager who was kept up-to-date through regular phone/email contact and occasional visits.

There was a service level agreement in place with the Child and Family Agency and regular meetings took place with the organisation's senior management.

There was evidence of a risk management framework in place and the centre maintained a risk register. Staff were aware of the risk matrix system in place and inspectors were satisfied that the risks associated with the young people were comprehensively assessed and managed. The risk register also recorded site specific environmental risks but did not record organisational risks. Inspectors recommend that organisational risks are also included in the risk register along with the control measures in place.

The organisation had an on call system in place in place to support staff at all times in managing incidents and risks in the centre. Support and debriefing was available to staff members if required.

Inspectors found that the internal management structure in place was not appropriate to the size of the centre. At the time of the inspection the centre was being managed solely by the deputy manager while the manager was on sick leave. Three shift team coordinator posts had been vacant for a number of months and needed to be filled. The inspectors were informed that the recruitment process was on going and interviews were due to take place. Senior management must ensure that there is an internal management structure in place appropriate to the size and purpose and function of the centre without delay.

The quality assurance manager informed inspectors that they currently assumed responsibility for the management of the centre when the person in charge is absent.

The centre maintained a delegation record which recorded assigned tasks allocated by the acting manager to individual staff members.

Standard 5.3

The centre had a statement of purpose which outlined the aims, objectives and ethos of the service and detailed the range of services provided to meet the needs of the young people. The management and staffing employed in the centre and the arrangements for the wellbeing and safety of children placed in the centre was outlined in the statement.

Staff in interview stated that they aimed to meet young people's needs through the medium of therapeutic relationships and also referenced Laursen's Seven Habits of Reclaiming Relationships as the centres model of care. Staff stated that they received an introduction to this model of care on induction but had received no additional training. Inspectors found that the model of care was not embedded in the centre as staff in interview did not demonstrate a sufficient knowledge of the model and its application in practice. The quality assurance officer told inspectors that the organisation is currently reviewing the model of care.

There was evidence that the statement of purpose was reviewed on a regular basis and was available to those who required it including young people, social workers and family members.

Standard 5.4

There was good evidence that the quality, safety and continuity of care in the centre was regularly assessed and reviewed. There were a number of well-developed governance oversight systems in place including senior management monthly meetings, regional manager meetings and regional significant event review groups. Internally, there was evidence that the acting manager was monitoring the quality of care in the centre through their monitoring of records, observation of staff practice and contact with the young people.

The organisation had a quality assurance officer who conducted regular audits of the centre and provided supervision to the acting manager. The inspectors viewed a sample of these audits and found that action plans developed in these audits had been responded to by the acting manager and had led to improvements in practices.

The inspectors found that from a review of audits that complaints were monitored and analysed to identify trends to promote learning and improvement. There was also evidence that complaints had been discussed and reviewed at both regional manager meetings and senior management meetings.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.1 Regulation 6.2
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.1 Standard 5.4
Practices met the required standard in some respects only	Standard 5.2 Standard 5.3
Practices did not meet the required standard	None identified

Actions required

- Senior management must ensure that organisational risks are included in the centre risk register along with the control measures in place.
- Senior management must ensure that there is an internal management structure in place appropriate to the size and purpose and function of the centre without delay.
- Senior management must ensure that management and staff are familiar with and have a working knowledge of the centres model of care and its application in practice within the delivery of care to young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>Centre management must ensure that all staff are familiar with child protection reporting procedures in regards to their statutory obligations as mandated persons under the Children First Act, 2015 in their awareness of how to report a child protection concern via the Tusla portal</p> <p>The centre management must ensure that all staff members are aware of the centres whistleblowing policy.</p> <p>The centre management must proactively resolve any issues of on-going conflict that exist between staff and young people and as stated in the centres purpose and function ensure that young people are provided with the opportunity to develop relationships</p>	<p>Centre manager will go through the Child Protection Reporting Procedure with all staff during team meetings to ensure compliance by end of April 2020. Printed procedure will be available in the office for guidance. Shift Team Managers will further monitor this daily alongside the centre manager.</p> <p>Whistleblowing Policy will be reviewed with all staff members during Team Meeting by end of April 2020.</p> <p>This will be in-line with the relationship based model and discussed during all supervisions with staff to manage and promote positive work relationships with young people. Any issues that arise will be dealt with swiftly and effectively by the manager through proactive engagement</p>	<p>Review during team meetings whilst discussing Child Protection Concerns to ensure compliance and understanding. Review with staff during supervisions where the need arises.</p> <p>Further email to be sent to all staff members to guide them to the Whistleblowing Policy</p> <p>Consistent promotion of caring, mature and positive working relationships within the centre. Issues that have arisen and been dealt with will be reviewed through monthly supervision with the staff and Individual work with the young people.</p>

	<p>with caring adults who will model appropriate ways of dealing with emotions and life challenges.</p> <p>The centre must ensure that mechanisms are put in place for feedback from social workers and parents on the care being provided to the young people</p>	<p>with the staff and young people.</p> <p>This will be put into practice with immediate effect and required proforma's will be sent to parents/social workers twice yearly.</p>	<p>Emails will be printed and filed accordingly alongside any completed forms that are returned. Responsibility is placed on each party (parents & social worker) to complete and return these forms.</p>
5	<p>Senior management must ensure that organisational risks are included in the centre risk register along with the control measures in place.</p> <p>Senior management must ensure that there is an internal management structure in place appropriate to the size and purpose and function of the centre as soon as possible</p> <p>Senior management must ensure that management and staff are familiar with and have a working knowledge of the</p>	<p>Centre manager will consult with the Service Manager & Director around these being available within the centre risk register. This to be raised with the Senior Manager Meetings by end of April 2020.</p> <p>Two Shift Team Managers have been appointed within the centre since the 16/03/2020.</p> <p>A review of the model of care will be raised and reviewed with the Senior Manager Meetings. The model will be discussed at</p>	<p>Risk Register will be available on site and updated in line with Senior Manager Meeting's recommendations.</p> <p>Staffing needs will be kept under review by the Service Manager in consultation the centre manager.</p> <p>A Training Day on the Model of Care (inclusive of Larson's 7 Habits of Reclaiming Relationships) will be</p>

	centres model of care and its application in practice within the delivery of care to young people.	team meetings and clarified in individual staff supervision meetings.	conducted within the coming 6 months to ensure that all staff are aware of the model in day to day practice.
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