



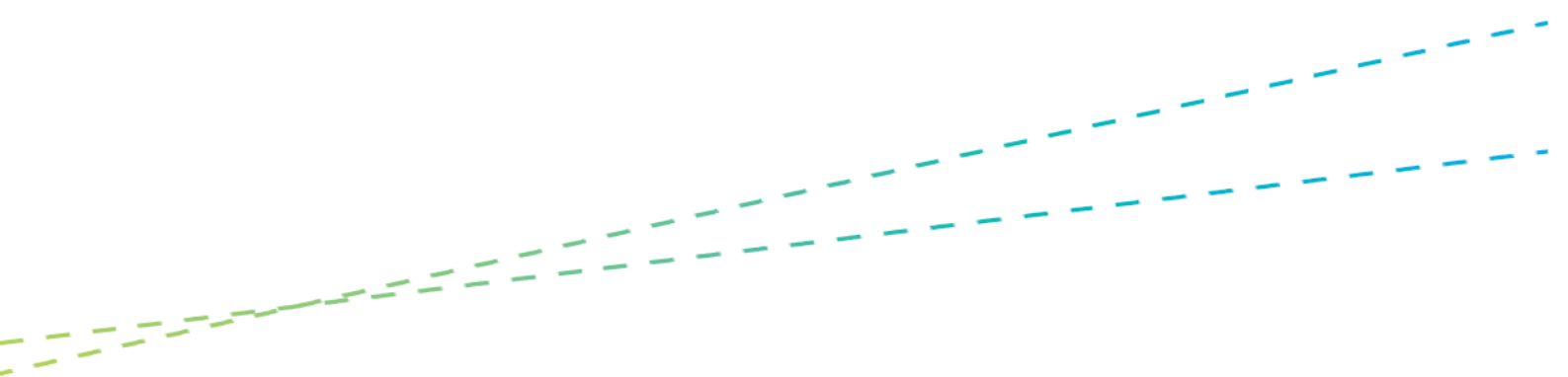
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 159

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Solis MMC Ltd.
Registered Capacity:	Two young people
Type of Inspection:	Announced themed inspection
Date of inspection:	29th, 30th and 31st September 2020
Registration Status:	Registered from 27th June 2019 to 27th June 2022
Inspection Team:	Lorna Wogan Anne McEvoy
Date Report Issued:	4th December 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 27th June 2019. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 27th June 2019 to 27th June 2022.

The centre was registered to provide a single occupancy placement for a young person that required a period of residential care as a single occupant before transition to a mainstream multi-occupancy placement. 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. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes 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 via teleconference 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 16th November 2020 and to the relevant social work departments on the 16th November. The centre manager returned the draft report on the 26th November 2020. The inspectors found the centre was compliant with the standards and regulations inspected and a CAPA was not required.

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: 159 without attached conditions from the 27th June 2019 to the 27th June 2022 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 young people to the centre. There were robust gatekeeping processes in place and evidence that the admission of another resident was recently considered by the team in terms of the benefits as well as the potential impact on the current young person in placement. At the time of the inspection the centre management and staff had agreed not to process any further admissions until they had transitioned the current resident into aftercare services. There was evidence that the views of the centre manager and the staff team were considered by the service managers in the final determination on the suitability of any admission to the centre.

The inspectors examined the pre-admission file for the young person in placement and found there was a comprehensive and thorough referral and admissions procedure in place. There was evidence that managers secured relevant information to make informed decisions about the suitability of the referral. There were a range of reports on file from social workers and other professionals along with information from previous care placements. A structured placement proposal was developed for the young person that set out what supports and interventions the placement could provide.

There was significant engagement with social work prior to admission and detailed information provided that informed the initial assessment of need and how these needs could be met in the centre. There was evidence that the staff team undertook specific meetings with relevant clinicians to help them identify the young person's

needs on admission and how they could best respond to those needs. This was reflected in the minutes of team meetings, minutes of pre-placement planning meetings and confirmed by staff in interviews with inspectors. There was evidence that the centre manager, key staff and social worker identified the child's needs on admission and these identified needs along with the care plan informed the initial draft placement plan.

The young person admitted to the centre was subject to a pre-admission risk assessment. There were specific safeguards in place to manage identified risks and potential concerns and these were evident on the documents reviewed by the inspectors.

Due to the nature of the young person's care placement prior to admission they were unable to undertake pre-placement visits to the centre however two key staff members visited the young person prior to admission. They provided them with photographs of the house, information about the other staff working in the centre and discussed how the young person would like to personalize their bedroom in the centre. Written information about the centre itself, the rights of young people in care, the placement planning process and the national standards was also provided to the young person prior to admission. Planned key work evidenced how this information was revisited with the young person to ensure they fully understood the care routines and the goals of their placement. Written information about the centre was also provided to the young person's family and their social worker during the admission process.

An admission meeting was held with the young person and their social worker so as to identify the young person's areas of strengths and how the staff would support them in areas that required development. The young person's participation in the admission meeting was evidenced on the centre records and they signed the placement admission booklet on receipt of same.

There was evidence of effective communication between the young person's allocated social worker and the staff team to ensure the placement continued to meet the young person's needs. The social worker told inspectors they received regular updates on the young person'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.

The care plan and placement plan for the young person were found to be comprehensive and up-to-date. Care plans were updated following the statutory care plan reviews and placement plans were updated every month. Placement plans were also updated following care plan reviews or other additional planning meetings. Staff interviewed by the inspectors were familiar with the young person's care plan and placement plan and were able to identify key aspects from each of these planning documents. The inspectors found the placement plans were developed in line with the goals set out in the care plan.

Placement plans were comprehensive in nature and outlined the goals and individual work to be undertaken. The case managers in the centre were responsible for developing and updating the placement plan in consultation with the manager and the staff team. The case managers also had responsibility to ensure that individual work was completed and in line with the monthly goal tracker document. Placement plans were discussed at team meetings, in supervision and handover meetings and were updated when any significant changes in the young person's presentation were identified. The placement plans reviewed by the inspectors evidenced they were dynamic documents and showed that staff were committed to adapting the plan to meet the young person's needs. The social worker was provided with a copy of updated placement plans and had the opportunity to contribute to each placement plan. There was evidence that the centre manager regularly liaised with the young person's social worker and their team leader to implement the care and placement plan.

The young person was supported and encouraged to participate in care and placement planning forums. Care plan reviews were held every three months during the initial stages of the placement and were conducted in line with the requirements of the regulations. While the young person was generally reluctant to attend care plan review meetings they had recently participated in a care plan review that was held by teleconference due to Covid-19 restrictions. There was evidence of open and transparent conversations with the young person around placement goals and progress achieved. The young person was encouraged to attend handover meetings and team meetings to ensure their full participation in their care. They were also encouraged and supported to engage with peers in the community in order to maximize their wellbeing and personal development and these goals were set out in the placement plans. There was evidence that staff had engaged the family and kept

them up to date in terms of their child's progress in the centre and key issues in their child's life. This was confirmed to the inspectors in an interview with the young person's parent. There was also evidence that the staff respected the young person's wishes with regard to family contact.

There was effective communication between the staff in the centre and the allocated social worker and social work team leader to ensure continuity of care and adherence to the young person's care and placement plan. There was evidence on file of good collaboration and consultation with the social worker and team leader when new and emerging needs occurred as the placement progressed.

There was evidence the centre staff worked tirelessly to pursue external supports for the young person when required. The inspectors found that staff were strong advocates to ensure the young person had the necessary specialist supports. They had supported and encouraged the young person to avail of these specialist supports despite the young person's resistance to engage with supports identified. Where a therapeutic need was identified by the centre they sought private access to specialists to ensure a timely response to the identified need.

While the young person was reluctant to engage with social work support there was evidence that the social worker continued to visit the centre and be available to the young person and was creative in their efforts to engage the young person on these visits.

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 the 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. There were lots of communal spaces and spaces to facilitate privacy. The young person had their own bedroom that was nicely decorated and personalised. The young person had adequate and secure storage facilities for personal belongings. There was evidence the young person was consulted in decorating the centre and there were photographs and decorative items displayed throughout the centre that provided a homely atmosphere. Outdoor spaces were found to be safe, secure and well maintained.

The centre had a fire safety statement that was displayed in the staff office and the manager's office. The centre also had an up to date fire safety policy. 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 maintenance checks were carried out on a set basis. Service reports on the fire register evidenced that the fire alarm, fire-fighting equipment, smoke detectors and emergency lights were subject to annual maintenance checks by appropriately qualified persons. There was an inventory of all fire-fighting equipment on the fire register and fire evacuation plans were displayed in the centre. There was evidence of various fire safety audits/checks undertaken on a daily, weekly and monthly basis and structured templates facilitated the recording of any defects and were signed by staff undertaking checks. The centre manager had overall responsibility for fire safety and all staff interviewed were aware of their role in this regard. Fire drills were undertaken on a monthly basis and there was evidence the young person had participated in fire drills. On occasions where they young person did not participate inspectors found that staff reminded them of the procedure and the location of the fire assembly point. Fire safety and health and safety were standing items on the agenda of team meetings where updates or matters of concern or note were discussed.

The inspector's found there were sufficient measures in place to ensure health and safety of staff and the young person. Inspectors found there were procedures in place for managing risks to the health and safety of staff, the young person and visitors. 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. The employee handbook outlined the health and safety responsibilities of staff at all levels in the organisation. On-site health and safety audits were undertaken on a monthly basis and were monitored by the external line manager.

The centre had a system in place to record accidents and incidents. Accidents and incidents as they related to the young person were comprehensively recorded, appropriately reported, maintained on the individual care file and were subject to oversight by managers. Accidents and incidents relating to staff were forwarded to the HR department within the organisation. There was a first aid box in the staff office and hazardous materials and cleaning products were found to be secured and safely stored.

All staff training in fire safety, health and safety, manual handling and first aid was up to date. Staff members were trained in an approved behaviour management technique for the safe management of young people presenting with challenging behaviour.

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 evident on file.

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 included 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. Covid-19 risk assessments were reviewed and updated in line with government guidelines and advice from public health. Contingency plans were in place in the event that the staff or young person contracted Covid-19. Staff confirmed they were provided with ample supplies of PPE, hygiene products and hand sanitizers.

Records indicated the centre vehicles were appropriately serviced and assessed on a regular basis and a staff member was assigned responsibility for the upkeep of centre vehicles. 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 members who were permitted to drive the centre vehicles had a full driving license as was required. All centre vehicles were found to be roadworthy and had valid tax and insurance details on file.

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 the young person in the centre. The care files were up-to-date and information stored on the care file 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 such as birth certificate, care order, medical on admission and care plans.

The inspectors found that records were signed by the centre manager and were regularly audited by the external line manager and subject to periodic review by the organisation's quality assurance officer.

The centre had a data protection policy, staff members had signed a confidentiality agreement and completed GDPR training. Staff members interviewed were aware of

requirements to protect personal information. The organisation had systems in place to archive files 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. There were no discharges from the centre since the initial registration. The centre had continued to provide care for the young person who was admitted the previous year and inspectors found the centre manager and staff facilitated a good quality programme of care for the young person as they prepared for their discharge from the centre in the coming months. This programme was effectively co-ordinated between various services and was regularly reviewed in line with the young person's individual needs and goals. There was evidence staff were knowledgeable of the young person's specific needs and were committed to ensure that a planned move from the centre was carefully managed with the required supports identified. There were arrangements in place to facilitate good communication and cooperation between various agencies and professionals to deliver good outcomes for the young person. The staff team engaged with social work, aftercare personnel, youth services, EPIC and other community supports to achieve good outcomes for the young person on their discharge. Regular meeting processes were in place to formulate a transition plan and ensure all the required supports were in place.

The centre staff worked hard to support the young person to complete the required aftercare needs assessment. There was good communication between the centre staff and the young person's allocated aftercare worker in relation to the aftercare needs assessment. The inspectors found that key workers had undertaken a range of key work to assist and prepare the young person for leaving care. The inspectors found that the young person had progressed in a number of areas in their life and this was confirmed by their social worker. Staff interviewed were positive and hopeful the young person would engage in aftercare preparation in a more focused way over the coming months.

Bi-monthly feedback was sought from the young person in placement. The young person was encouraged to express views on their experience of care in the centre. There was evidence that issues raised by the young person were discussed at team meetings and feedback was provided to the young person. There was also evidence

the centre manager met the young person on an individual basis to discuss and resolve their issues and concerns.

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

Staff interviewed 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. The social worker and aftercare worker were satisfied there was good communication with the centre manager and staff and they were fully informed about the young person's progress and the work undertaken by staff in planning for aftercare.

The centre maintained an aftercare folder that contained a range of resources to support staff in undertaking aftercare planning with young people. Aftercare planning was reflected in the young person's placement plan. Key work sessions included teaching both practical life skills and emotional coping mechanisms. The centre staff were working hard to promote positive outcomes, independence and life skills for the young person, particularly in relation to transitioning into aftercare. Each goal was set out in detail on placement plan, as well as the supports required in achieving these goals. The centre manager stated they would offer the young person continued support as agreed with aftercare services if they were living locally after their discharge.

The parent interviewed by the inspectors confirmed they were updated and consulted about the accommodation options currently being explored for their child. The inspectors found the young person was supported and encouraged by staff to be fully engaged in planning for moving on from the centre. The young person was encouraged by staff to meet with inspectors or talk to them by telephone however the young person declined.

The centre manager stated that young person would be provided with 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). The centre will also compile a memory box for the young person with photos and memorabilia from their placement and give it to them on discharge.

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		