



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 064**

**Year: 2017**

**Lead inspector: Sinead Diggin**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Solis MMC Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>21<sup>st</sup> and 22<sup>nd</sup> of March 2017</b>
<b>Registration Status:</b>	<b>Registered from 20<sup>th</sup> of June 2017 to 20<sup>th</sup> of June 2020</b>
<b>Inspection Team:</b>	<b>Sinead Diggin Orla Griffin</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> December 2017</b>

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## 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 Methodology

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 ongoing operation of the centre in line with its registration. This inspection was unannounced and took place on the 21<sup>st</sup> and 22<sup>nd</sup> of March 2017.

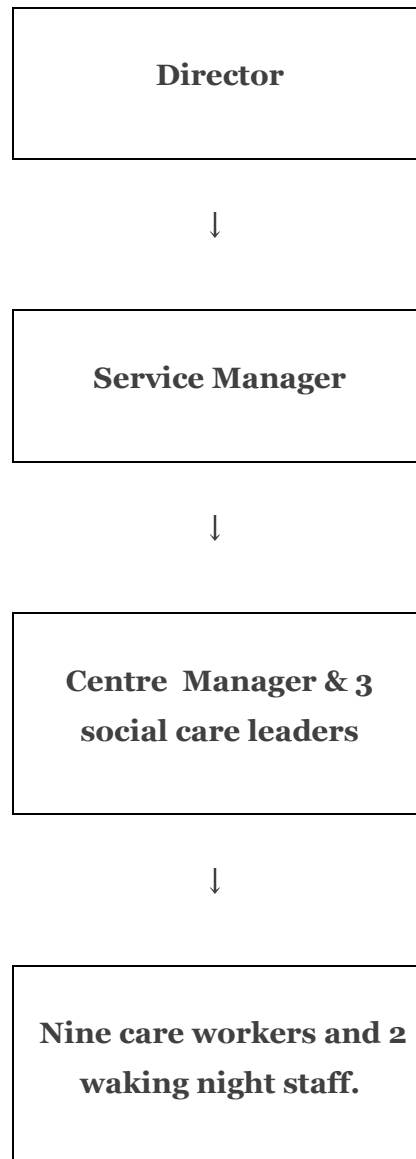
The report is based on a range of inspection techniques including:

- ◆ An examination of the centre's application for registration
- ◆ An examination of the centre's files and recording process.
- ◆ An examination of questionnaires completed by three of the young people.
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Two care staff
  - c) Two social workers.
  
- ◆ 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.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on the 27<sup>th</sup> of November 2017, if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act.

The period of registration being from the 20<sup>th</sup> June 2017 to the 20<sup>th</sup> June 2020.



## 3. Analysis of Findings

### 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 manager of the centre had been working in different roles within the organisation for approximately eight years and has been working in their current role as acting manager since 2015. The manager works 9-5pm Monday to Friday and provides on call seven days per week. The manager explained they had no formal induction in to their current position. Inspectors require that a formal induction is devised by external management for future management appointments. The manager holds the relevant qualification required for their position. They described their role as quality assuring and verifying documents. They stated that they spend time with

the young people, oversee staff practice, key working, manage the staff rota, provide the staff with supervision as well as being responsible for petty cash. Inspectors found the manager to be very capable and clear in their responsibilities and had good systems in place to oversee practice. The manager displayed good knowledge of the young people in the centre and was child centred in their approach.

The manager was line managed by the service manager who had responsibility to provide external governance and oversight for two centres within the organisation. The manager reported that the service manager visited the centre twice a week and while there will review centre records, liaise with the manager and spend some time talking with the young people. The manager stated that they feel supported by the service manager and they can contact them at any time when and if required. The service manager stated that the role of external governance has been given greater focus. Inspectors found that the services manager had good mechanisms in place to oversee practice in the centre and there was written evidence reviewed by inspectors to represent the work they were doing. The service manager stated that they can spend time talking with staff and they had a clear understanding of the professional roles of the line management. The service manager sees their role as a support to create the culture within the centre. They stated that they work in collaboration with the managers and will work on matters as they arise including any staffing issues.

## **Register**

The centre holds a register of young people resident in the centre. From 2014 to present there was a record of ten young people including the four young people who are currently residing in the centre. The details of the register include where the young people move on to following their discharge from the centre. A duplicate record of the register is held centrally by the Child and Family Agency.

## **Notification of Significant Events**

The centre has a system in place for notifying all significant events. As part of the inspection a cross section of significant event notifications were reviewed and inspectors found that they were sent promptly to the relevant professionals. Social workers interviewed were satisfied with the quality of the records. Significant events that were reviewed by inspectors detailed challenging behaviour by young people, property damage and absences. The manager stated that work is ongoing with the young people in relation to incidents or issues leading up to a significant event.

Inspectors noted that there had been a reduction in significant events in recent weeks leading up to the inspection.

### **Supervision and support**

The centre has a policy on supervision. Inspectors reviewed a cross section of the supervision records and found that in the main it was consistent and occurred within the timeframes of their policy. The manager was the main supervisor and there were supervision contracts on file. Topics covered in supervision included the young people, support and practice issues as well as training needs and analysis. There was evidence that young people were discussed in detail with reference to placement plans. Records reflected good oversight from the manager in relation to staff work practices and there was evidence that the manager linked in with shift coordinators regarding staff performance.

The manager receives supervision from the service manager monthly. The format of supervision includes the manager's performance and personal development, staffing and the young people. Records reviewed identified discussion around centre audits and actions to be addressed.

Handovers occur daily with the manager or a shift coordinator generally present. Team meetings are held fortnightly and all staff are expected to attend. One inspector had the opportunity to attend a team meeting. The service manager, manager and five staff were present. The young people were discussed in detail and staff were updated on placement plan reviews. Discussion took place around current issues for the young people and ideas put forward for planning. The service manager sought clarity from the team as to whether advice and guidance from the clinical psychologist was being implemented and emphasised the need for consistency from all staff. The manager displayed confidence and leadership when addressing the team.

The team has access to a psychologist should they choose to avail of for external support.

### **Administrative files**

Inspectors found the care files in the centre were well organised and easy to navigate. There was evidence that management were overseeing the records to ensure that appropriate care practices were in place. The centre does not have a specific policy in

relation to data protection. In interview with the service manager, they stated that there was an issue in relation to information that was stored on a computer which a young person then came across. The service manager stated that there is an internal investigation and at the time of inspection was still ongoing.

The manager stated that the budget is adequate to meet the needs of the young people and any additional requests are facilitated.

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

#### **Staffing**

The staffing consists of nine social care staff, and two waking night staff who are separate to the core working team. There are three social care leaders currently as one is on maternity leave. This allows for a social care leader on each shift. The shift coordinators have additional responsibilities, for example supporting the manager in overseeing centre paperwork. The staff work two twenty four hour shifts consecutively and the manager is present in the centre daily to support the staff team. The manager stated that there has been a stable team in place since the last inspection with little change within the centre. Inspectors found that there was a balance of experienced to inexperienced staff across the team. Staff interviewed displayed good knowledge of the young people and were motivated in building and maintaining relationships with them. Inspectors reviewed the staff personnel files and found that all staff had Garda clearance on file. There were only two references on file for one staff member and for another it was not clear who had written the reference. Inspectors also found that the qualification for one staff member had not been verified by the associated college as required. Management must obtain the outstanding reference for one staff member, as well as ensuring that all references have been verified. The qualification for one staff member must be verified.

#### **Training and development**

Inspectors found evidence that all staff receive an induction and that shift coordinators play a role in developing the skills of the newer members of staff. Essential core training such as Children's First National Guidance for the Protection of Children 2012, first aid and fire safety had been completed. At the time of inspection while the majority of staff had completed Therapeutic crisis intervention (T.C.I) training, refresher training had not been completed as required every sixth months. As a result staff will have to repeat the full training again. Inspectors also found that

one staff member who had not completed the training had been requesting to undergo this training for over a year. Management must ensure that all staff completes this training as a priority. From reviewing the training records inspectors found that there were no certificates on some of the files to support that the training had taken place and this needs to be addressed by management. Staff interviews indicated that the team welcomes additional training to support them to meet the needs of the young people. Additional training that has been provided to staff includes training in substance misuse and mental health issues. The staff team have also received advice, guidance and training from CARI.

### **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.*

#### **Required Action:**

- Management must obtain the outstanding reference for one staff member, as well as ensuring that all references have been verified. The qualification for one staff member must be verified.
- Management must ensure that all staff completes T.C.I training as soon as possible.
- Management must ensure that staff receive certificates to evidence that training has been completed and a copy of this should be kept on file.

## **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 has a policy on suitable placements and admissions and as per their purpose and function provides care for young people of mixed gender between the ages of 13-17yrs on admission. Inspectors found that the centre has a good structure in place for the admission of young people in to the centre. The admission process allows for a transitional move however inspectors found that some admissions have been outside of their purpose and function and there had been an emergency admission. From reviewing the young people's files, inspectors found that collective risk and impact assessments were completed to identify known risks and ensure a plan was in place to manage any risk. There was written information available for young people and professionals on the admissions process and stages of transition in to the centre. Social workers interviewed were satisfied that the young people were suitably placed.

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

All of the young people had care plans on file. The manager stated that all care plans following reviews were up to date; however for two young people they were still awaiting the updated plans for the files. The manager had requested the updated care plans and inspectors found evidence of this in centre paper work. Inspectors found that young people were consulted regarding their care plan reviews and young people were encouraged to attend and generally did. There were placement plans were on file. From reviewing the placement plan's for the young people, inspectors found that they connected to the care plans and evidenced what goals had been met.

## Contact with families

Inspectors found that staff in the centre realised the value of young people maintaining family contact where deemed appropriate by the social work department. Families were encouraged to visit young people in the centre and had done so at times. There was space for young people to visit with their family and friends in private. In consultation with the social workers some young people were facilitated to have overnight access with family. There was evidence on file that the staff team communicated with the young people's families and updated them on care practices and any issues that may have arisen for the young person.

## Supervision and visiting of young people and 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.

There were four young people in the centre at the time of inspection. Three young people had allocated social workers who visited with the young people regularly and there was evidence of this on file. One young person had a guardian at litim who also visited with them every four to six weeks. The fourth young person had a social worker who was in the process of leaving and at the time of the inspection were awaiting a new social worker to be allocated. Records reviewed that the social worker had been visiting the young person on a regular basis. EPIC have also visited the centre to meet with the young people. All of the young people had care plans on file and child in care reviews had taken place in line with the statutory regulations. The most recent care plans for two young people were not on file and inspectors found evidence that the centre had requested these following on from the reviews.

## **Emotional and specialist support**

Each young person has two key workers assigned to them. From reviewing the placement plans, inspectors found good evidence of individual work taking place during key working sessions. Topics included social relationships, education, substance misuse and emotional well being. Key working and individual work records evidenced that staff incorporate their model of care, being relationship based. The team have a clinical psychologist available to them who attends meetings and offers advice and guidance to support their work with the young people. Young people are also referred and engaged with specialist services such as CAHMS and C.A.R.I as well as other services or agencies that are specific to their individual and this is reflected in their placement plans.

## **Preparation for leaving care**

The staff in the centre work with the young people to prepare and develop their skills in preparation for independence. Inspectors noted that there were needs assessments and plans on files which identified what work was to be undertaken. Although the centre does not have a specific aftercare programme in which to work from, there was evidence on file of individual work taking place. Young people practiced daily living skills such as cooking, laundry, budgeting, setting up a bank account and teaching about online banking.

## **Discharges**

Inspectors reviewed the register for young people and noted that there had been six young people discharged since 2014. Three of the young people had been discharged to emergency residential centres. One young person had been discharged to an aftercare service, another young person to another residential centre while it was unclear from the address if the sixth young person moved home or to independent living accommodation. Inspectors noted that there were no social work details recorded in the register.

## **Aftercare**

The centre has a policy on aftercare. In accordance with the Tusla, Child and Family National Aftercare Policy 2015, young people who were preparing to leave care had aftercare workers assigned to them. For one young person funding for independent



living had been applied for. EPIC has assigned an advocacy worker to support another young person obtain the services that will be required, once this young person reaches the age of independence.

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

The centre maintains a care file on each young person and the social worker maintains a case file. From reviewing the young people's care files, inspectors found that they contained the young person's history, a copy of their care order and birth certificate, medical cards and photo identification. Inspectors found that overall the records written by staff were of good quality. Other information stored on files included educational certificates and achievements.

#### **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).***

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>Management must obtain the outstanding reference for one staff member, as well as ensuring that all references have been verified. The qualification for one staff member must be verified.</p> <p>Management must ensure that all staff completes T.C.I training as soon as possible.</p> <p>Management must ensure that staff receive certificates to evidence that training has been completed and a copy of this should be kept on file.</p>	<p>Centre Manager to review the outstanding reference, and also liaise with HR and obtain written confirmation of the references/ qualification. Centre Manager aims to have this action completed by 7<sup>th</sup> December.</p> <p>Centre manager has nominated staff members to undertake the full TCI training in September; which has increased numbers of those trained. Two members have been identified, and will avail of training at next opportunity, likely to be January 2018.</p> <p>Centre manager to audit missing certificates and compile a list of required certificates for the attention of the training department. Where staff</p>	<p>To prevent a reoccurrence, centre manager will liaise closely with HR on receipt of personnel files and ensure that any outstanding details are obtained as a matter of urgency.</p> <p>Mandatory training must be completed without exception, and closely monitored by centre manager and training department.</p> <p>It will be recommended at next Operational Management Meeting- 30<sup>th</sup> November- that any internal trainers should provide certificates for those</p>

		receive certificates, it is their responsibility to ensure they are provided to management, who then can place on file. Completion timeframe – 12 <sup>th</sup> December.	who have completed within 5 working days to centre managers via email, to ensure prompt filing.
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