



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

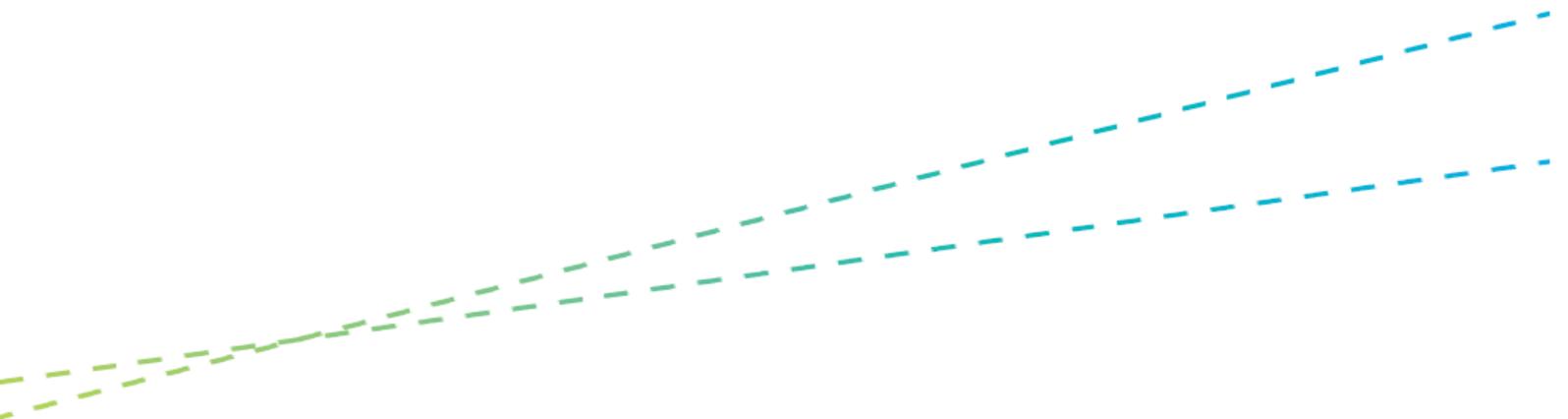
## **Registration and Inspection Service**

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

**Centre ID number: 002**

**Year: 2017**

**Lead inspector: Catherine Hanly**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Solis MMC Children's Services</b>
<b>Registered Capacity:</b>	<b>3 young people</b>
<b>Dates of Inspection:</b>	<b>23<sup>rd</sup> &amp; 24<sup>th</sup> August 2017</b>
<b>Registration Status:</b>	<b>Registered from 5<sup>th</sup> December 2017 to 5<sup>th</sup> December 2020</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>5<sup>th</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 a thematic 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 focussed on selected aspects of Standards 2, 4 and 6 of the National Standards. It was un-announced and took place on the 23<sup>rd</sup> & 24<sup>th</sup> of August 2017.

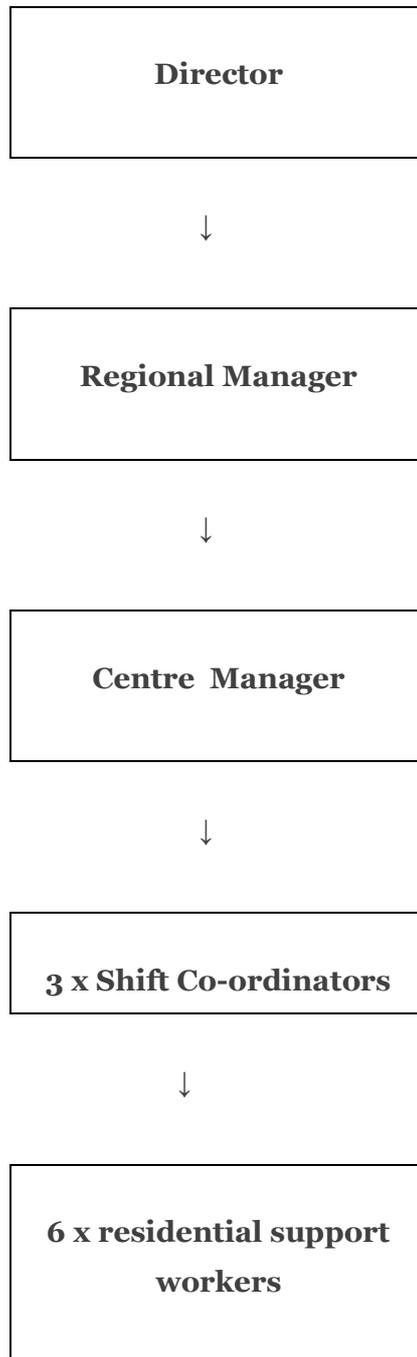
The report is based on a range of inspection techniques including:

- ◆ An examination of the following documents at the centre:
  - Sample of young people's care records
  - Staff supervision records
  - Centre registers – admissions and discharges, complaints, grievances, and physical interventions
  - Management meeting minutes
  - Significant event review group meeting minutes
  - Internal quality audits and action plans
  - Team meeting minutes.
  
- ◆ 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 manager
  - b) One shift coordinator
  - c) The three young people residing in the centre at the time of the unannounced inspection
  
- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Communication with the lead inspector with responsibility for oversight of this centre.
- ◆ Communication with the three social workers for each of the young people resident at the time of the inspection.
- ◆ Questionnaires were issued to a sample of ten former residents of this service to ascertain their view of the service provided to them. Inspectors had received two completed questionnaires at the time of this report being issued.

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 26<sup>th</sup> of October 2017, if implemented will deem the centre to be operating in adherence with regulatory frameworks and the National Standards for Children's Residential Centre's.

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 5<sup>th</sup> of December 2017 to the 5<sup>th</sup> December 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**

None identified.

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

##### **Management**

This centre has had the same manager in post since it commenced operations and this person is appropriately qualified and experienced to fill the role. Inspectors found that the manager has taken on board previous recommendations provided by inspectors and monitors, including the appointment of a dedicated person to cover their periods of annual leave and the structuring of young people's care files.

There is a clear organisational structure in place and inspectors found that reporting mechanisms to senior management were evident. The feedback loop from senior management to the centre manager is not always clearly evident on file although the manager confirmed that there is very regular contact, both formal and informal, with their line manager. However, inspectors did not find sufficient evidence of robust external oversight.

Inspectors found that the manager had a good level of oversight of relevant matters including daily practice in the centre with young people, staff supervision and issues arising from same, team meetings, significant events, and the admission and discharge of young people. However inspectors did identify some areas in which the manager is required to strengthen their oversight of practices and policy implementation in the centre. These include cross referencing records and analysing these for patterns or themes of behaviours, responses by staff to same and outcomes for individual young people. Feedback forms are offered to all young people upon discharge; the use of these forms was explained as another method in which young people could be given a voice in relation to their experience of the service. Inspectors are of the view that the manager could utilise the information provided by young people in their feedback forms to inform service improvement.

Inspectors did identify specific areas of practice that requires attention/improvement that the centre manager predominantly will need to take responsibility for overseeing and these are highlighted further in this report.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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.*

### **Required Action**

- Centre management must demonstrate an improvement in their auditing and governance systems.

### 3.4 Children's Rights

#### **Standard**

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

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

None identified.

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

##### **Complaints**

The centre has a written policy that clearly outlines what constitutes a complaint, how a young person may make a complaint, the procedure involved in investigating and recording the matter, and how the decision may be appealed if it is unsatisfactory to the young person. Inspectors were informed that the complaints policy is explained to young people upon admission to the centre and the admission records on file reviewed by inspectors' confirmed evidence of this. Each of the three young people inspectors interviewed demonstrated a clear understanding of their right to complain and identified to whom they could make a complaint if they were dissatisfied about any aspect of their placement.

Inspectors found that practice in the centre did not reflect the written policy in the interpretation of complaints versus an allegation of a child protection matter and connected to this, the recording of such matters. The policy states: "*The complaint must be recorded in the centre Complaints Register immediately*". There were eight separate formal complaints recorded in two registers spanning a period of two years. Most, but not all of these matters had been resolved at the time of this inspection and this was linked to the lack of clarity regarding the distinction of identifying matters appropriately as either a complaint or an allegation of a child protection matter. Inspectors found that recording in the complaints register was retrospective, lacked signatures and lacked dates of entry into the register. Inspectors recommend that the centre alter the format of the register so that it includes the date of entry, separate to the date of the complaint, and the name of the person making the entry into the register. Entries should be made on or as soon as possible after the date of the event. There was evidence elsewhere in individual files of staff attending to the individual needs or issues of young people as they arose and demonstrating that the young person's point of view was heard, thus inspectors are of the view that the deficits identified here pertain more to administration, correct categorisation of events and

oversight of record keeping as opposed to not hearing what young people had to say. Nonetheless these deficits must be addressed as a matter of priority.

The centre also maintains a 'grievance' register. There were only two entries in this register and both consisted of dissatisfactions raised by young people regarding material aspects of their respective placements. Some of the issues identified in both the complaints and grievance registers pertain to matters that were highlighted by young people after they were discharged from this service either via their feedback form which is issued by the centre or via their social work team which is then relayed back to centre management. Inspectors recommend that the centre review the manner in which complaints are recorded and in doing so eliminate the use of the term 'grievance' which is typically associated with Human Resource policy and procedures. Additionally it is important that alterations are made to the current format of the register to give a more accurate timeframe regarding when complaints were raised, when they pertain to and when there was an outcome achieved.

Inspectors also noted that there were instances whereby investigations had been conducted internally by centre management into complaints raised by social workers on behalf of young people following their discharge from this centre, reports/outcomes had been issued to relevant social work teams and there had been no response from the social work team. In such instances, the matter remained in effect open as it required formal sign off by the social work department to close the matter which had been raised by them on the young person's behalf. The inspectors wrote to one social work department in relation to this matter following the onsite inspection and the relevant social work team leader concluded the matter to the satisfaction of the centre management.

Inspectors found that a lack of absolute clarity persists in relation to the interpretation of events that constitute a complaint and those that pertain to an allegation of a child protection matter. This was evidenced in records in the centre and in the use of language in interviews. This issue needs to be revisited by the management team within the organisation in order to ensure those at management level and the staff team in this centre have an unambiguous understanding of the difference between the two matters, and are clear in communicating, recording and reporting the issue. The updated Children First Guidance should be referred to when this policy and practice is reviewed at the centre.

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

None identified.

### **Required Action**

- Centre management must ensure that all complaints processes and associated recordings are administered in accordance with the centres own policy.
- Centre management must ensure that there is absolute clarity regarding the understanding and management of complaints and allegations.

### **3.6 Care of Young People**

#### ***Standard***

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

##### **Managing behaviour**

The centre has a comprehensive policy on the management of challenging behaviour that is inclusive of the use of placement support plans, physical intervention, absence management plans, sanctions/consequences and the use of the Gardaí. Inspectors found that there was consistent evidence across a range of sources examined of a firm but fair approach to the management of challenging behaviour in this centre. Young people interviewed were able to clearly express to inspectors the expectations of them as regards their behaviour whilst in this centre and this message had been clearly communicated to other residents as was evident across admission meeting records on files examined. The young people interviewed were also clear that good behaviour would be rewarded and this had been proven in practice for each of them through their placement with many outings and activities being provided. They individually had a good understanding that their respective placements here were intended to be short term – in line with the centre's stated purpose and function of being an emergency respite service of seven days duration – and had resulted from their prior living arrangement having broken down. They understood that this was an opportunity for their social workers to find them an alternative placement and in the interim they each had an individualised programme of care and activities. Inspectors found significant improvements in the structures in place in this centre since the most recent Tusla monitoring visit which took place in October 2016

regarding supporting the behaviours of young people and assisting staff in managing challenging behaviours displayed. Inspectors found that the implementation of revised placement support plans provided a cohesive approach to management of behaviour. These individualised plans include absence management plans, routine and specific identified behaviour management, and individual crisis management plan and also took into consideration the information documented in pre-admission risk assessments as well as other relevant known information.

Whilst the centre policy includes a section on the use of sanctions/consequences, inspectors found from information provided that sanctions are not a feature of practice in this centre.

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

#### **Restraint**

The centre uses a recognised method of physical restraint and the centre's policy on managing challenging behaviour makes reference to this named model of physical interventions. The centre policy states that the overall approach of this identified model of physical restraint is incorporated into daily practice in terms of managing behaviour and de-escalating potential crisis situations. The policy goes on to state that physical interventions are only utilised where appropriate and absolutely necessary when a young person is placing themselves or others at risk of harm. The manager and shift coordinator that were interviewed for the purpose of this inspection both confirmed that the use of physical intervention in this centre is at a minimal level and has only been used when deemed to be absolutely necessary. The records of such events support these statements with a total of thirteen physical interventions recorded in the centre's registers from the 16<sup>th</sup> February 2015 up to and including the 24<sup>th</sup> August 2017. The centre's admissions and discharges records indicate that there have been 86 admissions in total to this centre up to this date. Of the three young people resident at the time of this inspection, only one stated that physical restraint had been explained to them. Of the other two, one stated that it had been used on them but that its use had not been explained on their admission to the centre and the third person stated that they didn't know what physical intervention was. The centre manager acknowledged that the use of physical intervention is not specifically named to young people as part of their admission/induction process but agreed that it makes sense and is important to include it as part of all future admissions.

The centre's policy states that there are four internal physical intervention trainers within the organisation, and it is a mandatory requirement for all staff to undertake the

five-day training course either during their induction stage or as soon as possible upon commencement of their employment with the organisation. Training refreshers are also mandatory every six months according to this policy. Inspectors were provided with the most recent physical intervention review training dates and these indicate that the staff team last attended such training in January 2017. Based on this information, the organisation is non-compliant with its own policy as they have exceeded the timeframe for refreshers. Refresher training must be provided and attended to as a matter of priority and the management team must ensure that in future the company policy is adhered to.

The use of physical intervention is recorded separate to daily log entries in young people's individual care files and is additionally recorded in the centre's physical intervention register. Inspectors examined the physical interventions register in detail and also cross referenced these entries with the individual event entry contained on young people's individual care file. From a review of the records examined in this area of practice, the following observations were noted: entries were regularly unsigned by staff members involved in the physical intervention; on occasions a member of the management team had signed the record but had not addressed the issue of the record not having been signed by the staff member involved; records lacked evidence of having been referred to a review process/for consultation with the internal physical intervention trainer; medical assistance was consistently recorded as being offered to young people following a physical intervention. One young person stated in interview with inspectors that they had been hurt during a physical restraint. The records pertaining to this event do not make any reference to this allegation made latterly to inspectors. Inspectors brought this to the attention of the young person's social worker and asked them to satisfy themselves that this matter was appropriately managed and concluded. Additional findings include care files showed evidence of individual pieces of work being done with young people following a physical intervention or significant event; the register doesn't consistently document the reasons for the use of physical intervention and the manager's comments don't consistently state whether or not the restraint was necessary and the reasons for this view. The deficits in recording must be addressed as a priority to ensure there is accurate and sufficient information appropriately detailed in relevant records, and records are consistently signed and timelines are clearly noted.

The manager informed inspectors that physical interventions are reviewed at a management level with the physical intervention trainer on a twice yearly basis. However at the time of this inspection in August 2017 there had only been one such review conducted in January of that year. At this review, only a sample of incidents requiring a physical intervention was brought forward for discussion and review. Of the 86 admissions to this service, there were 13 instances of physical restraint involving 8

young people. The manager stated that whilst the trainer is notified of all incidents involving a physical intervention, they do not necessarily provide feedback on all such events and where feedback is provided it may be verbal only and no record maintained. Significant event analysis is a consistent agenda item at the staff team meeting convened fortnightly however the detail contained within the minutes of these meetings doesn't consistently reflect a thorough discussion of the event, including those that involved physical interventions including restraint. The manager must ensure a consistent and robust review of all incidents of physical intervention in this centre through the relevant mechanisms in place.

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

None identified.

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

#### **Required Action**

- The centre manager must ensure that the centre's policy regarding physical intervention and its use in the centre is clearly explained to young people on admission.
- The centre manager, in consultation with the physical intervention trainers, must ensure that refresher training is conducted every six months in accordance with the organisations' own policy.
- The manager must ensure robust oversight of the recording in this centre as it pertains to the practice of physical intervention and in doing so satisfy themselves of the accuracy and detail within these records.
- The manager must ensure a consistent and robust review of all incidents of physical intervention in this centre.

## 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>Centre management must demonstrate an improvement in their auditing and governance systems.</p>	<p>The Centre Manager will begin to cross reference records and analyse these for patterns or themes of behaviours in areas such as SENs and physical intervention. This will be done via a monthly SEN report for the centre and with the recommendation (in section 3.6 below) that a review of all physical interventions be carried out in line with the organisational TCI instructor – timeline for this is detailed below.</p> <p>The correlation of information from feedback forms, which are offered to all young people upon discharge, will allow the Centre Manager to utilise the information provided in the feedback forms to inform service improvement. This will then be discussed monthly at one of the centres team meetings</p>	<p>The ongoing monthly SEN report for the centre will focus on areas such as staff involved, time of incident, triggers and on any physical intervention used.</p> <p>A database of all feedback form information will be maintained within the centre for any future reference.</p>

		<p>with any suggestions being brought to this discussion. The Centre Manager will also use this information as a means of gauging the outcomes of the service overall and will maintain a database of all information given at the discharge stage.</p>	
<b>3.4</b>	<p>Centre management must ensure that all complaints processes and associated recordings are administered in accordance with the centres own policy.</p>	<p>The centre will alter the format of the register immediately to include the date of all entries, separate to the date of the complaint, and the name of the person making the entry into the register. All entries will be made on or as soon as possible after the date of the event thus giving transparency regarding the actions taken throughout.</p> <p>Inspectors had also recommended that the centre review the manner in which complaints were recorded and in doing so eliminate the use of the term ‘grievance’ which is typically associated with Human Resource policy and procedures. Going forwards this term will be removed from all centre literature and replaced with</p>	<p>All future recording in the complaints register will not be retrospective. All recordings will be actioned, signed by the entrant and dated as it is completed. The change in the register layout will allow for this.</p>

	<p>Centre management must ensure that there is absolute clarity regarding the understanding and management of complaints and allegations.</p>	<p>informal/formal complaints &amp; allegations.</p> <p>The inspectors did give the Centre Manger some clarity and guidance on this and this was reviewed in the team meeting dated 4<sup>th</sup> October 2017. However, the updated Children First Guidance will be referred to when this policy and practice is reviewed fully at the centre at the team meeting on 1<sup>st</sup> November 2017.</p>	
<p><b>3.6</b></p>	<p>The centre manager must ensure that the centre's policy regarding physical intervention and its use in the centre is clearly explained to young people on admission.</p> <p>The centre manager, in consultation with the physical intervention trainers, must ensure that refresher training is conducted every six months in accordance with the organisations' own policy.</p>	<p>The use of physical intervention will be explained as part of the admission process moving forwards. This has been explained to the staff team at the team meeting dated 4<sup>th</sup> October &amp; also included as a heading in the Induction Minutes template for all future admissions.</p> <p>Physical intervention training has been scheduled for the staff team as follows this and next calendar year:</p> <ol style="list-style-type: none"> <li>1) 15<sup>th</sup> November 2017</li> <li>2) 18<sup>th</sup> April 2018</li> </ol>	<p>N/A</p> <p>N/A</p>

	<p>The manager must ensure robust oversight of the recording in this centre as it pertains to the practice of physical intervention and in doing so satisfy themselves of the accuracy and detail within these records.</p> <p>The manager must ensure a consistent and robust review of all incidents of physical intervention in this centre.</p>	<p>3) 17<sup>th</sup> October 2018</p> <p>All deficits in recording, such as missing signatures, will be addressed as a priority to ensure there is accurate and sufficient information detailed in relevant records going forwards. The monthly SEN report will focus on the areas identified as being weak and will allow for monitoring of these going forwards. The centre will also alter the format of the register immediately to include the reasons for the use of physical intervention and in order for Centre Management to state if restraint was necessary and the reasons for this view.</p> <p>With regards to the young person stating in interview with inspectors that they had been hurt during a physical restraint, the centre has undertaken an external investigation. Inspectors had brought this to the attention of the young person's social worker and asked them to satisfy themselves that this matter was appropriately managed and concluded. The outcome of this report has been sent to</p>	<p>All records will now be examined in a monthly SEN report which will be an agenda item at one of the team meetings in the centre monthly. The register will have a change in format allowing for the reasons for the use of physical intervention in each instance. The Centre Manager's comments will also now state if the restraint was necessary and the reasons for this view.</p> <p>This review of all interventions will, going forwards, be conducted in line with TCI refreshers therefore ensuring that Centre Management &amp; staff team are aware of any patterns emerging and can work to rectify this as part of the going training given.</p>
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		<p>Registration &amp; Inspection by senior management. The social work team have concluded that they uphold the outcomes of the report.</p> <p>A thorough review of all physical interventions be carried out by 30<sup>th</sup> November 2017, in line with the organisational TCI instructor, with the view to identifying patterns with use of physical intervention, such as staff involved, time of day and at which point during the life of the placement they take place.</p>	
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