



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Solis GMC
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	05th, 06th & 07th July 2022
Registration Status:	Registered from the 24th of September 2021 to the 24th of September 2024
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	14th December 2022

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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 and Regulation 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 ongoing 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 fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 24th of September 2021 to the 24th of September 2024.

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 inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.2

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

A draft report was issued to the centre manager, senior management and the relevant social work departments on the 09th September 2022. The registered provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the continued registration decision for this service. The centre manager returned the report with a completed action plan (CAPA) on the 12th September 2022.

Following the receipt of unsolicited information while the inspection process was ongoing, concerns were identified in relation to the numbers and availability of staff and the capacity of staff to keep young people safe. A safety plan was submitted by the registered provide on the 10th of October 2022 to provide evidence of the actions taken to address these safety concerns. An updated staffing list was received on the 09th of November 2022. These documents were reviewed and given due consideration. While evidence was provided that the centre now has sufficient staff to meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: *Staffing*, the registration committee was not satisfied that suitable care practices and operational procedures were in place in the centre and that the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5 were met.

As such it is the finding of the registration committee that this centre is not continuing to operate in adherence with regulatory frameworks and standards in line with its registration. Therefore, it is the decision of the Child and Family Agency to register this centre, ID Number: 075 with an attach condition from the 24th September 2021 to the 24th September 2024 pursuant to Part VIII of the Child Care Act, 1991.

That condition being:

- There shall be no further admissions of a young person to this centre until such times as the centre can evidence that there are adequate and suitable operational care practices in the centre and can evidence that the qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was located in a detached house in a rural location on its own grounds. Inspectors were satisfied that the layout and design of the centre was suitable to provide safe and effective care for the three residents. The centre was homely, clean, adequately lit, heated and ventilated. Inspectors found evidence that there had been some upgrading of the premises in the months prior to the inspection with the purchase of new furniture and soft furnishings which had enhanced the living space.

While inspectors were informed some repainting was planned, some areas of the premises needed further modernisation and redecoration. This included the centre's two bathrooms, both of which were dated, and consideration should be given to upgrading them along with the installation of an additional shower. Although the centre was not particularly spacious the young people told inspectors they were satisfied that there was adequate space for privacy, rest and recreation. They stated they were provided with the opportunity to personalise their rooms; they had sufficient storage place and were happy with the quality of accommodation overall. The young people confirmed they were consulted in relation to the recent redecorating of the centre and there were personal items and photos on display of the young people and staff on activities and trips. The inspectors observed there were a variety of recreational activities and resources available to young people, including art and craft supplies, board games, TVs, game consoles etc.

At the time of inspection, one young person was using the garage area of the premises as a gym which staff were encouraging as part of a healthy exercise routine. While this was a welcome development, the garage contained a number of items that were potential hazards, and these should be removed to ensure the space was made safe.

The gardens outside the centre were well maintained and there was adequate space for outdoor activities. However, inspectors identified several hazards on the grounds during the inspection that required attention. The hazards identified included the removal of an old boiler, a broken trampoline and wooden planks and the requirement to ensure that the area around the oil tank is kept clear to minimize the risk of fire. The centre manager must ensure that all unnecessary items and potential hazards are removed from the garage and centre grounds.

The centre maintained a record of maintenance and repairs that evidenced a prompt response to repair requirements overall. The centre manager reported to a service manager and a quality assurance auditor and there was evidence the quality assurance auditor had regularly monitored the premises to ensure it was well maintained. The social workers and other professionals interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited. The centre manager had overall responsibility for fire safety and health and safety within the centre. Inspectors reviewed the fire register and found there were appropriate ongoing fire safety checks carried out by the management and staff team on the premises and on the firefighting equipment. Records on file evidenced consistent maintenance checks were carried out by external fire consultants on the fire fighting equipment, fire alarm, and emergency lighting system. Regular fire drills were conducted and all young people participated in the fire drills. Following a review of training records, the inspectors found that the majority of staff were trained in fire safety. Inspectors noted that information in relation to staff who had completed fire safety training was not recorded in the fire register and this should be amended to reflect this.

Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The centre had a health and safety statement that was up to date and signed by all staff members. There were general risk assessments in place for routine risks within the centre. The centre also had a site-specific health and safety statement in place. As highlighted previously in the report inspectors identified a number of hazards in the course of the inspector's walkthrough of the premises and grounds which must be addressed. As a result of these findings the registered provider must review the environmental risks in the centre's site specific health and safety statement to ensure that all potential hazards are identified and there are appropriate control measures in place.

The centre had a system in place to record accidents and injuries. There were a number of recorded accidents in the period under review that were recorded and

responded to in an appropriate manner. On-site health and safety audits were undertaken on a monthly basis along with external audits conducted periodically by the quality assurance manager. There was evidence of appropriate follow up action in relation to any issues identified during these audits.

The majority of staff were trained in occupational first aid. However, no members of the team had undertaken First Aid Responder training (FAR). The registered provider must ensure that based on a risk assessment that the centre has a sufficient number of trained first aid responders as required under health and safety legislation.

The centre had three centre vehicles to transport the young people and inspectors found that they were all taxed, insured, and roadworthy. Inspectors viewed a sample of personnel files and found that these staff files maintained a copy of their full driving licence.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all unnecessary items and potential hazards are removed from the garage and centre grounds.
- The registered provider must review the environmental risks in the centre's site specific health and safety statement to ensure that all potential hazards are identified and there are appropriate control measures in place.
- The centre manager must ensure that the names of all staff that have received training in fire safety are recorded in the centres fire register.

- The registered provider must ensure that there are a sufficient number of trained first aid responders in the centre based on a risk assessment to comply with health and safety legislation.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

There were policies and procedures in place to guide staff in the management of behaviour. Staff interviewed by the inspectors outlined their approach to promoting positive behaviour through positive relationships with the young people. A review of personnel files and training records evidenced staff training and refreshers in a recognised model of behaviour management. There were a range of documents in place to support staff in the management of behaviour including individual risk assessments and personal support plans (PSPs) which provided guidance to staff on the young people's daily routines, planned responses to specific behaviours along with absence management plans. Following a review of the absence management plans on file the inspectors found that the standard procedure for young people returning to the centre following a missing in care incident was for them to present themselves to a Garda station where they would be collected by staff and returned to the centre. Inspectors were concerned that this practice was unsafe and could potentially put young people at further risk in the community and should be reviewed.. This issue had been addressed within the company on several previous inspections and an action identified that risk assessments were required before implementing this practice. The registered provider must ensure that the standard practice of all young people having to present themselves to a Garda station following a missing in care incident is reviewed and only implemented where necessary following a risk assessment.

Staff interviewed during the inspection demonstrated a good understanding of the young people's needs and the underlying causes of the young people's behaviours. Inspectors found that the centre had been short staffed for a number of months prior to the inspection, and this impacted on the young people and the management of behaviour. During this period when there was minimum staffing there was a high reliance on the full-time staff working additional shifts along with a large number of

relief staff to cover the roster. On several occasions, the manager and deputy manager also had to cover shifts on the roster due to the staffing crisis. A review of significant event reports during this period revealed that at times relief staff were left in the centre to care for a young person without the support of full time staff. Consequently, on one occasion a relief staff member was left in an unsafe situation to manage an incident. Two of the young people told inspectors that the staff shortage had affected them as there had been a number of occasions when they had to return to the centre while out on activities as the staff member accompanying them had to assist another staff member in the centre in managing an incident. In April 2022 the organisation recruited a number of additional staff and inspectors were informed at the time of inspection that the centre was fully and adequately staffed. The young people also reported that there had been an increase in staffing in recent months and their activities were no longer compromised due to staff shortages.

Inspectors found that there was not a reliance on sanctions to manage the young people's behaviour. Records of consequences on file were reasonable and fair and based on safety and learning. The centre also maintained a record of positive consequences rewarding the young people with time and activities of their choice to reinforce positive behaviours. Records of individual work on file demonstrated that staff had an awareness of mental health issues and supported the young people to understand and manage their behaviour. There was no evidence of bullying in the centre, and this was confirmed by the young people to inspectors. In their meetings with inspectors, the young people spoke highly of the care they received in the centre and regarded the centre staff as trusting adults they could rely on for support and to promote their wellbeing. Allocated social workers and other professionals were satisfied the young people had developed good relationships with the managers and staff and that they were attuned to their needs.

There was evidence on file that the social workers for the young people had provided sufficient pre-admission information to the centre at the point of referral in relation to the children's behavioural presentation that enabled the centre staff assess and consider potential risks and strategies to manage identified risks. There were two residents in placement and a third young person was admitted a week prior to the inspection. There was evidence on file that this admission was subject to a collective risk assessment and a pre-admission meeting took place with all of the young people's social workers and the national private placement team in relation to the proposed placement.

The admission of the third young person changed the dynamic in the centre and resulted in the staff having to manage more difficult behaviours. A serious incident took place at the time of the inspection that involved two of the residents and the inspectors were not informed of this incident by centre or senior management. Following this incident, strategy meetings were scheduled with the social work departments for the three residents and one young person's Guardian Ad Litem to review incidents, child safeguarding and child protection issues. Minutes of these strategy meetings viewed by inspectors highlighted a deterioration in the young people's behaviour since the admission of the third young person and recorded that staff were struggling to manage the young people's behaviour. Concerns were also raised in relation to the absence of the centre manager who was on sick leave which was identified as having a negative impact on the centre's ability to manage the young people's behaviours. The inspectors have learned that since the inspection, the centre's governance structure has been further impacted as a result of the quality assurance manager who had line management responsibility for the acting centre manager leaving their position. In response to these developments the registered provider informed the inspectorate of a number of interim governance arrangements that have been put in place. These measures include an increased level of contact between the registered provider with the acting centre manager, visits to the centre from another of the organisation's centre managers/ behaviour management trainer along with the proposed appointment of an acting deputy manager.

Post inspection, the inspectors were notified that a protected disclosure had been made to HIQA about concerns regarding safe care practices in the centre. The registered provider was notified of these concerns and has informed the Alternative Care Inspection Monitoring service that an independent investigation is currently being commissioned. When completed, the registered provider must submit the findings of this investigation to the Alternative Care Inspection Monitoring service.

Following a review of the centre's significant event register the inspectors found that there was a low level of significant events in the twelve months prior to the inspection. There was evidence of the centre manager's oversight of significant events reports and evidence that significant events were reviewed at team meetings and in staff supervision. External managers were notified of all significant events that occurred in the centre. Inspectors found, however, that there was no commentary or analysis from external managers on significant events on file in relation to the management of events to identify any required follow-up actions. Inspectors recommend that external managers commentary is included on significant event reports going forward.

The centre approach to behaviours that challenges was monitored by the centre's quality assurance auditor through regular audits. Significant events were reviewed externally at a significant event group meeting held for a number of the organisation's centres. The inspectors found that the review process needs to be strengthened after reviewing the minutes of significant review group meetings. The inspectors found that one incident that led to the discharge of a resident in April 2022 was not reviewed at any of the subsequent significant event group meetings. The registered provider must ensure that the centre's significant review group meetings are more robust to ensure that all serious significant events are reviewed and analysed for learning purposes.

Inspectors found that there were no restrictive practices in place at the time of the inspection. Where restrictive practices had been in place there was evidence that these were recorded, subject to review and implemented in consultation with young people's social workers.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the standard practice of young people presenting to Garda stations following missing in care incidents is reviewed and only implemented when necessary following a risk assessment.
- The registered provider must ensure there is an appropriate governance structure in place to support the acting manager in leading the team and directing them in the management of the young people's behaviour.
- The registered provider must submit the findings of the independent investigation into the protected disclosure in relation to concerns regarding safe care practices in the centre to the registration and inspection service as soon as possible.

- The registered provider must ensure that the centres significant review group meetings are more robust to ensure that all serious significant events are reviewed and analysed for learning purposes.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The inspectors reviewed the care files and found that there were assessment reports on file outlining the physical and mental health needs of the young people. Each young person's care file contained a range of up-to-date medical information including medical, psychological, and social history reports. Records viewed by inspectors showed that when additional specialist services were required there was evidence that centre staff advocated on behalf of the young people to access services and have their needs met. Centre management in interview reported that they were satisfied overall that they were provided with all necessary medical and health information on admission. There was some additional information required for one young person's file and there was evidence of efforts made by the centre manager to secure this information.

Two of the young people were registered with a GP and the staff were in the process of registering the new resident with a local GP service. Appropriate medical consent forms were on file for emergency medical care signed by parents or social workers as appropriate. Inspectors interviewed two social workers, one guardian ad litem and the centre manager, all of whom confirmed they worked together to ensure access to medical and specialist services for the young people.

The young people confirmed in interviews that they had access to their GP, dental and ophthalmic services where required. The young people were also linked with external specialist support services such as counselling and mental health services. Key working records viewed by inspectors evidenced that individual work was undertaken with a focus on the young people's health and developmental needs as identified in their care and placement plans.

The centre had a medication management policy in place. Staff interviewed were aware of the policy and confirmed they had received training in the safe

administration of medication. The inspectors reviewed medication records and were satisfied that medication administered was recorded appropriately in accordance with the centre policy. Prior to the inspection the organisations quality assurance auditor conducted an audit on the medication management system and recommended a number of changes to improve medication management and recording practices which had been implemented at the time of inspection.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	The centre manager must ensure that all unnecessary items and potential hazards are removed from the garage and centre grounds.	Corrective actions complete	Regular recycling and waste disposal to be included in the weekly and monthly tasks and checklists.
	The registered provider registered provider must review the environmental risks in the centres site specific health and safety statement to ensure that all potential hazards are identified and there are appropriate control measures in place.	Review of Site-Specific Risk Assessment and Health and Safety Statement to be conducted with a view to identifying and reducing risks within the centre. Completion end September 2022.	Include review of Site-Specific Risk Assessments to SCL Meetings and develop SOP around safety disposal procedures.
	The centre manager must ensure that the names of all staff that have received training in fire safety are recorded in the centres fire register.	Update the Fire Safety Register with the names of staff who have completed relevant Fire Safety Training. Now Complete.	Update the Fire Register after all Fire Training certificates are received.

	The registered provider must ensure that there are a sufficient number of trained first aid responders in the centre based on a risk assessment to comply with health and safety legislation.	FAR Training to be sourced and completed by designated staff. Completion by March 2023.	Ensure this is refreshed in line with training standards.
3	<p>The registered provider must ensure that the standard practice of young people having to present themselves to Garda stations following missing in care incidents is reviewed and only implemented when necessary following a risk assessment.</p> <p>The registered provider must ensure there is an appropriate governance structure in place to support the acting manager in leading the team and directing them in the management of the young people's behaviour.</p>	<p>The practice of young people presenting to Gardai following missing in care incidents will not be a standardised procedure. Ongoing risk assessments to be recorded individually for each young person and the relevant procedure based on known history and presentations.</p> <p>The acting manager will receive fortnightly supervision and monthly visits to the centre by the Director.</p> <p>External oversight of Placement Support Plans and behavioural management to be undertaken by the Director and the Regional TCI Trainer.</p>	<p>Note in IAMP reviews where the procedure for returning from missing in care for young people has changed.</p> <p>Acting Manager to highlight any concerns directly to the Director until such times as a Regional Co-Ordinator is appointed.</p>

	<p>The registered provider must submit the findings of the independent investigation into the protected disclosure in relation to concerns regarding safe care practices in the centre to the registration and inspection service as soon as possible.</p> <p>The registered provider must ensure that the centres significant review group meetings are more robust to ensure that all serious significant events are reviewed and analysed for learning purposes.</p>	<p>Director to inform the Registration and Inspection Service of the outcome of the investigation. Ongoing.</p> <p>The ACIM must ensure that all serious SENs are listed on agenda for quarterly review and any learning outcomes relayed back to the staff team. Ongoing.</p>	<p>Findings from the investigation to inform policy and procedures updates or training requirements for staff team.</p> <p>The Director will ensure that SEN Review Meetings are scheduled and all SENs within the designated period are listed on agenda. In the event where a serious incident leads to injury, significant child protection risk, discharge or potential discharge an emergency SEN Review will take place within the centre chaired by the Regional TCI Co-ordinator. In all instances following review the ICMP and associated risks will be updated. The staff team will be required to sign off on all reviews to acknowledge any changes. Any training outcomes will be brought to the Director for further action.</p>
4	None identified.		

