



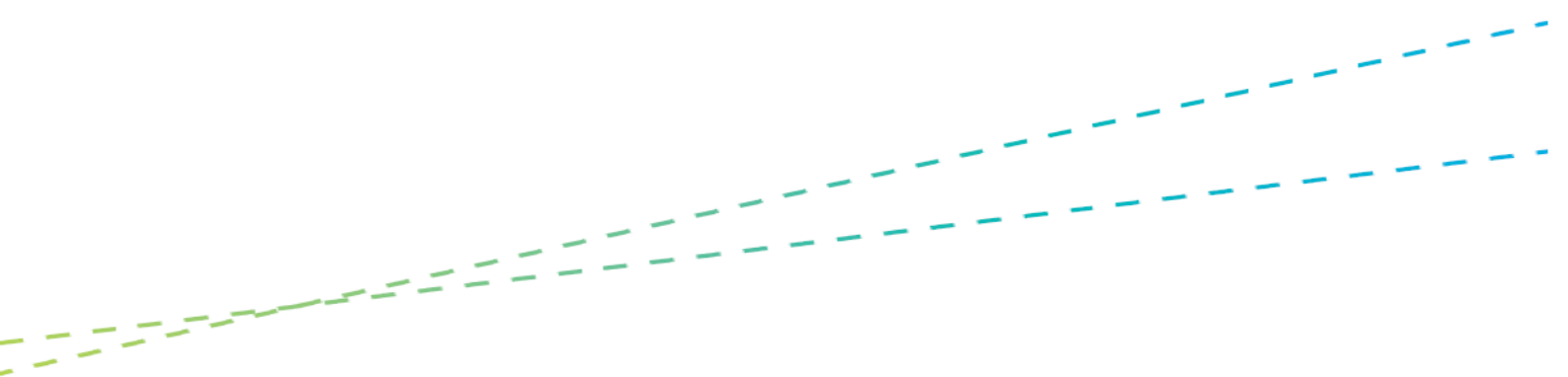
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 140

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Solis MMC
Registered Capacity:	Four young people
Type of Inspection:	Announced themed inspection
Date of inspection:	06th, 10th and 12th November 2020
Registration Status:	Registered from 03rd August 2018 to 03rd August 2021
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	9th March 2021

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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 03rd August 2018. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 03rd August 2018 to the 03rd August 2021.

The centre was registered to provide care for up to four young people of both genders from age thirteen to seventeen years on admission. The centre aimed to provide a high quality standard of care that was responsive to the individual needs of young people, within a child-centred, safe, supportive environment. The centre aimed to provide an individualised programme of care to assist young people to develop resilience through the medium of positive and caring relationships. The approach to working with young people was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. There were three children living in the centre at the time of the inspection. The centre was granted a derogation to accommodate one of the children as they were under-thirteen years of age on admission, which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

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

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 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 14th December 2020 and to the relevant social work departments on the 14th December 2020. The centre manager returned the draft report on the 12th February 2021. The inspectors found the centre was compliant with the standards and regulations inspected and a CAPA was not required.

The findings of this report and assessment of the submitted CAPA 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: 140 without attached conditions from the 03rd August 2018 to the 03rd August 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16 Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors found the centre had a comprehensive child safeguarding policy in place that was in line and compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.

The centre had a suite of policies and procedures in place to protect children from all forms of abuse and harm and these policies were updated in line with Children First and relevant legislation. The centre had an up-to-date child safeguarding statement with written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that the statement met the required standard. The Child Safeguarding Statement was displayed in a prominent place in the staff and manager's office in accordance with the requirements of the legislation. There was evidence that staff reviewed this statement when it was updated in March 2020.

The centre manager was the appointed designated liaison person and the shift team managers were the appointed deputy designated liaison persons who assumed responsibility when the designated liaison person is not available or on leave. The centre maintained a child protection register and there were two open child protection concerns on the record relating to one young person. Where child protection concerns were still open there was evidence of the centre manager following up in seeking updates on the status of these concerns. Child protection was a standing item on the team meeting agenda to review and update the status of any identified or reported concern about a young person's safety.

The centre had a written policy to guard against bullying and to promote a safe environment for the young people. The inspectors found that staff were alert to signs of bullying and vigilant in monitoring the young people's interactions. The staff informed the inspectors there were no concerns about bullying within the current resident group. The young person interviewed by the inspector stated they felt safe living in the centre. Where incidents had occurred in the centre that placed children

living there at risk of harm, the inspectors found that staff and managers took prompt and decisive action to safeguard them in line with their own safeguarding policies and in compliance with Children First. There was evidence that risk assessments had been conducted and safeguarding measures put in place when necessary in response to child protection concerns. A focussed and specific piece of work was undertaken with the youngest member of the resident group to ensure they recognised bullying and were aware of the importance of speaking to staff if they were concerned about bullying, both within and outside of the centre. Access to the internet and social media was closely monitored by staff for all the young people in placement and individual work was completed with all the young people in relation to safety on line and on social media platforms.

All staff received in-service training on the centre's child safeguarding policies and procedures and had completed Tusla's e-learning programmes: Introduction to Children First, Implementing Children First and Children First in Action. There was evidence in the team meeting records that staff regularly reviewed safeguarding policies and procedures for example the staff code of conduct, the centre whistleblowing policy and the role of the mandated person. In interview, staff demonstrated an understanding of the relevant legislation, centre policies and standards appropriate to their role and responsibilities. Staff were aware of their responsibilities as mandated persons under the legislation and received guidance on how to report a concern about a child through the Tusla portal.

Where appropriate, staff had contact with the parents/guardians of the young people. They received regular updates regarding their child and were made aware of all incidents as they occurred in the centre. Supervising social workers and Guardians ad litem informed inspectors that there was good communication between the centre and they worked in partnership to respond to safety risks and the implementation of agreed strategies.

There was good evidence on young people's care files and key work records of individual work being undertaken to assist young people to keep themselves safe in peer and other relationships. This was age appropriate to the young people resident. There was evidence that young people were supported and encouraged to make complaints and complaints was a standing item on the young people's meetings. The support provided to young people to make complaints where they are unhappy was confirmed by external professionals interviewed by the inspectors. Risk assessments and safeguarding measures had been put in place whenever there was a safeguarding concern involving the young people in the centre. Staff in interview were aware of the

vulnerabilities and risks associated with each young person in placement and the safeguarding measures they had in place to protect them.

The centre had a policy and procedure on whistle blowing. Staff interviewed were aware of who they would report a practice concern to and were confident they could call out poor practices without fear of adverse consequences to themselves. They were confident they would be supported by the centre management if they reported a concern around poor practice.

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

There was evidence of a positive approach to the management of behaviour based on children's rights, best practice and in line with the centre's behaviour management policy and model of care. There was evidence that staff implemented incentive based programmes to support positive behaviour and young people's achievements were acknowledged and rewarded. All staff were trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed.

There was good oversight by the managers of behaviour management practices within the centre. Inspectors found evidence that the centre manager, regional manager, quality assurance officer and where required the organisation's behaviour management trainer appraised the centre's approach to managing behaviour, commented on the quality of interventions and approaches and identified learning outcomes. It was evidenced in significant event notifications that the centre manager commented and provided clear guidance to staff on how to manage the young people and change interventions to better meet the needs of the children placed. The centre manager and staff had access to the organisation's clinical psychologist to guide staff in the management of behaviour.

Each young person had a comprehensive behavioural support plan and an individual crisis management plan that was reviewed at each team meeting and updated where required. The placement support plan contained plans across five areas of behaviour management including routine, situation, crisis, absences and overall behaviour management. De-escalation plans were identified in the individual crisis management plans. Social workers confirmed they were consulted in the development of each placement support plan. In interviews, the shift team manager and the staff members described the use of individual placement support plans and

crisis management plans as informing their behaviour management practices. In addition, the relationship between staff and the young people was named as an important aspect of behaviour management. There was evidence that reflective discussions were undertaken with the young people following an incident to assist and support them to understand and manage their behaviour.

Staff were alert to mental health issues and liaised with both social workers and mental health professionals to ensure the young people had access to these services to further support their safe care. Staff interviewed were knowledgeable about the needs and presentation of the young people and were attuned to their wellbeing.

A review of key work showed that staff had significant discussions with the young people following their admission and initial key working sessions discussed rules, expectations and responsibilities within the house. This was further supported by the young person booklet and additional key working sessions to solidify the information given. Inspectors found that behaviours were also addressed in young person house meetings and one young person interviewed provided examples of behaviours that were discussed in these meetings. There was evidence that the voice of the young person was heard in relation to decision making, consequences, rewards and daily life experiences. This was evidenced in the daily logs, in young people's meetings, in key work and individual work reports. The team used opportunities that presented through discussion to assist the young people to link their actions to outcomes for their quality of life where this was not positive for them.

The social workers and the national private placement team had provided the centre with sufficient information to enable the staff to implement appropriate behaviour management strategies and a comprehensive individual crisis management plan on admission. In addition, inspectors found that handover meetings and team meetings showed clear concise communication regarding the young people and issues that had arisen or needed further follow up.

The inspectors found the centre to be an open unrestricted environment. At the time of the inspection there were no restrictive procedures utilised in the centre and there were no incidents where physical restraint interventions were employed by staff in 2020. Staff interviewed were familiar with practices that would be deemed restrictive and stated that such procedures, if implemented, would be documented and reviewed in the context of their placement plan. A restrictive procedure register was maintained in the centre to record and monitor these procedures.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The inspectors found there was an open culture in the centre whereby both young people and staff were encouraged to raise concerns, reports incidents and identify areas for improvement. This was evidenced in the management and team meeting records, young people's meetings, supervision meetings and complaints records. Social workers and Guardians ad litem indicated that they were confident they could raise issues of concern or seek clarification from the centre managers and these would be responded to in a timely manner. Staff in interview stated there was an open culture in the centre and expressed confidence in their managers. Feedback forms were used in the centre to get feedback from parents, social workers and young people. Feedback from young people was also facilitated through key working and house meetings. The young person who met with inspectors was satisfied that they could raise concerns regarding their care with the manager and staff.

There was a written policy and appropriate guidelines in place regarding the recording and notification of significant events in the lives of the young people resident in the centre. The centre maintained a significant event register that recorded incidents for the young people that assisted managers to track incidents and identify any patterns or trends relating to the young people and their care. Social workers for the young people confirmed that they were notified promptly when significant events occurred and they were satisfied with the detail recorded on the documents. In interview staff were able to discuss the significant event policy and had a good understanding and knowledge of it in practice and were clear on the thresholds for reporting and recording significant incidents. Inspectors found that significant event notifications were reviewed in a number of forums including team meetings, management meetings, handovers and supervision. There was evidence that learning from these forums was shared with the team. Internal and external managers for the centre received significant event reports. There was evidence of oversight by the centre manager who reviewed and commented on the management of all incidents and provided a good analysis of behaviour. There was evidence that ICMPs were reviewed after incidents and at team meetings and risk assessments updated and individual work identified to be undertaken with the young people.

Compliance with Regulation	
Regulation met /not met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.1 Standard 3.3 Standard 3.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

**Regulation 5: Care Practice and Operational Policies
Regulations 6 (1 and 2): Person in Charge**

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There was a change in management in the centre in the months prior to inspection and the Tusla Alternative Care Inspection and Monitoring Service was notified of this change. Since July 2020 one of the regional services managers had undertaken the centre manager role in an acting capacity. The inspectors found evidence of strong and confident leadership displayed by managers at various levels within the organisation. This was evidenced in the inspection interviews with staff and managers, inspection questionnaires and throughout the centre records that were reviewed by the inspectors. Inspectors found a strong emphasis on quality and safety in care practice. There was a culture of learning which was evident across a range of records including team meetings, supervision records, complaints records, incident reviews and governance reports that were of a high standard.

The centre had a full suite of policies and procedures that were developed in line with regulatory requirements, national standards and best practice. There was evidence that policies and procedures were reviewed and updated by the quality assurance officer in conjunction with the senior management team. Policies and procedures were also reviewed with staff at team meetings and this was evidenced in the team meeting records reviewed by the inspectors.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. The regional service manager and the registered proprietor had access to all information generated in the centre through the organisation's IT systems. The regional service manager provided external governance and oversight of centre practices and there was evidence of governance reports on file in the centre's governance folder. The centre's governance folder also maintained a record of all management meetings including senior operational management meetings, regional management meetings and shift team manager's meetings. A review of these meeting minutes showed that meetings were well structured and topics discussed related to staffing, organisation policies and procedures, child protection, complaints, health and safety and training. There was evidence that the regional manager and quality assurance officer had visited the centre regularly to review records and care practice, conduct audits and meet with staff and young people living in the centre. Following the onset of the Covid-19 pandemic, visits to the centre by the regional service manager and quality assurance officer were curtailed however audits and oversight of care files and care practice continued to be undertaken through remote access to centre records and files. The quality assurance officer had recently resumed visits to the centre and in October 2020 undertook a review of care files, supervision records and other centre records. This audit report was on file at the centre along with a completed action plan to address deficits identified. The inspectors found that actions identified had been relayed to the team and acted upon by the centre manager.

The centre manager was responsible for the day-to-day running of the centre. The centre manager was based at the centre five days a week and was supported in this role by two shift team managers. The inspectors found that staff had confidence in their manager and in the wider management team and found them to be accessible, supportive and diligent in their approach. The centre managers and staff interviewed were aware of their roles and responsibilities and job descriptions had been issued to staff at all levels and grades.

The organisation had individual placement contracts with the Tusla's National Private Placement Team specific to the young people in placement. Regular meetings took place with the registered proprietor and they provided written progress reports to the funding agency.

The centre had a comprehensive risk management policy and there were risk management systems in place. In interview all staff were familiar with the system in place to assess and manage risk. Inspectors were satisfied that the risks associated

with the young people were comprehensively risk assessed and managed and this was confirmed by the social workers and the guardian ad litem. Feedback from external professionals indicated that the centre was prompt to notify, respond and effectively manage risks associated with the young people's behaviour. External professionals found the centre management were confident in holding identified risks to ensure they did not limit opportunities for the young people. The inspectors found there were identified control measures and risks were rated and escalated to senior management as appropriate. Situational management plans were developed where a young person's placement was at risk. There was evidence of oversight of risk by senior management in their meetings, audits and their visits to the centre. There was an on-call policy in place to assist staff in dealing with any crises or emergencies. In interview staff confirmed that the on-call system was effective, responsive and provided good support for staff outside of office hours.

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. Inspectors found evidence of detailed cleaning schedules to ensure the safety of staff and young people at the centre. 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. An updated Covid-19 strategy document was recently developed following a confirmed Covid-19 outbreak in the centre and centre protocols were updated in line with government guidelines and advice from public health. The relevant notifications were forwarded to Tusla in line with Covid-19 notification requirements. The inspectors found the outbreak was well contained within the centre with robust risk assessments in place. There was good attention paid to the mental health and well-being of both staff and young people and centre management implemented support and care initiatives in recognition of the stresses and challenges and faced by all during the pandemic.

Inspectors found that there was an internal management structure appropriate to the size and purpose and function of the residential centre. There were also arrangements in place to provide adequate cover when the acting manager took periods of leave. The inspector found that clear arrangements had been put in place to ensure there was a management presence at the centre seven days a week.

There was evidence of written task lists operating within the centre which detailed management tasks assigned to the shift team managers. These were updated to reflect new duties assigned as part of the staff training and development plan for example assignment of some staff supervision to the shift team managers.

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

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

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	N/A		
5.2	N/A		