



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 046

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Solis MMC Children's Services
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of Inspection:	12th and 13th January 2021
Registration Status:	Registered from 30th June 2019 to 30th June 2022
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	4th March 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
Theme 1: Child Centred Care and Support	
4. Corrective and Preventative Actions	15

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 30th of June 2016. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 30th June 2019 to 30th June 2022.

The purpose and function of the centre was to provide emergency accommodation for young people for up to a maximum period of 21 days. It was registered to provide accommodation to three young people of both genders from age twelve to seventeen years on admission. Their model of care was described as being based on Erik K. Laursen's Seven Habits of Reclaiming Relationships. The centre aimed to build relationships through an activity based programme. 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
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews 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. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

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 centre manager, senior management and the relevant social work departments on the 4th February 2021. The centre 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 registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 8th February 2021 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 046 without attached conditions from 30th June 2019 to the 30th June 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

In interview management and staff demonstrated an awareness of young people's rights outlined in the UN Convention on the Rights of the Child and in Irish law. The centre had policies in place promoting the rights of young people in care. Staff interviewed referred to policies on complaints, family contact, young people's right to confidentiality and access to their records. The inspectors noted that the policies presented for inspection were generic organisational policies and some policies were not relevant to this centre. The inspectors recommend that a centre specific policy and procedures manual is developed.

The centre was a short term centre that provided emergency accommodation for young people for up to a maximum period of 21 days. Young people were encouraged to attend their admission meetings and were provided with written information which included a "Know Your Rights" information leaflet and information on advocacy services they could access if they felt their rights were not being met. Young people that inspectors spoke with stated that staff advised them of their rights on admission and they were supported to exercise and understand these rights during the course of their placement.

Staff interviewed demonstrated a culture of respect in terms of diversity and were able to provide examples of how they had adapted their practice to consider and accommodate young people's cultural differences and preferences. The centre admitted young people from diverse backgrounds and when necessary the centre had engaged the services of interpreters. There was evidence that young people were respected in relation to accommodating their religious and cultural beliefs, staff offered to take young people to religious services and to adhere to young people's cultural practices and values. There was cultural diversity within the staff team and

this was also beneficial. Young people confirmed that they were treated fairly and without discrimination.

Young people's dietary preferences were discussed at their admission meetings and staff made efforts to source and cook young peoples preferred food and this was evident on centre records. Young people told inspectors that they were satisfied that their dietary requirements were being met. They were consulted in regard to their food choices and had an input into the cooking and the purchasing of food.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

Written information provided to young people on admission included the right to privacy and the right to feel safe and respected. The young people that spoke to inspectors were satisfied that their privacy was respected. Each young person had their own bedroom and private bathroom and there was adequate space and communal areas within the centre for individual privacy. Social workers were consulted on admission in relation to young people's appropriate phone use. In most cases young people had their own phones and the centre had the facility to allow young people to make phone calls in private. Where appropriate, boundaries and restrictions on phone use, such as the handing up of phones at night, was implemented in line with the social workers' direction.

In interview staff confirmed that there was a space within the staff office to store young people's personal belongings for the duration of their placement if required. Young people were allowed to spend time by themselves in their rooms if they wished in line with their age and stage of development. Risk assessments and other documents viewed by inspectors provided evidence that where there were limits to privacy, this was risk assessed in consultation with the young person's social worker and the rationale and control measures documented. When necessary additional safeguarding measures were put in place to ensure the safety of the young people including one to one staff supervision.

Young people were informed at their admission meeting of what information was recorded about them. Young people were aware in interview of who had access to their personal information and the reasons for this. In interview staff stated that young people may be given momentos when they are being discharged, but due to the short term nature of the placement this was rare.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The young people in interview and questionnaires confirmed that they were encouraged and supported to exercise choice and contribute to decisions around their care and that staff checked in with them on a regular basis to determine if they had any issues or concerns. The centres programme was activity based and young people were consulted and involved in selecting the programme activities they wished to participate in.

Given the short term nature of the service the young people were not allocated designated keyworkers and house meetings did not take place. On admission staff completed a form with the young person that detailed their likes /dislikes, hobbies and interests, dietary preferences etc. which assisted staff in developing the young person's placement plan. The centre sought feedback on the young people's experience of their care in the form of mid placement and end of placement feedback forms. Inspectors reviewed a number of these feedback forms completed by the young people and were satisfied that efforts were made to ascertain the views and opinions of the young people and to inform changes to practice.

Inspectors found evidence that young people were given relevant information on admission appropriate to their age and stage of development, to enhance their participation in decision making. Minutes of admission meetings showed that there was a structured admission process in place and time was spent explaining to the young people how the centre operated and young people's queries and concerns were discussed.

The centre had a policy on young people's access to information which states that young people have the right to access age appropriate information about themselves and the services available to them and staff should actively encourage them to do so. Prior to inspection an audit had been conducted by the organisations quality assurance officer which recommended that the centre needed to be more proactive in this area ensuring that all young people were offered their records during their time in the centre and this should be recorded. The young people interviewed at the time of inspection told inspectors that they were informed of the information that is recorded on their files on admission and confirmed that they had been offered access to their records.

There was evidence that management and staff actively promoted the advocacy services available to the young people. The centre had developed strong links with EPIC (Empowering Young People in Care) and staff identified an EPIC worker who was in regular contact and available to the young people in the centre. Young people confirmed that they were provided with information on advocacy services both verbally and in written format on admission. Inspectors viewed evidence of individual work carried out with the young people on advocacy and ensuring their voices were heard. One young person told inspectors that he had made a complaint to the social work department and was assisted and supported in doing this by the centre manager. In another case inspectors viewed evidence where the centre supported a young person to write to a judge in relation to their dissatisfaction at the social work departments proposed follow on placement identified for them.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspectors found evidence from admission meeting minutes that information was communicated to young people in an age appropriate manner. All young people admitted to the centre were invited to attend and participate in their admission meetings. At this meeting young people were made aware of the purpose of their placement and the supports and services that were available to them while they were in the centre. However, in some cases the proposed duration of the placement agreed on admission is often extended, in most cases due to a lack of an appropriate follow on placement which can be stressful for the young people concerned.

On admission young people were provided with information on the centre in the form of a house rules leaflet which outlined the house rules along with young people's rights and responsibilities. Each young person was also provided with a copy of the children's version of the National Standards for Children's Residential Centres 2018 (HIQA). Young people that spoke with inspectors stated that staff had spent time with them explaining the information contained in the house rules, EPIC literature, and the national standards.

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Young people's family contact and access arrangements were agreed on admission with the referring social workers. Staff where appropriate promoted and supported family contact. Staff transported young people on family access and kept families

updated on young people's progress in line with the social workers' direction. All family contact was recorded in the young people's care files. The two young people that spoke with inspectors confirmed that they had contact with their families. The centre operated an activity based programme and young people's interests were ascertained at admission and these hobbies and interests were maintained if possible.

Staff described the ways in which they mark special events such as Christmas and birthdays for which there is an allocated budget. Generally young people admitted had their own mobile phones and the centre provided young people with phone credit if necessary. The level of phone contact with families was discussed at admission meetings and the centre facilitated young people in making phone calls in private when required. Young people had access to the centre laptops for zoom meetings with family, social workers, counsellors, etc. during the lock down periods of the pandemic.

While the centre did not provide young people with access to WIFI, young people had access to the internet on their phone and a data plan was provided for young people that required it. Young people also had access to televisions, DVD players, gaming consoles, and online T.V. streaming services. The centre had a social media policy in place and staff gave examples of individual work undertaken with young people on internet safety.

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Young people that spoke with inspectors were satisfied that they were consulted and their views and preferences were taken into account in relation to their daily plans. There was evidence that there was a culture of openness and transparency within the centre. This was highlighted in staff interviews and recorded incidents of young people's complaints regarding staff practice which were responded to appropriately by management and resolved to the young people's satisfaction.

There was a complaints policy in place which was consistent with the relevant legislation and regulations and the young people in residence at the time of inspection were aware of the complaints procedure. There was evidence in admission meeting minutes that the centre's complaints process was explained to each young person along with the Tusla "Tell us" complaints policy and information on external support services such as EPIC. Staff also informed young people of the location of the forms in the centre and that they were available to assist and support them in completing complaint forms. In interviews staff had a good understanding of the

complaints policy and were very confident in informing the young people of the various complaint processes available and encouraging young people to use them. The centre also had a parents/ carers information leaflet which included their right to complain about any aspect of the service or care provided.

The centre maintained a register of complaints. There were a small number of complaint forms on file. The inspectors were satisfied that these complaints had been well managed and young people signed off that they were happy with the outcomes. The centre manager maintained internal oversight of complaints and complaints were a standing agenda item for discussion at team meetings. There were systems for tracking and monitoring complaints. In interview all staff referred to a recent complaint made by a young person and the learning from this for the staff team. Records provided to inspectors showed evidence that young people’s social workers were informed and consulted in relation to the management of complaints.

In interview staff identified a mechanism whereby staff looked for feedback on the complaints process. One of the on-going difficulties highlighted by the centre in regards to complaints was the slow response in the resolution of complaints made through the Tusla “Tell us” complaints procedure. This was frustrating for young people and staff were often following up on these complaints requesting updates long after the young person’s discharge.

Compliance with Regulations	
Regulation met	Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.2, 1.3, 1.4, 1.5, 1.6
Practices met the required standard in some respects only	Standard 1.1
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that a centre specific policy and procedures manual is developed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider must ensure that a centre specific policy and procedures manual is developed.	The person in charge, service manager, and quality assurance office will make changes to the current policy and procedure manual to devise a centre specific policy and procedure manual. This will be completed by 31 st March 2021.	The centre will retain a centre specific policy and procedure manual which will be revised annually and additional content will be included when deemed necessary.