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: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Solis MMC**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**17th, 18th & 19thAugust 2021**
Registration Status:	**Registered from the 24th of September 2021 to the 24th of September 2024**
Inspection Team:	**Paschal McMahon** **Anne McEvoy**
Date Report Issued:	**29th October 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 in September 2012. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 24th of September 2018 to the 24th of September 2021.

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. The centre was granted derogation in March 2021 to accommodate one of the young people as they were less than thirteen years of age on admission. A further extension of this derogation was granted for a period of six months from 5th September 2021 to 5th March 2022.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 inspection report was issued to the centre manager, senior management and the relevant social work departments on the 1st of October 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 15th of October 2021 and the inspection service received evidence of the issues addressed.

On review of the application for registration for this centre it was noted that less than 50% of the staff team had a qualification in social care. This was found to be below regulatory requirements to comply with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing. As such, it is the decision of the Child and Family Agency to register this centre, ID number 075 with the following condition: There must be no further admissions of a young person under 18 to this centre until the staff team comprises a minimum of 50% social care qualified staff and that the number, 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.

The centre is registered from 24th of September 2021 to the 24th of September 2024 pursuant to Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection there were three young people residing in the centre and there were up-to-date care plans on file for two of the young people. One of the young people was placed in the centre under derogation against the statement of purpose as they were under 13 years of age and there was evidence that monthly child in care statutory review meetings were taking place in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service*. The third young person had been recently admitted and there was a statutory care plan review scheduled to take place. There was evidence on file that in cases where there was a delay in the social work departments sending on updated care plans that the centre manager had been proactive in contacting the relevant social work departments requesting them. The centre manager also took comprehensive minutes of care plan meetings to inform placement planning.

The inspectors found that the young people were encouraged to complete child in care review forms and participate in their statutory review meetings. Where the young people declined to participate there was evidence that the manager and staff ascertained their views and advocated on their behalf. Care plan minutes viewed by inspectors confirmed that the views of young people and family members were discussed at their care plan reviews.

Placement plans were developed for each young person by the centre managers in conjunction with their keyworkers. These were comprehensive in nature covering a six month period and were subject to monthly reviews. In the case of the new admission a provisional placement plan had been developed pending their forthcoming statutory care plan review based on the referral information provided and presenting issues. Centre records evidenced that placement plans were discussed at team meetings, in supervision and handover meetings. Inspectors found the placement plans to be reflective of the care plans and the review minutes on file.

Placement plans were also subject to regular auditing processes by the service's quality assurance auditor.

Inspectors found that monthly keywork schedules were in place which identified specific pieces of work to be undertaken by key workers with the young people based on the goals of the placement plans. Young people were consulted in relation to their placement plan, and this was confirmed in interview by one of the young people who met with inspectors. Social workers confirmed to inspectors that they were sent copies of placement plans and their input was requested and family members, where appropriate, were also consulted.

The young people in the centre were linked in with external therapeutic supports identified in their care plans including the Child and Adolescent Mental Health Service (CAMHS) and occupational therapy. At the time of inspection one young person was refusing to attend a specialist service and the centre had met with the service to develop a plan to re-engage the young person.

From a review of the care records there was evidence that there was good communication between the centre management, staff and the supervising social workers. There was lots of correspondence on file from the centre manager liaising with the young people's social workers in relation to the young people's progress, requesting outstanding documentation and following up on any issues of concern. Social workers interviewed were satisfied with the level of communication with the centre and the level of care provided to the young people.

Compliance with Regulation	
Regulation met	**Regulation 5**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.2**
Practices met the required standard in some respects only	**None identified**
Practices did not meet the required standard	**None identified**

Actions required

- None identified

Regulation 5: Care Practices and Operational Policies
Regulation 6: 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 evidence in centre records and interviews of strong and confident leadership in the centre by the centre manager. The manager was appropriately qualified and had worked in the centre for three years in a number of roles including acting manager before taking over the role in a permanent capacity in February 2021. Staff reported that the manager was supportive of their practice, provided them with good guidance and leadership and maintained a presence on the floor. Inspectors observed positive interactions between the manager and young people in the centre and a young person who met with inspectors stated that the manager was approachable and responsive to complaints.

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, management meetings and audit reports.

The centre manager reported to a regional manager who had line management responsibility for the centre. The regional manager was provided with daily updates and they were in regular contact with the centre manager through phone/email and there was significant evidence of this on file. The regional manager received monthly governance reports from the centre manager and held regional management meetings every two months with the centre manager, the quality assurance auditor and other managers in the region. Inspectors were informed that the regional manager had delegated a number of tasks to the service's quality assurance auditor as they were unable to visit the centre regularly. The regional manager was based a significant distance away from the centre and had not visited the centre in the eleven months prior to the inspection which they stated that was due to Covid 19 risks and restrictions in place. In the interim the quality assurance auditor was providing additional oversight and support the centre by maintaining regular contact, supervising the centre manager and conducting audits. Records reviewed by inspectors showed that the quality assurance auditor had conducted four audits in

the eight months prior to the inspection during which they met with the staff and young people. The regional manager and quality assurance auditor both expressed confidence in the centre manager and this was reflected in the audits of the centre viewed by inspectors. Inspectors found that the delegation of tasks led to sufficient arrangements for governance and that the centre was well supported and overseen. The inspectors recommend that the regional manager recommences on site visits as soon as practicable.

The registered provider liaised with Tusla's national private placement team in relation to placement contracts and procurement of services.

The centre's policies and procedures were updated in June 2021 and were in line with the National Standards for Children's Residential Centres, 2018 (HIQA). All staff were provided with training on policies and procedures during induction training. Staff stated that they were made aware of new or updated policies at team meetings and handovers and were requested to sign off on them. Inspectors found limited evidence of policies and procedures being discussed at team meetings and recommend that this should be a standing agenda item.

The centre had a risk management framework in place for the identification, assessment and management of risk. A risk register was maintained within the centre which recorded environmental risks and potential risks to the young people. Staff in interview were aware of the risk matrix system in place and inspectors were satisfied that the risks associated with the young people were assessed and managed appropriately. Pre-admission risk assessments had also been completed prior to the young people's admission. The inspectors viewed a corporate risk register on site and noted that all risks recorded related to Covid 19 and recommend that the corporate risk register is amended to include all corporate risks. Inspectors found that there was evidence of oversight of risk by senior management in minutes of management meetings, centre audits and other centre records.

There was good evidence from interviews and a review of management meetings that the organisation had clear plans in place for the management of the Covid 19 virus. There had been no confirmed cases of Covid 19 in the centre. Staff interviewed confirmed the centre had adequate supplies of anti-bacterial products, hygiene equipment, personal protective equipment and that there was an increased cleaning regime in place. All visitors to the centre were requested to confirm that they were not displaying symptoms of Covid 19 and temperature checks were conducted prior to entry.

The centre had an on-call system in place to assist staff at all times in managing incidents and risks in the centre.

The internal management structure outlined in the centre's statement of purpose consisted of a manager, deputy manager and a shift team manager. At the time of inspection, the shift team manager was on extended sick leave and the centre was in the process of recruiting an additional two social care leaders to comply with the staffing requirements of the Tusla national private placement team.

There were arrangements in place to provide managerial cover when the centre manager took periods of leave. The deputy manager assumed responsibility for the centre in the manager's absence. The inspectors were provided with a written record of managerial duties delegated to members of staff detailing their responsibilities and designated tasks.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

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

Actions required

- The registered provider must ensure that the corporate risk register is amended to include all corporate risks.

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found from a review of management meetings minutes, email correspondence between management and centre audits that the centre undertook workforce planning. The staff team consisted of the centre manager, deputy manager, eight residential support workers and one shift team manager. Four of these residential support worker posts were filled by "graduate residential support workers". These were staff employed with no residential experience in the year prior to inspection on a years' probation during which time they were required to receive additional support and training. The other members of the staff and management team had a number of years residential care experience and the centre had the required number of social care qualified staff. Social workers interviewed were satisfied that the staff team had the required competencies to meet the needs of the young people.

The staffing ratio at the time of inspection was 3:2 with a minimum of two staff required on each shift for the three residents. Inspectors were satisfied from a review of staff rosters that this minimum requirement was met and there were three staff members scheduled on shift most days.

There had been a high turnover of staff in the year prior to inspection and there were periods when the centre was short staffed which resulted in the core staff having to work additional and double shifts. Managers informed inspectors that the centre were in the process of recruiting three additional staff members, interviews had taken place and there was evidence on file that the centre was actively recruiting. As previously stated this recruitment plan also included the creation of two new social care leader roles to comply with the staffing requirements of the Tusla national private placement team.

The inspectors found that the centre did not have sufficient relief staff to cover gaps in the roster and all forms of leave. There were five relief staff on the relief panel, the majority of whom had previously worked in the centre and remained on the relief panel after resigning their posts. Inspectors were informed that a number of these

staff had moved on to other full-time posts or were students and therefore there availably was limited. The registered provider must ensure that the centre has adequate relief staff available to cover all forms of leave.

The inspectors reviewed a sample of personnel files during the inspection and noted that the Garda vetting for one staff member who took up their post in February 2020 was dated July 2018. The centre subsequently obtained updated vetting for the staff member in June 2021. The centre management must ensure that all staff have up-to-date vetting prior to taking up their posts.

The organisation had a range of measures in place to promote staff retention. This included opportunities for promotion within the company, an education assistance fund, training, maternity leave and additional annual leave days for long service.

There was a formal on call policy and procedure in operation which staff found responsive and provided them with good guidance and support.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**None Identified**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**None Identified**

Actions required

- The registered provider must ensure that the centre has adequate relief staff available to cover all forms of leave.
- The centre management must ensure that all staff have uptodate vetting prior to taking up their posts.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	N/A		
5	The registered provider must ensure that the corporate risk register is amended to include all corporate risks.		
6	The registered provider must ensure that the centre has adequate relief staff available to cover all forms of leave. The centre management must ensure that all staff have uptodate vetting prior to taking up their posts.		