



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 197

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Solis MMC
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	22nd 28th, October and 1st and 2nd November 2021
Registration Status:	Registered from 30th July 2021 to 30th July 2024
Inspection Team:	Linda McGuinness Lorna Wogan
Date Report Issued:	18th November 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 30th of July 2021. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 30th of July 2021 to the 30th of July 2024.

The centre was registered as a multi-occupancy centre to provide medium to long term care for three young people of both genders aged thirteen to seventeen years on admission. Their model of care was informed by attachment and resilience theories and was underpinned by Erik K Laursen's '*Seven habits of reclaiming relationships*'. The centre aimed to provide an individualised programme of care to assist each young person to develop resilience through the medium of positive and caring relationships. There were two 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	2.2
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 registered provider, senior management, centre manager and to the relevant social work departments on the 10th of November 2021. The centre met all standards reviewed in full and there was no requirement to submit a corrective and preventive action plan (CAPA) to the Alternative Care Inspection and Monitoring Service. The regional manager confirmed on 11th November 2021 that there were no factual inaccuracies in the report.

The findings of this report 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 197: without attached conditions from the 30th of July 2021 to the 30th of July 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17 Records

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.

This was the first inspection of this centre and the two young people living there were admitted in August and September 2021. Inspectors found that the initial child in care review meetings were only recently undertaken and while they were scheduled within the regulatory timeframes of two months of the placement commencing there were delays in these occurring due to Covid-19 and the HSE cyber-attack. The centre was provided with an updated care plan for one young person prior to their first statutory child in care review. Inspectors found that this was a detailed and comprehensive assessment of needs with specific actions agreed by all parties. This plan was being updated at the time of inspection and waiting sign off by senior social work department personnel.

There was no care plan on file for the other young person in the centre. Centre management had written to the social work department and were liaising with Tusla to secure this care plan. The social worker informed inspectors that it was being finalised and would be sent to the centre imminently. Both young people attended their care planning meetings and made positive contributions with the support of staff and management. There was evidence that there was meaningful contribution from families during this process and that their views were considered and incorporated into planning documents.

Despite a delay in receipt of a care plan for one young person, both young people had comprehensive placement plans on file that addressed objectives discussed at multi-disciplinary meetings during the referral and admission process. The placement plans were forwarded to the social work departments for their input and agreement. Staff interviewed by the inspectors were knowledgeable and familiar with the individual needs of the young people and the goals of their placement plans. There was evidence that these were discussed in detail at team and management meetings and in staff supervision.

Inspectors found that there was an emphasis on encouraging young people to participate in care and placement planning processes. The purpose of their placement was explained to each young person. There was evidence that, with the support of staff, they contributed to setting personal and individual goals they wished to achieve.

Each young person had a senior member of the staff team assigned as a case manager. They co-ordinated key work and individual work and had oversight of implementation of placement plans. All staff were responsible for implementing the goals of the placement plan and inspectors found that this was effective in practice. There was evidence that individual staff were assigned and completed work with the young people to progress their identified needs. Progress reports were prepared and shared with all relevant people. The social care manager stated that co-keyworkers were to be assigned when relationships in the centre were firmly established and confirmed that young people would have input in this process.

Inspectors found that placement plans were live documents that were monitored, reviewed and updated by the centre manager, case managers and the service managers. Inspectors found that they were also subject to review as part of external audits undertaken by the quality assurance department. Each young person also had a placement support plan that guided staff with issues of risk, daily routines, potential absences and behaviour management. These were comprehensive documents and there was evidence that they were routinely reviewed, updated and subject to oversight by management at all levels.

This centre was piloting a new child-friendly placement plan pro forma. Interim feedback was that this was well received by young people and staff and was being considered for implementation with all young people across the organisation.

Inspectors spoke with the social workers for both young people and they were satisfied that the centre provided safe care and met their needs as set out in the placement proposals. They confirmed they received copies of the placement plans, placement support plans and progress reports. The social workers commended the work of the team and the progress the individual young people had made in such a short timeframe. There was evidence that families and other clinical professionals also provided positive feedback about care provision and progress of the young people.

Inspectors found that there was appropriate specialist support in place for one young person who had specific needs. Specialists also provided specific training to the staff team to ensure they were confident and competent to respond effectively to the young persons needs. The supervising social work department had also agreed to fund private psychology support. The case manager and the team had sourced community supports to respond to the needs of the other young person and the social worker confirmed to inspectors that further specialist support would be sourced and funded.

The organisation employed a consultant psychologist who worked with the team to support them with specific interventions and approaches to care.

Following a review of the care files and interviews with the allocated social workers and a Guardian ad Litem, inspectors found there was regular communication and good collaboration between all parties to facilitate effective planning. One social worker was temporarily allocated to one of the young people however the social work team leader had taken a lead role in the admissions and planning processes to support the staff team and the young person.

Compliance with Regulations	
Regulations met	Regulation 5 Regulation 17
Regulations not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed

Action Required:

- None

Regulation 5: Care Practice s 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.

Inspectors found that the organisation had clearly defined governance arrangements and management structures with defined lines of authority and accountability. Each staff member had a job description appropriate to their role. There was evidence of specific induction and training processes for roles such as the manager, deputy manager and social care leaders.

Following a review of centre records, interviews with staff and external professionals the inspectors found there was strong and effective leadership of the centre. The centre manager was the appointed person in charge and was appropriately qualified and experienced to undertake the role. They held the overall executive accountability for the delivery of service and it was evident through the inspection process that they had oversight on all areas of practice. They were supported by, and reported to, two regional managers who were responsible for four centres in the geographical area. The centre manager and staff interviewed during inspection expressed confidence in all levels of management stating they were 'available and supportive'.

A review of minutes of internal and external management meetings and supervision records demonstrated that the centre manager was a supportive, challenging, competent leader. The deputy manager also provided significant support to the team and facilitated policy and procedure supervision training.

There was a strong emphasis on the provision of child centred safe and effective care which was led by the centre manager and deputy manager. The managers were based in the centre from Monday to Friday and they regularly attended handover meetings and chaired the bi-weekly team meeting.

Inspectors found strong systems of governance and oversight across the organisation. The centre manager compiled a governance report for the director, service managers and quality assurance auditor at the start of each month. This included information relating to young people's planning documents, supervision, team meetings, health and safety, complaints and staffing.

Inspectors reviewed a range of centre records including team and management meetings, significant events and staff supervision and found that a culture of learning was evident in practice. The quality assurance auditor had completed a comprehensive audit and detailed report in October 2021 based on six themes of the National Standards for Children's Residential Centres, 2018 (HIQA). The centre manager had provided a prompt response and action plan to evidence completion of a small number of identified issues. The quality auditor also compiled information relating to significant events into a database which was sent to service managers and the director. There were regular meetings by managers across the region for the purpose of sharing best practice.

The quality assurance department also held responsibility for the review and update of organisational policies and procedures to ensure that practice was guided by up-to-date legislation, national standards and national policy. The annual review of policies had taken place in July 2021 and staff members were provided with memos of updates. There was evidence that these were also discussed in team meetings and supervision.

Inspectors found that the two regional managers had a regular presence in the centre, they met with young people and staff members and attended team meetings. Each had specific areas of responsibility. They compiled a report following each visit with feedback and any recommendations. There was evidence that this was discussed at team meetings and in staff supervision for learning purposes.

Strong and robust leadership was confirmed during staff interviews and in discussions with allocated social workers and a Guardian ad Litem. Inspectors found that actions arising from inspections across the organisation were discussed at management and team meetings and any relevant actions were implemented across the service.

The organisation was procured to provide a service to the Child and Family Agency through Tusla's national private placement team (NPPT). An annual compliance report was submitted to NPPT and there was regular communication between both parties.

There was a risk management policy and framework in place as required. The centre manager had taken prompt action following an audit when staff needed further support relating to understanding of the framework. The manager undertook practical exercises with staff to support their learning in relation to undertaking risk assessments. Staff interviewed during inspection were familiar with the matrix in place and how the centre managed corporate, site specific and individual risks. There was an effective pre-admission risk assessment process which included individual and collective risks, control measures and required actions.

Staff were familiar with current risks for each young person and how these were assessed and managed in practice. Inspectors were satisfied that these risks were comprehensively risk assessed, managed and monitored with specialist input when required. This was confirmed in interview with supervising social workers.

Inspectors found evidence of oversight of risk by senior managers through governance reports, quality assurance audits, management meetings, and their visits to the centre.

Inspectors found that the risks associated with the Covid-19 pandemic were well managed across the organisation. There was prompt and regular access to personal protective equipment, cleaning materials and sanitiser. Staff received training relating to Covid-19 during their induction. Policies and protocols were reviewed in line with guidance and advice from the National Public Health Emergency Team and government guidelines. Staff were sent individual memos to update them on changes to policies or procedures.

Inspectors found that there was an internal management structure appropriate to the size and purpose of the centre. There was an on-call policy and procedure to assist staff to manage any crisis situations outside of office hours. The centre manager and regional manager were satisfied that staff were familiar with the thresholds for using the on-call service. The on-call system remained under review on a regional basis to ensure that it was fit for purpose and that those providing cover had appropriate time off duty.

There were appropriate arrangements in place to provide cover when the manager took periods of leave. There was a standard operating procedure that recorded tasks assigned to the deputy manager during periods of leave by the manager. There was a formal handover process at the end of a managers leave period where key decisions and other

information was communicated back to the manager. When the service managers took leave a named person was assigned as a contact person for the centre manager.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed

Actions Required:

- None

Regulation 6: Person in Charge
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 that the organisation had good systems in place to manage the workforce to deliver safe and effective care. Workforce planning was discussed at team meetings and senior management meetings. Arrangements were already in place to address deficits in 2022 when several staff had to complete extended college placements.

The staff team had remained stable since the centre was first registered. At the time of this inspection the staffing complement consisted of the social care manager, deputy manager, three social care leaders and seven social care workers. Inspectors found that this was sufficient staff for the number and needs of young people at the time of inspection.

Another social care worker had been accepted for a post and vetting processes were being undertaken at the time of inspection. The centre, in consultation with the NPPT had not considered a third referral until the full complement of staff was in place.

The centre manager was appropriately qualified and experienced and there was evidence of good leadership and support as discussed in theme 5 of this report. There was a dedicated panel of relief staff for the organisation in this geographical region who were available to cover annual and all other types of leave. At the time of inspection, one of the centres in the region was temporarily closed and that staff team were available to cover shifts if required. The manager always ensured that staff familiar with the young people were rostered in the first instance.

Inspectors found that there was a strong emphasis on staff retention and maintaining a stable core team. During inspection interviews, staff highlighted positive areas of working for this organisation such as professional training, good teamwork and supportive management. The roster had also been reviewed several times to ensure that it met the needs of the centre whilst also ensuring a good work life balance for staff. Staff reported feeling valued. The company recognised staff efforts with small gestures and team days. Consultation across the organisation took place with staff teams in relation to additional employee benefits. There was a strong emphasis on promoting self-care withing the staff team.

The organisation had arrangements in place to promote continued staff development with college bursaries and time provided for study leave etc. There was an employee assistance programme to support staff if required.

The inspectors found staff had the necessary competencies and experience to meet the needs of the young people currently in placement. The centre manager organised the roster to ensure that there was a social care leader working each day. There was evidence that they modelled good care practice and provided practical support to less experienced staff members.

Double cover was always provided. At the time of inspection one staff member worked a twenty-four-hour shift and slept overnight in the centre. They worked alongside a person covering a long day shift and a dedicated staff member provided live night cover from 8pm to 10am. Appropriate breaks were scheduled, or time taken back at the end of

shift. There was two dedicated times in the day for handover of information to staff coming on shift.

There was a formal on call policy and procedure in place as required.

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

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed

Actions Required:

- None

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	None identified		
6	None identified		