



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 209

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Solis GMC Children's Services
Registered Capacity:	Six young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	20th December 2022
Registration Status:	27th September 2022 to 27th September 2025
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	8th March 2023

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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 and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the 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 27th September 2022. 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 27th September 2022 to the 27th September 2025.

The centre was registered as a multi-occupancy service and provided six apartments in semi-independent living arrangements to persons of all genders aged 16 – 17 years on admission. 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
3: Safe Care and Support	3.2

This inspection activity was conducted as a result of an escalation sent by the National Private Placement Team to ACIMS in relation to the management of high-level risk-taking behaviours by one young person and the dynamics between them and another young person. The focus was to determine whether appropriate risk assessments, safety plans and actions were being implemented to support staff in managing or mitigating the serious risks involved with the behaviours and dynamics in the centre. This centre had recently opened in October 2022 as a transitional centre to support young people in semi-independent living.

This was a blended inspection which consisted of interviews and a desktop review of documents and an onsite review of care records for all young people including a wide range of centre records relevant to placement planning, clinical supports, key working, risk management and professional meetings.

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. Where possible 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 on the 24th January 2023 and to the relevant social work departments on the same date. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 07th February 2023 and this was deemed to be satisfactory.

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: 209 without attached conditions from the 27th September 2022 to the 17th September 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The inspectors found that the centre had a policy and procedure in place for the management of behaviour. However, this policy was not aligned to the purpose and function of this service as it was more generic to a mainstream residential centre and did not include information in relation to the functions of this specific centre. This policy should be reviewed and tailored to the service provided.

Inspectors found that the majority of staff had completed training in a recognised framework of behaviour management. However, in interview they were not able to easily identify what the centre's approach to behaviour management was and further training in this is required to ensure a consistent approach to practice is taken within the centre. Additionally, three staff had not completed the required training at the time of the inspection, despite the fact that they had been working in the centre for approximately two months.

Staff and management in interview had a clear understanding of each young person's behaviour and had highlighted the concerns for one young person who was engaging in high-risk behaviours in the community. However, despite the risk presenting for this young person the inspectors found no record of steps taken by the service to mitigate the risk for this young person. There was no evidence or minutes of multi-disciplinary meetings that had taken place to ensure the safety of this young person.

One young person was admitted to the centre in September and the other in November however their statutory care planning meeting had not taken place to date which had resulted in both young people having no up to date care plan. In telephone conversation with the assigned social worker for one young person, they confirmed that a meeting would be convened in January. In relation to the other young person the child in care review meeting had previously been scheduled but had not taken place as a decision was made to discharge this young person from the service. This was a planned discharge agreed for early January 2023.

Inspectors reviewed all referral information for young person one which included information in relation to behaviours of concern. However, there was limited pre-admission referral information on file for young person two. A pre-admission risk assessment was completed for young person one in which identified risks and behaviour of concerns were highlighted and signed by the social worker. The Director explained that the date of admission for this young person was sooner than expected but the pre-admission processes had commenced prior to admission.

A pre-admission meeting took place on the 3rd November for young person two. On review of minutes from this meeting the inspectors found that discussion took place around presenting behaviours which included substance abuse, absconding, running away and breaking bail conditions. However, the inspectors found no evidence of discussion about the behaviour of concern which was joyriding and car theft which had been a known behaviour for this young person prior to admission.

While inspectors found that the centre had completed impact risk assessments for the two current residents on admission and for a potential third admission, these were not individualised to the risks for each young person. Inspectors found that the general overview document to accompany the risk assessment appeared to be generic, and controls in place were applied to each of the young people despite the behaviours not being a concern or risk for that young person.

While staff in interview were clear with regards to the presenting behaviours of both resident young people, inspectors found inaccuracies in young people's care records in addition to information being incorrectly filed in the young people's folders which could lead to confusion amongst the staff team or to a GDPR breach. Practice in this respect required immediate improvement. Other records reviewed as mentioned above appeared to be generic and were not reflective of each young person's presentation and needs despite being signed off by centre management.

Both young people had a placement plan which was aligned to the old care plan goals. A placement plan for November and December for one young person had recently been sent for review to the social work department on the 18th December. Inspectors reviewed a sample of key working since admission for both young people and noted that the centre had completed some degree of targeted key working to address behaviours of concerns. Key working in relation to placement plan goals was limited and sporadic as the young people had minimal engagement in the placement and were frequently missing. Daily plans were in place for both young people however, it was unclear whether the young people were consulted in relation to these plans.

The centre had completed a placement support plan (PSP) for both young people. This plan consisted of an absence management plan (AMP), routine management plan (RMP), behaviour support plan (BSP) and individual crisis support plan (ICSP). On review of these documents the inspectors found deficits and inaccuracies in documents for both young people. For example, the BSP for one young person did not mention the curfew time and the RMP included the name of another young person. There was no evidence of review of these plans by staff or management.

Behaviours of concern for both young people were managed through ongoing risk assessment. However, the inspectors found that the centre was inappropriately utilising the associated risk assessment matrix forms to record young people's behaviours. These concerns should have been dealt with through the placement planning processes and behavioural support plans in line with the centre's policies. Further, there was no log in place for each young person to track and support these assessments. There was no mechanism in place to record reviews/decisions made in relation to this risk and it was difficult to establish what risk were open or closed. On review of the risk assessments for both young people it was clear that these had only been completed in November/December one month after both young people had been admitted despite these behaviours having existed for a period before this.

The inspectors found no evidence or records of multi-disciplinary meetings for both young people in relation to their risk-taking behaviours. One safety plan was in place for one young person which was not up to date at time of inspection and was not signed by staff or management. The centre manager advised that regular meetings had been occurring for both young people in relation to their risk and placement; however inspectors did not find minutes on file from any of these meetings.

Additionally on the day of inspection, the centre could not provide inspectors with a safety plan in regard to one young person for the upcoming holiday period. A strategy meeting had been requested by the centre the previous day. The inspectors found the centre wasn't consistent on how it assessed and rated the risk they could manage in relation to each young person. The inspectors found that the centre had escalated the sustainability of the placement for one young person due to their presenting behaviours and the placement not being able to meet their needs. However, the risk in relation to the other young person warranted an escalation as the inspectors found that these behaviours were of a higher risk and required immediate response.

In interview with the allocated social worker for one young person they confirmed that a strategy meeting had taken place in which they had taken their own minutes

from this meeting. This allocated social worker confirmed that the centre was addressing the concerning behaviour and there was ongoing involvement from the court.

The social worker for the other young person advised that there had been regular meetings and discussions around sustaining this placement and the provision of addition supports. The social worker advised that on admission the young person's clinical support had completed work with the staff to support the placement. However, inspectors did not find evidence of these meetings, or support provided on the young person's records.

Team meetings were aligned to the eight themes of the National Standards for Children's Residential Centres, 2018 (HIQA). The minutes reflected limited discussions in relation to the young people in the centre. However, a summary discussion was recorded if issues were arising for the young person. On review of meetings in September/October the inspectors found no discussion in relation to the admission of a new young person for November.

There was a system for notification of significant events in the centre. The significant event form detailed ongoing communication with the social work department and clear timelines of when they attempted contact with each young person. However, the notification list and signature from the manager did not include date or when the significant event was sent. At times management recommendations are noted however it was hard to see whether these recommendations were followed up on or completed. For example, on review of one significant event in November it stated that a risk assessment was on file to support the risk identified however, the inspectors found no evidence of this.

The inspectors found that the centre had no clear auditing system in place. The centre had recently opened in September and there had been no audit completed as yet in relation to Theme 3 of the National Standards for Residential Care, 2018 (HIQA). There was no proposed schedule of audits in place either. The centre manager advised that a centre monitoring report was being completed on a monthly basis. On review of this the inspectors found that this report was not fit for purpose to support good auditing practices in the centre. It contained inaccurate information which did not identify deficits in young people's care records as identified by the inspectors at this inspection and improvement is required in this regard.

Restrictive practice was in place in the service in the form of closed-circuit television (CCTV) on the entrance and exit doors to the building, hallways and the communal

living area. There was signage throughout the building informing individuals of same. On review of the associated risk assessment for the CCTV the inspectors found the risk and the rationale to why this was in place was incorrectly identified and requires review to ensure that the restrictive practice in place is identified and categorised correctly.

Both young people completed questionnaires in relation to their placement and the inspectors noted they were both happy in the centre.

It is the finding of inspectors that practice in this centre was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	Regulation 5

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

Actions required:

- The registered provider must review the centre's policy on behaviour management to ensure it is aligned to the purpose and function of the service.
- The registered provider and centre manager must review and ensure that all care records are accurate and contain correct information relevant to all young people in the centre.
- The registered provider and centre manager must ensure that all staff are trained in good record keeping.
- The registered provider and centre manager must ensure that when young people are engaging in high-risk behaviours that the appropriate multi-disciplinary meetings take place and associated management plans are recorded and signed by all professionals involved.
- The registered provider and centre manager must review the centre's policy on escalation of unmanageable behaviours in the centre and ensure these are escalated to the relevant professionals.

- The registered provider and centre manager must review the process of addressing young people's behaviours as part of the risk assessment matrix and ensure that it is in line with the organisational risk management policy.
- The registered provider and centre manager must review the restrictive practices for the centre to ensure that they are correctly categorised, identified and reviewed in line with best practice.
- The registered provider and centre manager must ensure that all staff are trained in behaviour management, risk management and restrictive practice in the centre.
- The registered provider must ensure that the organisation has a clear auditing system in place that's aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).
- The registered provider and centre manager must ensure a schedule of audits are in place for the coming year.
- The registered provider and centre manager must complete an audit on Theme 3.2 of the National Standards for Children's Residential Centres, 2018 (HIQA).

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	The registered provider must review the centre's policy on behaviour management to ensure it is aligned to the purpose and function of the service.	The Managing Behaviour will be reviewed in February 2023 parallel to the Purpose and Function. The risk assessment for each young person will be reviewed within two weeks of admission.	Behaviour Management Policies will be subject to annual review.
	The registered provider and centre manager must review and ensure that all care records are accurate and contain correct information relevant to all young people in the centre.	All care records have been reviewed to ensure all information held are accurate.	Monthly Audits by centre manager and DPIC will ensure that all information is stored accurately.
	The registered provider and centre manager must ensure that all staff are trained in good record keeping.	Centre Staff will be trained in record keeping in March 2023.	Record Keeping Training will form part of the 2023/24 Mandatory Training schedule for all staff.
	The registered provider and centre manager must ensure that when young people are engaging in high-risk	Regular strategy meetings are now held with all professionals involved to manage risk collectively.	All SEN's will be forwarded promptly to the SEN Review Team and Social Work Departments, Escalation procedures will

	<p>behaviours that the appropriate multi-disciplinary meetings take place and associated management plans are recorded and signed by all professionals involved.</p> <p>The registered provider and centre manager must review the centre's policy on escalation of unmanageable behaviours in the centre and ensure these are escalated to the relevant professionals.</p> <p>The registered provider and centre manager must review the process of addressing young people's behaviours as part of the risk assessment matrix and ensure that it is in line with the organisational risk management policy.</p> <p>The registered provider and centre manager must review the restrictive practices for the centre to ensure that</p>	<p>Risk management plans are sent to the respective social work departments and relevant professionals for agreement. An email record of agreement will be noted in young people's care folders.</p> <p>The Centre will ensure that behaviours which are deemed unmanageable are escalated in the first instance to the relevant social work department. Furthermore, where behaviours are considered to place the placement at risk the Service Director will escalate this to the National Private Placement Team.</p> <p>Preadmission risk assessments will be reviewed within two weeks of admission to the centre. Impact risk assessments will also be reviewed with all risks categorised on a matrix.</p> <p>Restrictive practices have been reviewed and are categorised and identified. Periodic reviews of practices will be</p>	<p>invoke Emergency Strategy Meetings when it is deemed such risks are increasing.</p> <p>As above.</p> <p>The organisation's risk management policy will be reviewed annually and take account young people's presenting behaviours.</p> <p>Restrictive practices will be reviewed and amended as necessary to ensure best practice.</p>
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	<p>they are correctly categorised, identified and reviewed in line with best practice.</p> <p>The registered provider and centre manager must ensure that all staff are trained in behaviour management, risk management and restrictive practice in the centre.</p> <p>The registered provider must ensure that the organisation has a clear auditing system in place that's aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).</p> <p>The registered provider and centre manager must ensure a schedule of audits are in place for the coming year.</p> <p>The registered provider and centre manager must complete an audit on Theme 3.2 of the National Standards for Children's Residential Centres,</p>	<p>undertaken by the Centre Manager in conjunction with the Service Director.</p> <p>Staff will be retrained in the centres Policy and Procedures paying particular attention to behaviour management, risk management and the restrictive practices in place.</p> <p>The provider has introduced a new self-audit governance tool which is aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).</p> <p>The self-audit will be undertaken monthly by the service manager and validation by a quality auditor.</p> <p>An audit of Theme 3.2 is ongoing with Centre Manager, DPIC and SCL's as part of a review of behaviour management under the safe care & support policy.</p>	<p>Mandatory induction training for staff will include policy and procedures and PSP training. Additionally, team meetings will regularly update on Restrictive practices.</p> <p>Monthly self-audits will be completed by the centre manager and forwarded to the Service Director. These are validated externally for accuracy and compliance.</p> <p>Quarterly external audits are scheduled bi-monthly commencing end of February 2023.</p>
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