



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 235

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis SMC Children Services
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	15th, 16th and 20th May 2024
Registration Status:	Registered from the 1st of December 2023 to the 1st of December 2024
Inspection Team:	Cora Kelly Eileen Woods
Date Report Issued:	4th July 2024

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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 1st of December 2023. 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 1st of December 2023 to the 1st of December 2024.

This centre was established under the Temporary Protection Directive, (TPD). The young people living in the centre had originally arrived in Ireland as separated children. Measures introduced under the TPD provided certain rights to young people in these circumstances including permission to reside in Ireland for an initial period of one year (this can be extended), protection and support with child safeguarding, accommodation, education, medical needs and access to the labour market. Young people who present as separated children seeking international protection fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people.

This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the TPD. It provided accommodation for young people of all genders between the ages of 16-18 years on admission. Young people shared bedrooms including two young people per room. The aims and ethos of the service was to promote care and support to ensure the wellbeing of the children in a stable, caring and nurturing environment where they are valued and supported to achieve their potential as well as benefiting from social interaction and learning provided by the centre. There were four 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, 1.4
5: Leadership, Governance and Management	5.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the

relevant persons including senior management and staff, the allocated social workers and other relevant professionals. 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.

All four young people met directly with inspectors during the onsite visit. As part of the information gathering process too all four young people completed ACIMS questionnaires. Inspectors interviewed the centre's manager, two staff, the service manager for the organisation along with one Tusla link worker who was allocated to the two of four young people. To date, they had not formally met with the two young people.

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 27th of May 2024. The registered provider was afforded the opportunity to respond identifying any factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document to the inspection and monitoring service. The Service Director informed ACIMS on the 14th of June 2024 that there were no factual inaccuracies in the draft report.

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: 235 without attached conditions from the 1st of December 2023 to the 1st of December 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Regulation 17: Records

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.

The inspectors found that centre practices were guided by legislative measures aimed at protecting the rights of children. In line with the UN Convention on the Rights of the Child that were clearly documented in the centres policies and procedures document staff understood and demonstrated the key principles of these rights in their daily practice and were utilising a child centred approach in working with the four young people living in the centre. Information on 'know your rights' was also provided to the young people and readily available in the centre that was in English and in languages understood by the young people in placement. The centres commitment to implementing the organisations 'principals of practice' was contributing to the young people being provided with a safe, caring, and therapeutic environment. In interview staff demonstrated clearly how they promoted and respected each of the young people's rights. In speaking with the inspectors all of the young people said they knew about their rights, from when they first moved to the centre and that their key worker and staff continually informed them of their rights. This was evident to the inspectors through the different pieces of work being completed with them in line with their placement plans. Through the inspectors review of the young people care file's, including placement plan records and accompanying key work records, there was good evidence of staff providing genuine care for the young people, respecting their individual values and beliefs, and responding effectively to their individual needs. Through questionnaires and in conversation with the inspectors all of the young people said that they had a say in making decisions about their care, had privacy, that staff respected them and listened to them. One young person said they 'like living here, they listen to me, and I have what I need every day' with another young person telling the inspectors that 'staff are nice to talk too, and they help me'.

There was evidence of the young people feeling protected within the centre and of staff being attentive to the interactions and dynamics between them and responding effectively to issues

raised by them. The four young people stated through questionnaire and in conversation with the inspectors that they would speak with staff if they were unhappy about something in the centre. In conversation with the inspectors one young person expressed to the inspectors of their wish to continuing to have a bedroom to themselves where they felt safe and had privacy. In light of the significant trauma, they had experienced prior to arriving in Ireland, and their care experiences whilst in Ireland prior to moving to the centre we recommend that the centre manager and staff strongly advocate their wish to their newly allocated social work representative and to continue supporting their safe and positive experiences whilst living in the centre.

Each of the four young people told the inspectors that their dietary requirements were catered for and described how this was planned for on a daily and weekly basis. The young people's individual religious beliefs were also acknowledged and promoted. One young person told the inspectors that staff showed them how to cook and that they can chose, purchase and cook meals of their choice which they found helpful. Another young person described the meals they liked to cook from their country of origin for staff and young people. The weekly planners in place for all young people accounted for their various hobbies and activities of preference, external English classes and education, training, and employment schedules. Two of the young people stated they had the equipment needed for football and basketball and that staff facilitated them in attending their trainings and matches.

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

On admission the centre had processes in place for the young people to be provided with information about the centre and what to expect whilst living there. Leaflets with information on 'know your rights', 'the code of conduct for young people', the 'code of behaviour among young people' and 'rules for room sharing were also available. These were available in the English language and in languages understood by the young people in placement. There was evidence of house rules and other topics such as pocket money, fire safety and evacuation and behaviour expectations being discussed with the young people at the time of their admission to the centre. The young people were also informed of how staff would support them in accessing a medical, dental, and optical care and other services relevant to them.

When young people moved to the centre, having either moved straight to Ireland from their home country or transferred from a different placement in Ireland, the levels of the English language varied amongst them with some having good abilities in speaking and understanding the language with others having very little English. Whilst the support of an

interpreter had been offered to each young person at the time of their admission to the centre the inspectors were informed that they were unwilling to speak in front of the interpreters and liked to have a choice about this. However, following an ACIMS inspection of a sister centre in March of this year the centre manager and staff were not aware of a recent change to the admission process within the organisation. It is now required that an interpreter must be utilised for all admission meetings and for any significant or important conversations to ensure that the information shared is clearly understood by the young people for example like explaining a child protection matter or a sanction or warning. The centre manager will now be required to ensure this additional procedure occurs going forward.

The staff team provided the young people with the information and contact details on supports services available them for example Empowering People in care, (EPIC), the Ombudsman for Children and the Irish Society for the Prevention of Child Abuse, (ISPCC). An EPIC advocate had visited the centre, and the centre manager was hoping to explore this again for the current young people. Staff also explored specialist support services when required. There was evidence of staff explaining the National Standards for Childrens Residential Centres individually with the young people and at the young people's meetings.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1 Standard 1.4
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

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.

It was the inspectors findings that effective leadership was demonstrated within the organisation and the centre. The centre manager was very clear in how they executed their roles and responsibilities across the operational running of the centre and in providing care and support to the young people. They had developed a culture of learning within the centre with the ongoing professional development of the staff team being a core feature of their work. This was positively influencing the young people in feeling safe and secure in the centre and the levels of job satisfaction within the staff team. The centre manager was present in the centre Monday to Friday and available to support the staff and the young people. Staff in interview described their leadership as ‘supportive’, ‘we are informed about everything via email, handovers and supervision’ and ‘we can progress and grow’. The young people said the centre manager ‘listened to me’ and was ‘easy to talk to’. Arrangements were in place for the manager of the centre next door to the property to act up in their absence. Staff in interview stated this arrangement had worked well to date. Arrangements were also in place for the centre managers pending planned leave of absence, the staff team were aware of this and expressed satisfaction with same.

There was evidence that the monthly held team meetings were focused, and action and outcome oriented. Good discussions were being held for example reviewing the young people’s placement plans, assessing their needs and planning for same, on policies and procedures and other topics that related to the general running of the centre. Supervision was provided regularly to all staff with the centre manager being supported in this by two staff members both who have been provided with relevant training. The centre manager maintained the training needs analysis (TNA) that took account of all mandatory and supplementary training completed by staff. The TNA was up-to-date, and it was easy to track the various trainings completed. The centres operational policies and procedures had recently been updated with all staff provided with the updated policy document with the requirement for them to familiarise themselves with them. Staff in interview spoke very clearly and confidently of their work practices and gave clear and good examples to describe

these practices. The centre manager was preparing for the move toward an online recording system.

The centre manager reported to the service manager as their line manager who also provided them with regular supervision. The service manager visited the centre regularly and met with staff on duty, the young people, and the centre manager. In interview the service manager was familiar with how the centre was run and of the care being provided to each young person. Two governance mechanisms included the centre manager compiling monthly governance reports for senior management and audits being completed by an external auditor. Both were proving effective with auditing arrangements focused on ensuring quality care and support was being provided.

The risk management policy included processes for the identification, assessment and management of risk and a risk matrix. The centre manager held responsibility for maintaining the risk register that identified organisational and centre risks including some risks assessments for young people. These outlined strategies and controls in place for example sharing bedrooms, smoking, self-harm and bullying. The centre manager informed the inspectors that risk and incident management training was being rolled out to the staff team the week following the inspection. This will allow staff to take responsibility for identifying and responding to risks as they arise for the young people.

There was an appropriate service level agreement in place and audits available to the funding body that they were compliant with relevant legislation and national standards.

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 under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.