



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 241

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:	21st, 22nd and 23rd October 2024
Registration Status:	Registered from the 23rd of February 2024 to the 23rd of February 2025
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	17th December 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 1: Child-centred Care and Support, (Standard 1.1 & 1.4 only)	
3.2 Theme 5: Leadership, Governance and Management, (Standard 5.2 only)	
4. Corrective and Preventative Actions	14

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 23rd of February 2024. 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 23rd of February 2024 to the 23rd of February 2025.

The centre was registered to provide multiple occupancy accommodation, care and supervision on a short to long term basis for separated children seeking international protection aged 13-17 years on admission. The centre adopted a 'principles of practice' approach in their work with the children. The principles guiding practice included: positive relationships, strengths based approach, safe environment, reflective practice and Laursen's 'seven habits of reclaiming relationships'. There were six children 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. 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.

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 6th of November 2024. 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 20th of November 2024. On their review the inspectors requested that a further review of the CAPA was undertaken. A revised and updated CAPA was received on the 27th of November 2024. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

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: 241 without attached conditions from the 24th of February 2024 to the February 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 11: Religion
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 staff in the centre utilised a child centred approach in working with the six young people, who were aged between 14 and 17 years of age and were from three different countries. The centre manager and staff demonstrated a good understanding of each young person's individual beliefs and values and had a good working knowledge of young people's rights and how they promoted them with the young people individually and as a group living together. The inspectors found that staff practices in this area complied with the centres operational policies and procedures. These included the policy on children's rights drawn from the UN Convention on the Rights of the Child. Information on 'know your rights' that was provided to the children in their own language on their admission was found to have formed part of staff practices in their everyday interactions with the young people. This was evident to the inspectors through their review of young people's care files and the young people themselves indicating through questionnaire and in person with the inspectors of their knowledge on their rights for example the right to practice their religion, have access to information, rights to education, health care, to speak their own language to name a few. In interview with the inspectors the three social workers allocated to the six young people stated that the young peoples' rights were well promoted, advocated for and respected by staff, and they spoke very positively of the work overall by staff and the centre manager here.

There was evidence of staff providing genuine care for the young people and responding effectively to their individual needs. The inspectors found that goals outlined in the young peoples care plans or section five placement plans were being

tracked, monitored and met in conjunction with the centres placement planning system. Each young person's placement plan was a live document that was subject to ongoing review and in collaboration with the allocated social workers. It was evident that good and effective keyworking was being completed, and in a respectful manner too. Staff supported the young people in accessing medical, dental, optical care and other specialist services relevant to them. At the time of the inspection the centre manager was positively advocating for three of the young people regarding their medical supports. The young people stated through questionnaires and in conversation with the inspectors that they had a say in making decisions about their care, had privacy, that staff respected them and listened to them. All of the young people recorded in their questionnaire that they felt safe in the centre and that staff helped them to keep safe outside of the centre.

As led by the centre manager staff were found to have been conducting good work in enabling each young person to understand and raise awareness of the cultural differences amongst the current cohort of young people. This work was positively reflected in the young people engaging well together at the weekly held young people's meetings, regularly participating in group activities, sharing household chores and cooking meals for each other. Each young person's individual religious beliefs were respected by staff and the young people themselves. Staff supported the young people with Ramadan, provided prayer mats and bibles too. Foods of choice were purchased for example halal food and other ethnic products. The young people were all involved in a variety of hobbies and items were purchased and available to support this. All of the young people were supported to meet friends and attend community activities. An additional mechanism in place to secure the young people's voices were heard included the completion of monthly feedback forms. It was found that feedback provided by the young people was followed up by the centre manager.

The views of the young people's parents were not actively sought by staff as some of the young people tended to engage directly with their family members. However, the inspectors recommend that this is explored with the allocated social workers for the younger aged children given the likelihood of them remaining in the centre for a considerable period of time, as indicated in their care plan. Social workers in interview agreed with this and indicated they would discuss this with the centre manager. On the inspectors review of the young people's care files each was found to have held clear and detailed records of how the centre supported the rights of each young person.

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

In response to an ACIMS inspection of a sister centre in March of this year there had been a positive change to the centres admission policy and procedure. Interpreters were now secured for all admission meetings and for any significant or important conversations to ensure that information shared with young people was clearly understood. This included information on 'know your rights', 'the code of conduct for young people' and the 'code of behaviour among young people'. Records held on young people's care files evidenced this work occurred upon their admission to the centre and subsequent weeks. When necessary, English language tutors were made available in the centre to support the young people with their learning of the language. This included additional one to one tutoring for one young person to assist their individual learning needs.

There was evidence of the young people being provided with information about the centre and about what to expect from living in the centre on their admission. For example, this included information on house rules and rights, complaints, pocket money, hobbies and food and behaviour expectations. The inspectors found that staff had submitted a complaint on behalf of a young person through the Tusla Tell Us system rather than collaborating directly with the allocated social worker in the first instance about the issue. This was identified by centre management as a learning piece for them. The young people were provided with information and contact details of supports services available to them for example Empowering People in Care, (EPIC), and the Ombudsman for Children. EPIC advocates had visited the centre, and the centre manager was attempting to link with the Irish Refugee Council as an additional support for the young people. The inspectors did not evidence staff explaining the National Standards for Children's Residential Centres, HIQA, 2018 with the young people and recommend that is planned for going forward.

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.

The inspectors found that the centre manager, as person in charge since the centre commenced operations in February 2024, was clear of their role in executing their leadership, governance and management responsibilities through their oversight and implementation of the centres policies and procedures. Through their leadership and management approach a culture of learning and a quality service for staff and young people was in place. In interview they demonstrated a clear knowledge of the operational running of the centre and how they ensured the young people were being provided with effective care, individually and as a group. They were committed to maintaining this through their oversight of centre records and young people's files, ensuring staff were provided with mandatory and supplementary training, providing staff with regular supervision, their attendance at daily handover meetings and monthly team meetings. In interview with the inspectors, staff spoke of the positive

support, guidance, and ongoing leadership they received from the centre manager and also their colleagues. All three social workers stated to the inspectors there was good communication with the centre manager and staff and of it being very thorough. They were very satisfied that each young person had progressed across their areas of assessed needs since they moved to the centre.

Staff in interview spoke confidently and well of their work practices for example informing the young people of their rights, ensuring their individual needs were being met, their voices were heard and respected and gave clear and good examples to describe these practices. However, they struggled to link practices to the centres model of care or other training they had been provided with. When this was addressed with centre management, they assured the inspectors that trauma informed training scheduled to take place in December 2024, that will complement the current model of care will be provided to the staff team and should address the issue.

The centre manager was supported by three full-time social care leaders, five full-time social care workers, two part-time social care workers and a support worker. Whilst an appropriate internal management structure was in place arrangements for when the centre manager was on leave were not suitable. The arrangements included staff on duty contacting the service manager or a centre manager from a sister centre when necessary. This was not sufficient cover for weekly/ fortnightly periods of annual leave taken or planned for by the centre manager. During these times social care leaders held responsibility for carrying out admissions and discharge procedures of young people to and from the centre. This was not included in the centres delegation of tasks record.

The centre manager reported to the service manager as their line manager and provided them with monthly governance reports. The service manager visited the centre regularly and provided the centre manager with regular supervision. An audit that was conducted externally in August 2024 was found to have focused on how quality care and support was being provided. The centre manager was found to have responded fully to the actions identified in the audit action plan.

The processes for the identification, assessment and management of risk were outlined in the centres risk management policy. A risk matrix system was used to assess risk levels and both an organisational and centre risk register were in place with the centre manager having responsibility for maintaining the centre risk register. The inspectors found from the review of the centre risk register that risks

that were not relevant to the centre were included. They did not evidence risk assessments being developed in response to known risks that were presented by a young person on their admission to the centre. Similar to a previous ACIMS inspection of a sister centre in June 2024 staff did not have any responsibility for completing risk assessments despite them having completed organisational risk management training. Inspectors found that staff had completed back to back shifts on three occasions and risk assessments were not completed at these times. Risk assessments must be completed if these shift types are considered by the centre manager and on an emergency basis only.

There was an up-to-date and signed service level agreement between the centre and Tusla, Child and Family Agency that related to the provision of Children's Private Residential Services for Separated Children Seeking International Protection.

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

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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The service manager must ensure that suitable arrangements are in place for when the centre manager is absent.
- The centre manager must ensure that processes are in place to identify, assess and manage risk to include deficits identified in this report.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
5	<p>The service manager must ensure that suitable arrangements are in place for when the centre manager is absent.</p> <p>The centre manager must ensure that processes are in place to identify, assess and manage risk to include deficits identified in this report.</p>	<p>When the PIC (centre manager) is on annual leave an SCL/STM from the staff team will have oversight of the centre. They will be on site from 9am – 5pm and will liaise directly with the service manager. There will be a manager on call and in the event of an emergency the SCL will contact the service manager, who will appointment a manger from a sister centre to be on site within 30 minutes if required.</p> <p>The PIC will ensure that individualised risk assessments are in place for all young people to ensure that they are being safeguarded and respected which include rated risks and agreed interventions. Individual placement support plans are also updated where relevant. The centre</p>	<p>Moving forward when the PIC has scheduled annual leave an SCL/STM from the staff team will act up in their absence and have oversight of the centre. As the policies and procedures state that a months' notice for annual leave is required this will give the PIC ample time to arrange an SCL to act up in the PIC's absence.</p> <p>The PIC will continue to complete regular audits of the young persons and centre risk assessments to ensure that the risk management plan is appropriate for managing the identified risk in line with organisational policies and procedures. Ongoing review of individual risk</p>

		<p>risk register will be discussed at team meetings to update the staff team on any changes to risk ratings. As the staff team have completed risk management training, the centre manager will discuss with the staff team during November supervision sessions how to conduct a risk assessment in the event of a risk presenting. This will be brought to the attention of management via on call or in person.</p>	<p>assessments will be included in team meetings (under Health and Safety) and individual supervision to ensure the staff team are confident in the risk management processes required. If future concerns/incidents arise, specific risk assessments will be devised in line with the risk identified. A risk assessment has been devised to assess the risk of staff completing 48 hour shifts should staffing options be limited due to illness or an emergency. All new staff members will automatically receive training. Training for the entire team will be refreshed periodically, if necessary. The PIC will ensure that staff are more involved in drawing up risk assessments going forward.</p>
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