



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 249

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:	11th & 12th of November 2024
Registration Status:	Registered from the 15th of July 2024 to the 15th of July 2025
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	18th 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	16

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 15th of July 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 the 15th of July 2024 to the 15th of July 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 between the ages of 16 and 18 years on admission. Exceptions to this age range were provided for via a derogation request process to the Alternative Care Inspection and Monitoring Service (ACIMS). There were six young people living in the centre at the time of the inspection, one of whom had been placed there following a successful derogation application process. They were 15 years old.

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, and one allocated social worker and a social work team leader on the separated children seeking international protection intake and assessment social work team. 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 27th 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 10th of December 2024. This was deemed to be satisfactory, and the inspection service was provided with timeframes for the completion/implementation of some identified actions.

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: 249 without attached conditions from the 15th of July 2024 to the 15th of July 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 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.

There was evidence that the staff team at the centre promoted and advocated for the rights of young people to be met in accordance with the United Nations Convention on the Rights of the Child (UNCRC). The centres policy document incorporated the UNCRC and other relevant current legislation pertaining to children's rights. There was a child-friendly version of the UNCRC on display in the staff office. Upon admission, young people were informed of their rights by staff utilising the support of a translator. They were also provided with a range of information leaflets including one entitled 'know your rights' which listed the child's rights in addition to contact details for various advocacy services and information on how to make a complaint. These leaflets were further discussed in key work and at young people's meetings. Young people were supported and encouraged to articulate their views and exercise their rights through weekly young people's meetings, monthly feedback forms and through key working. These forums provided young people with the opportunity to participate in decision-making at the centre. There was evidence that the centre manager was responsive to views, opinions and feedback provided in these.

Of the six young people residing in the centre at the time of the inspection, three were attending local schools, a fourth was completing their studies online in their country of origin and had a parttime job, one was attending a post leaving certificate (PLC) course and the sixth was completing English language lessons online and completing a part time training course. Some young people had indicated their wish to improve their English language competencies upon admission and staff had noted this themselves also for one young person. Language classes had been sourced and for one young person, a second tutor had been sourced specifically for them as they struggled initially with the English classes. The subsequent tutor, had proven to be

more beneficial for the young person which they concurred with when speaking with inspectors, indicating that they felt their understanding of English had improved.

There had been a lack of clarity about the funding provided to young people for their activities and hobbies evidenced across a range of records reviewed by inspectors and during staff interviews. This had been a cause of frustration and upset for young people as they were informed, they had to self-fund some of their chosen activities. The centre manager provided clarity to inspectors when the draft inspection report was issued. It had been agreed by management that the centre will pay for membership of two activities per young person. If the young person is in full time work, the centre will pay for half the membership of the second activity and the young person contribute to the other half. The manager must ensure that this is clarified to all levels of staffing and with the young people themselves to ensure consistency in practice.

Young people's individual health needs had been discussed with them and for those young people that wanted to pursue visits to the GP had been accommodated to do so. Medical appointments with specialist clinicians had also been secured and facilitated for some young people where this had been identified as necessary.

All the young people residing in the centre at the time of the inspection were from the same country of origin. They were supported in maintaining contact with family members at home and in other countries, including those who had family members residing in or visiting to Ireland. This was evidenced through mobile phone top-ups, efforts to improve the Wi-Fi service at the centre, top-up for public transport cards and facilitating lifts to and from visits with family members. Contact between centre staff and parents of the young people varied considerably dependant on individual circumstances and the child's willingness to be open to this engagement. The centre manager did report that positive outcomes were realised in the context of gathering important health information through direct contact with family members. Parental consent was on file for some young people for relevant aspects of their care such as participation in activities and parental consent to voluntary care was on file for the young person under sixteen.

Representatives from advocacy groups including EPIC (Empowering People in Care), the Office of the Ombudsman, and the Irish Refugee Council had been to the centre to meet with the young people there and inform them of their services and how they might be able to support them. Translators had been used to ensure the young people understood the roles of these various organisations and their interface with them.

Inspectors met with three of the young people individually. The three expressed an overall satisfaction with their respective placements and indicated that they could speak with the manager or any staff member if they were concerned about any aspect of their placement. Two of the young people were dissatisfied with the location of the centre indicating their wish to relocate to a Dublin-based service. This matter was understood by the staff team and the manager who had been advocating for them with representatives from the Tusla social work department. The young people also raised the matter of docking of pocket money which had happened some time prior and had subsequently been addressed and resolved by the centre manager. The manager had also clarified with the team expectations regarding the giving out of pocket money. Inspectors noted that this experience as well as other exchanges between young people and staff over the covering of activity expenses and the use of keys to access bedrooms could have been managed better.

Some young people shared bedrooms. Inspectors asked the young people themselves how they felt their privacy was managed in such situations and they indicated there was no difficulty. Bathrooms were shared by them without issue and staff stated that room dividers had been given to afford a level of privacy in room sharing but young people themselves chose not to use these. Young people could lock their bedrooms, and staff had a key to access them in the event of an emergency. The circumstances under which staff can access the rooms should be further explained to all young people.

There was consideration given to the cultural dietary needs of young people and menu planning at the young people's meeting. Closer attention to dietary requirements where eating habits presents as a concern for a young person would be required to ensure that there is an accurate daily record maintained of food intake. Inspectors did see some evidence of an awareness of matters of cultural importance such as food, traditions and cultural practices, and religious services being offered and this could be improved upon through the focused development and implementation of placement plans and key work aligned to these.

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

The organisation operating this service, had registered and commenced operations with several other centres prior to this one. Some of the learnings gained from the opening of previous centres was reflected in this one including the use of interpreters for young people upon admission. The company had implemented a range of

information leaflets which were provided to young people, in their own language, upon their admission. These leaflets covered a range of topics including ‘know your rights’, child protection, house rules, code of conduct, online safety and useful resources related to online safety. The inspectors were informed that information on the National Standards for Children’s Residential Centres, HIQA, 2018 was provided to young people at a meeting. This meeting record noted a general lack of interest by the young people in the meeting agenda and staff should continue to revisit information of importance with young people at a time and in a situation where they are receptive to such matters. In addition to the admission meetings, interpreters were used on a regular basis as and when needed for professionals’ meetings, at young people’s meetings and if staff needed to convey something of importance to individual young people. Additionally, Google translate was a tool that staff used daily in communications with young people. The inspectors also used both mechanisms while present in the centre and communicating with young people, and this was part of everyday practice with the interpreter being organised at short notice without issue.

Information in relation to the delivery of care at the centre was provided at admission stage and was revisited through young people’s meetings and in discussions related to key work or placement plans. Inspectors found that the development and implementation of placement plans were inconsistent in that they did not always reflect young people’s views and did not have strong evidence of being connected to identified goals and actions to meet these. This is an area of development that was acknowledged by the centre manager and service manager who informed inspectors that revised placement plans had been implemented at the start of this year for use across the company’s separated children’s services. These plans should be kept under review to ensure they are fit for purpose.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 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
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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 centre manager was the identified person in charge with responsibility for delivery of the service at the centre which had commenced operations providing a service for separated children seeking international protection in mid-July 2024, four months before this inspection. The manager and staff team had worked together previously providing residential care to children with disabilities. The manager understood their role in the context of providing leadership, direction and support to the staff team whilst holding responsibility for oversight of all that happened at the centre. They were familiar with each of the young people and their individual needs, interests and family situation. They demonstrated the delivery of their role through direction and support at team meetings and in supervision, through oversight and clear direction in young people's records, and through their direct daily contact with young people.

Training had been provided by the centre manager to the staff team prior to the commencement of this service in July. There was a learning culture evidenced by sharing of knowledge and information across existing services within the company, mentoring by the service manager, and ongoing training having been identified and scheduled at management and staff team levels. This included trauma-informed training. Changes to policy were ongoing based on inspections, implementation of practices, and acquired knowledge of working with separated children seeking international protection. The manager contributed to policy development and change, with responsibility for the writing of policies held at service manager level.

Further policy development was required, and the service manager had recognised some of the existing gaps with plans in place to address same.

The manager was supported in their work at the centre by a shift team leader (a title of seniority carried over from the disability service staffing structure), and two social care leaders. The remaining staff team was comprised of three social care workers, three support workers and a further two support workers dedicated to waking night shifts only. Gaps in waking night cover was provided by a regular agency staff member. There were three staff on each day shift though on occasion only double cover had been available. Staff members and the young people referenced occasional inability to facilitate the routines/hobbies/schedule of all young people due to conflicting schedules and insufficient staff numbers. Due to the rural location of the service and no immediate access to public transport routes, the young people were frustrated by their inability to realise their desire for independence. This was a matter that had been raised by the centre manager, representing the young people's views and needs, to the service manager who had in turn escalated this to the director for attention and resolution. The service manager acknowledged that additional staffing at certain times, on busy days, would enhance the care already provided to young people in this centre.

Inspectors found that the implementation of the social care leader role within this centre was still being developed, a matter acknowledged by centre management. The managers' leadership role was further evidenced in this regard. Inspectors found that the alternative management arrangements for when the manager was absent for a period of two weeks had been insufficient. Decisions on practice as well as reporting of child protection and welfare concerns had occurred during this time, matters that had to be subsequently clarified, addressed and responded to upon the managers return. The director must take corrective action to ensure that there is a robust and suitable alternative management arrangement in place when the centre manager is absent and that this person is fully familiar with the duties, tasks and responsibilities that are aligned to this role.

The centre manager reported to and was supervised regularly by the service manager. There was evidence of regular communication via email, telephone call, supervision records, and monthly service governance reports. This line management structure may be further supported with the development of an escalation policy to support responses to matters such as care planning and action on child protection and welfare reports. The service manager visited the centre regularly, had participated in staff team meetings there, had offered direction and support to the centre manager, and

was familiar with each young person living there. They, and the service director, were cognisant of the recent change in service-type and its impact on the team. They understood the manager and staff team to be on a journey of ongoing development in knowledge acquisition and practice delivery. Audits were conducted by the service manager with the aim of completing multiple audits, covering each of the themes of the National Standards, across one calendar year.

The centre had a one-page written policy, within the overarching behaviour management policy, outlining the process for risk assessment. Separate to this, there was a significantly outdated Health Service Executive (HSE) guiding document at the centre entitled 'Risk Assessment Tool and Guidance', from which the risk matrix in use had been extracted. The director must oversee the development and implementation of a service-appropriate policy that adequately outlines the risk management framework and supporting structures in place for the identification, assessment and management of risk at the centre. The matrix in use was used to assess risk at a young person and centre level. There were completed risk assessments on file at the centre related to both these areas with the centre manager having responsibility for maintaining these records. Risk assessments were reviewed on a three-monthly basis however there was no direction on this in the related policy. Inspectors found that there was multiple open risk assessment on file that required review. Some risk assessments were found by inspectors to be not justified in terms of repeated behaviours or incidents of concern and associated risk. The one allocated social worker that inspectors spoke with informed inspectors that they were not aware of the multiple risk assessments undertaken and on file for their young person. Centre management acknowledged that this is an area of development and perhaps particularly so for this centre where the team came from a disability-service environment that had a different approach to risk assessment and management.

The child protection policy had been reviewed and amended based on inspection feedback from a sister centre within the organisation. Several child protection and welfare reports (CPWR) had been submitted relating to two young people in the centre. Alongside these, significant event notifications (SEN) had been submitted. The manager will need to continue to educate the staff team on child protection matters that require reporting through the various mechanisms in operation and continue with their oversight of practice and recordings in this area.

The service manager informed inspectors that there was a service level agreement (SLA) 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 director must ensure that there is a robust and suitable alternative management arrangement in place when the centre manager is absent.
- The director must ensure that a robust and detailed risk framework and supporting structures are in place for the identification, assessment and management of risk.

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 director must ensure that there is a robust and suitable alternative management arrangement in place when the centre manager is absent.</p> <p>The director must ensure that a robust and detailed risk framework and supporting structures are in place for the identification, assessment and</p>	<p>While the PIC is on annual leave for a week or more an SCL/STM from the staff team will have oversight of the centre. They will be on site Monday to Friday from 9am – 5pm and liaise directly with the service manager. There will be a manager on call and in the event of an emergency, the STM/SCL can contact the Service manager, who will appoint a manger from a sister centre to be on site within 30 minutes if required. There are 4 sister centres within a 30-minute distance of the centre.</p> <p>Service managers will review and implement changes to risk management policy, this policy will resolve all deficits mentioned in this report. This updated</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 adequate time to arrange an STM/SCL to act up in the PIC's absence.</p> <p>Centre manager will assign risk management training online for all of the staff team to ensure a better understanding of the risk assessment process. All staff will</p>

	management of risk.	policy will be available for all centre managers by the 31.01.2025.	<p>have this training completed by the 31.01.2025.</p> <p>Centre manager will review updated risk management policy with staff in supervision following receipt of this policy by 31.01.2025.</p> <p>Centre manager will review all current risk assessments closely and close off all risk assessments deemed unnecessary by the 20.12.2024.</p>
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