



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 002

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Solis MMC Children's Services
Registered Capacity:	Three Young People
Type of Inspection:	Announced Inspection
Date of inspection:	1st, 2nd & 3rd June 2021
Registration Status:	Registered from 5th December 2020 to 5th December 2023
Inspection Team:	Sinead Tierney Lorna Wogan
Date Report Issued:	7th September 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.2 Theme 2: Effective Care and Support (Standards 2.1 & 2.2)	
3.6 Theme 6: Responsive Workforce (Standards 6.1 & 6.3)	
4. Corrective and Preventative Actions	18

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 05th of December 2014. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 5th of December 2020 to the 5th of December 2023.

The centre was registered to provide emergency respite accommodation to three young people (boys and girls) aged between 12 to 17 years. The centre operated three categories of placements. Firstly, those whose care placement had broken down and required a seven-day emergency bridging placement. Secondly, a 21-day placement to young people in an emergency situation who can return home or to their previous placement. Thirdly, emergency placements referred through the social work out-of-hours service. The relationship approach model of care was based on Erik K. Laursen's Seven Habits of Reclaiming Relationships. The model is based on the understanding that caring relationships are key to the development of resilience. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2.
6: Responsive Workforce	6.1, 6.3.

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.

Due to the emergence of COVID-19, this was a blended inspection of remote and onsite activity. It was carried out through a review of documentation, a number of online interviews, a visit to the centre to view the premises and meeting with the young people in placement.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 7th of July 2021. 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 July. The inspectors liaised with the centre manager as the initial CAPA was deemed not to be satisfactory. The CAPA was agreed on the 12th of August and was deemed to be satisfactory. 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: 002 without attached conditions from the 5th of December 2020 to the 5th of December 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

Inspectors reviewed the centre's written policy on admissions and found that it met the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors found that the policy specified the centre's statement of purpose, the admission criteria and process and the rights of young people. During interview, all staff were able to discuss the policy and their collective roles in the admission process.

The centre's purpose was to provide emergency bridging placements to young people. As a result, referrals for young people and their admission to the centre often occurred in the same day often without the level of information generally required such as a social history report or statutory care plan. The referring social worker part completes a pre-admission risk assessment and the centre manager uses this information to assess if the centre is suitable to meet the needs of the young person. The centre completes the pre-admission risk assessment with strategies to manage identified risks. Inspectors found that the strategies named in the pre-admission risk assessment form did not consistently provide practical and specific responses to a young person's need. For example, the centre's routine and daily programme is named as a response to a risk of suicidal ideation. However, inspectors did find that more specific individualised, practical strategies in individual risk management plans (IRMP) and risk assessment forms. Prior to inspection the centre had begun to detail each risk individually rather than on the IRMP. On review of the risk assessments forms and interviews with staff it was evident that the newer system provided a clearer and more distinct understanding of identified risks and required actions to protect staff and young people. The centre manager provided inspectors with examples of placements that were not accepted due to the potential negative impact on the young people currently in placement.

Placements for young people are planned to last for between 7 and 21 days and act as a respite for the young person. The centre aimed to assess the short-term needs of young people appropriate to the centre's statement of purpose as a short-term emergency centre.

Staff in interview and in their questionnaires spoke of mixed levels of communication with social workers. Staff reported that it can be difficult to contact social workers for updates on move-on options for young people or receive additional information which may be required. A review of complaints further identified that five young people voiced their frustration with their social worker's level of contact and feelings of becoming "stuck" in their placement. Inspectors found evidence that the centre staff actively tried to contact social workers, emailed updated placement plans and progress plans in a timely manner.

On review of the register of admissions, inspectors found that 65% of young people remained in placement outside of the timeframe laid out in the statement of purpose of function. One young person was in placement for 6 months. The length of this placement was extensively beyond the purpose of the centre and the impact on this young person witnessing other young people being admitted and discharged was accepted by the centre. The inspectors acknowledged that the centre remained in regular communication with the National Private Placement Team (NPPT) and allocated social workers, however a barrier in securing timely move on options for young people existed.

In interview, the centre management and staff reported that there have been occasions when the centre did not have the level of information required to ensure the needs a young person could be meet. In these circumstances, the centre requested further information however this information was not always provided in a timely manner. One young person with significant mental health needs was admitted and the centre was not aware of the extent of their needs from the referring information provided. This young person was admitted to hospital due to a deterioration in their mental health within 48 hours of admission.

On receipt of a new referral for a young person, the needs and rights of young people already living in the centre are considered but not formally recorded. Any collective risks that the admission of a new young person would present is not documented or formally shared with all allocated social workers. Social workers who spoke with inspectors confirmed that collective risks were discussed but not formally recorded.

The centre manager must ensure that collective impact risk assessments undertaken as part of a pre-admission process are recorded and shared with all relevant parties so that risks and interventions are fully understood by all and can be monitored.

Admissions to the centre happen quickly for young people, often in the same day as being referred. Staff in interview reported being mindful of the impact of such an admission for a young person and discussed the steps taken to make the admission less traumatic and disruptive as possible for young people. This involved ensuring that where possible the centre was quiet and inviting for the young person. They were given a tour of the centre, provided with an information booklet and attended an admission meeting where the purpose of the centre was outlined as were their rights and responsibilities. On review of the placement plans and individual work schedules drawn up for young people, it was evident that further opportunities were built into plans to support them in settling into the centre.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The centre did not have up to date care plans on file for young people living there at the time of the inspection. Given the emergency nature of placements the care plan is requested within one week of a young person's admission. There were times when young people were admitted into care for the first time and therefore did not have care plans drawn up at the time of placement. There was evidence that the centre made attempts to receive care plans from social workers or engage with social workers to ensure that the needs of young people were incorporated in placement plans.

There was an up-to-date placement plan on file for each other young person which was signed by management and all staff. Placement plans were drawn up fortnightly and in general not based on young people's care plan or long-term goal setting. The initial placement plan was written by residential support workers within the first day of a young person's admission and in collaboration with social workers. Inspectors found that placement plans were clearly linked to individual work and were personalised to meet the short-term needs of the young person.

Young people were provided with opportunities to choose activities relevant to their interests and hobbies. The young people who met with inspectors reported that they were provided with a range of activities and given choice in aspects of their daily plan.

During interview, staff reported that they engaged young people informally in goal setting so as not to overwhelm them during what can be an unsettled period in their lives. Inspectors found that outside of choosing activities, young people were not consulted in setting or reviewing the goals identified in their plans. The inspectors recommend that where young people can engage in setting their own goals, opportunities should be afforded to them, and their goals named within the placement plan and individual work schedule. Where appropriate, families were updated on how young people were progressing in their placement.

From interview with staff, inspectors were informed that if young people are engaged with specialist services on admission, the centre staff supported and facilitated access to these supports. Due to the short-term nature of the centre, the staff team do not generally identify external supports as part of the young person placement plan. This remained the responsibility of the allocated social worker.

As previously discussed, staff reported mixed levels of communication with social workers. Staff noted this often occurred due to social workers not returning calls or emails. There was evidence on file of management following up in these circumstances and that staff sent weekly progress reports and updated placement plans to social workers for review and input.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
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 2.1 Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure the pre-admission risk assessment process practically addresses named risks.
- The centre manager must ensure that collective impact risk assessments undertaken as part of a pre-admission process are recorded and shared with all relevant parties.

- The centre manager must ensure that where appropriate, young people are afforded opportunities to be involved in their placement planning and goal setting.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre undertook sufficient workforce planning in delivering safe and effective care to young people. There were policies to support the recruitment, induction, training, and support of staff. A review of regional and operational managers meeting minutes evidenced that workforce planning and reviews were discussed. The centre manager's supervision records further reflected a focus on workforce management.

Inspectors found there were adequate staffing levels to meet the needs of the young people and fulfil the centre's statement of purpose. The staffing team consisted of a centre manager, deputy manager, two shift team managers (which were the equivalent of social care leaders), seven residential support workers and two recently qualified graduate residential support workers. Two relief staff members were available to ensure adequate cover for leave. Two staff members covered a 24-hour sleepover shift with a third person rostered to work a live night shift from midnight. The centre availed of an agency staff member two nights per week to cover live nights. At interview, the regional service manager informed inspectors that challenges existed with the recruitment of staff primarily due to the geographical location of the centre. Inspectors advised the regional manager that the ongoing reliance of an agency worker to cover live night shifts must be addressed. The night waking role must be fully risk assessed to address the lone working nature of the position and to ensure that staff have the necessary skills to meet the needs of young people at all times. One young person who was at risk of self-injury required checks throughout the night and the centre must ensure that live night staff have the experience and skills to manage such situations. The centre manager must also ensure that a written outline of the role, responsibilities and duties of the agency worker is developed in line with the centre's policy on the use of agency staff.

The inspection found that the staff working in the centre had a range of skills, experience and knowledge needed to meet the needs of young people living in the centre. The young people who met with inspectors said that the staff team looked after them well, were supportive and easy to talk to. The young people reported feeling safe and happy living in the centre and this was also reflected in mid-placement feedback forms completed by young people and reviewed by inspectors. Social workers interviewed by inspectors stated the team were experienced and meeting the needs of young people.

All staff apart from one person had a qualification in social care or a related field. One staff member was unqualified. The centre must address this and ensure that all future staff members have the relevant qualification to be fully compliant with their registration and the regulation on staffing.

The workforce planning undertaken by the centre manager was sufficient, with opportunities for staff to take their annual leave and arrangements in place to support staff in taking other leave. There was evidence on team meeting minutes and supervision records of leave discussed and planned. There was a Covid-19 contingency plan which took account of staffing. This was also highlighted on the centre and corporate risk registers.

Staff retention was addressed through the organisation's responsive workforce policies and procedures which were aligned with theme six of the National Standards for Children's Residential Centre, 2018 (HIQA). There were measures in place to support maintaining a stable team which included training, supervision and external support. During interview, staff reported feeling valued, their work acknowledged, and that management were supportive and available to them.

There was an on-call policy and system in place that was well established and utilised by the team in accordance with the procedures laid out within the policy. On-call was carried out on a rotational weekly basis by the centre manager and deputy manager. During interview, staff were familiar with the principles underpinning the policy and thresholds for its use including if a young person was referred for admission out of hours. Staff reported that the designated-on call person was always available for advice and support and appropriate on-call records were maintained.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors found that staff were well supported in delivering effective care and support. Inspectors reviewed a range of centres records including young people's files, supervision records, team and management meeting minutes, governance and audits reports.

Several records evidenced that staff roles and responsibilities were discussed, and reviewed, with a focus on learning and development. Inspectors found evidence of an open culture of discussing role expectations and ensuring individual and team accountability for practice areas.

During interview, staff were clear on their roles and responsibilities and how they were supported to exercise their professional judgment. They were familiar with the centres policies and procedures and the internal and external reporting lines. The shift team managers facilitated a policy and procedure supervision session which aimed to ensure that individual staff, guided by the shift team manager, were fully trained in understanding the centre's policies and procedures.

There were procedures in place to protect staff and minimise the risk to their safety. These included up to date training in a recognised behaviour management programme, an on-call system, and a risk management framework. Each young person had an individual crisis management plan (ICMP) within their placement support plan in line with the stated model of behaviour management. Prior to the inspection, each young person had an individual risk management plan (IRMP) which was developed from their pre-admission risk assessment. The centre had recently ceased using the IRMP and replaced it with individual risk assessments that on review by inspectors provided a clearer and more distinct understanding of identified risks and required actions to protect staff and young people.

It was apparent that the centre had a culture of on-going learning and development for staff. Reflective practice and sharing of knowledge were evident across a review of supervision records, team and management meetings minutes. Staff spoke of peer support as an important element in learning and developing, in particular following the admission and discharge of a young person with complex needs.

Learning from significant events was discussed at supervision and team meetings and at regional managers meetings. Findings from inspection reports of other centres were also discussed at management meetings with new knowledge and improvements shared.

Team meetings took place monthly and were well attended by staff. There were set agenda items and detailed discussions on each young person, their needs and placement planning. Learning from significant events and audits were shared and the team were provided with feedback from management on areas of practice that required attention. Handover meetings took place daily with management in attendance. Emails were also sent to external management twice daily, to update them on the details on the day's events.

There was a supervision policy and process in place whereby staff members received supervision monthly. Supervisors were appropriately trained, and monthly internal governance reports and external audits monitored the frequency supervision sessions.

On review of supervision records by inspectors, not all records and supervision contracts were signed by both parties. The centre manager also wrote their own supervision records at times and this practice should cease. Inspectors found that whilst an update on placement planning and performance feedback were discussed in staff supervisions, there was a lack of reflection on staff relationships with young people or the quality of individual work.

A performance review policy was recently developed, and the centre planned to begin staff annual appraisals later this year. The policy outlined that the appraisal would be completed with the staff members line manager and the regional manager. It is planned to be a two-part process involving self-assessment and the manager's assessment of performance.

Aside from the supervision policy, there were no other policies that named the supports systems in place for staff to manage the impact of working in the centre. However, during interviews and in returned questionnaires, staff spoke of external counselling available to them as well as debriefing supports following significant events.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.1 Standard 6. 3
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- The registered provider must address the ongoing reliance of agency staff to cover live night shifts.
- The registered provider and centre manager must fully risk assess the live night role and develop an accompanying guidance document in line with their policy.
- The registered provider must ensure that unqualified staff are provided with a development plan to achieve a social care or relevant qualification.
- The regional manager must ensure that all supervision records are written by the supervisor and signed by all parties.
- The centre manager must ensure that supervision sessions have a focus on the relationships and quality of the work with young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure the pre-admission risk assessment process practically addresses named risks.	The centre manager will ensure that a more practical description of risk management strategies is provided with each individual pre-admission risk. This will commence immediately.	This will be communicated to the deputy manager, shift team managers, and all remaining staff members to ensure their understanding of the changes.
	The centre manager must ensure that collective impact risk assessments undertaken as part of a pre-admission process are recorded and shared with all relevant parties.	An Impact Risk Assessment for young people referred from the National Private Placement Team has been created and will be utilised going forward. With regard to Emergency Out of Hours Service admissions, post admission notification to relevant social workers will be introduced.	Going forward, this will be part of the centre's pre- admission process. Communication will be maintained regarding new admissions with relevant social workers, guardian ad litem's and other relevant people.
	The centre manager must ensure that where appropriate, young people are	This will be a core item on each individual work schedule and discussed as part of	On admission, and throughout their placement, the young people will be involved in creating and updating the

	afforded opportunities to be involved in their placement planning and goal setting.	each team meeting.	placement plan in accordance with their goals. This will commence immediately.
6	<p>The registered provider must address the ongoing reliance of agency staff to cover live night shifts.</p> <p>The registered provider and centre manager must fully risk assess the live night role and develop an accompanying guidance document in line with their policy.</p> <p>The registered provider must ensure that unqualified staff are provided with a development plan to achieve a social care or relevant qualification.</p>	<p>The service manager has liaised with human resources and will seek to employ additional live night staff and ultimately eliminate the use of agency workers. This is ongoing with the aim of commencing new staff before September 2021.</p> <p>A new risk assessment relevant to lone night work will be created and implemented. Meeting scheduled with centre management for 16.08.2021. A live night handover form has been created and implemented and additional time for handover has been allocated to each shift.</p> <p>This staff member has enrolled in a relevant course (Applied Social Studies) and is due to commence same on 06.09.2021.</p>	<p>The service manager will aim to ensure the continued use of Solis MMC staff for this role, once employed. Night-time risk assessments will be added as a core item for each young person on their placement support plan.</p> <p>This will be further assisted by the employment of staff members who are directly employed by Solis MMC children's services and a combination of day and nights shifts can commence. Risk assessment control measures will be implemented and remain in place going forward.</p> <p>The service manager, centre manager, and human resources to liaise before 13.08.2021 in order to discuss appropriate national framework qualifications for all</p>

	<p>The regional manager must ensure that all supervision records are written by the supervisor and signed by all parties.</p> <p>The centre manager must ensure that supervision sessions have a focus on the relationships and quality of the work with young people.</p>	<p>The service manager will write all supervision records and ensure these are signed. This will commence effective immediately.</p> <p>The centre manager will ensure this occurs and will make further use of this section in the existing template. More emphasis will be placed on this effective immediately.</p>	<p>potential new employees.</p> <p>The service manager to maintain this change. Centre Manager will not write their own records.</p> <p>The centre will retain the current supervision record template however make further use of discussion regarding young people.</p>
--	--	--	---