



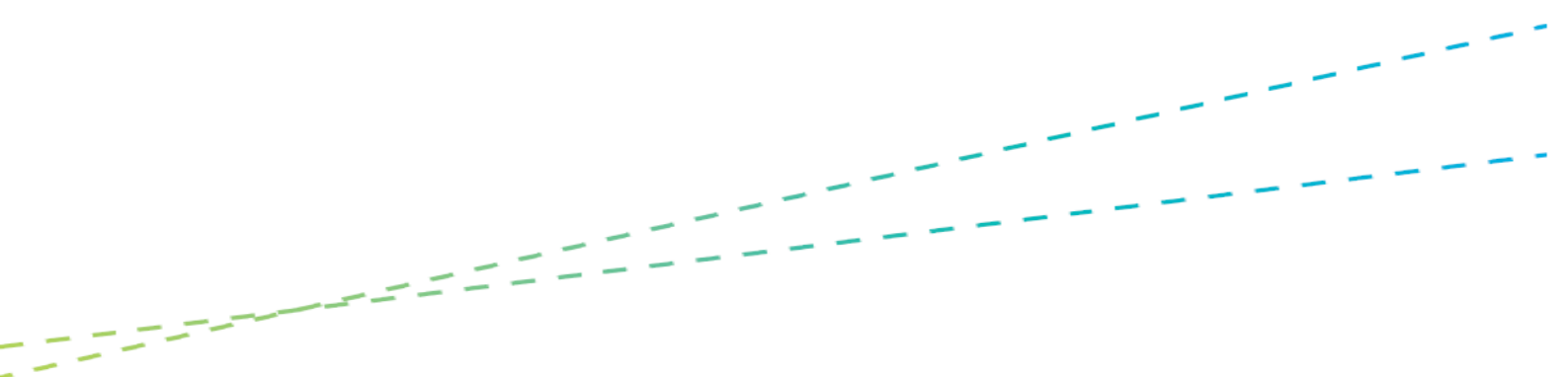
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 046

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Solis MMC
Registered Capacity:	Three young people
Dates of Inspection:	7th and 8th of March 2019
Registration Status:	Registered from the 30th June 2016 to the 30th June 2019
Inspection Team:	Paschal McMahon
Date Report Issued:	17th June 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in June 2016. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without attached conditions from the 30th of June 2016 to the 30th of June 2019.

The purpose and function of the centre was to provide an emergency respite service. It was registered to provide accommodation to three young people of both genders from age twelve to seventeen years on admission. There were three young people placed in the centre at the time of the inspection.

The emergency respite service catered for the following three categories of placements. Firstly, those whose placements have irrevocably broken down and required a seven to fourteen day emergency bridging placement. Secondly, those whose placement had broken down but the young person had the option to return to their previous placement. Thirdly, for those young people who required emergency placements of twenty four hour duration.

The inspector examined standards 2 'management and staffing', 4 'children's rights', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 7th and 8th of March 2019.

1.2 Methodology

This report is based on a range of inspection techniques including:

- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The regional manager
 - c) Eleven of the care staff
 - d) Other professionals e.g. General Practitioner's and therapists.

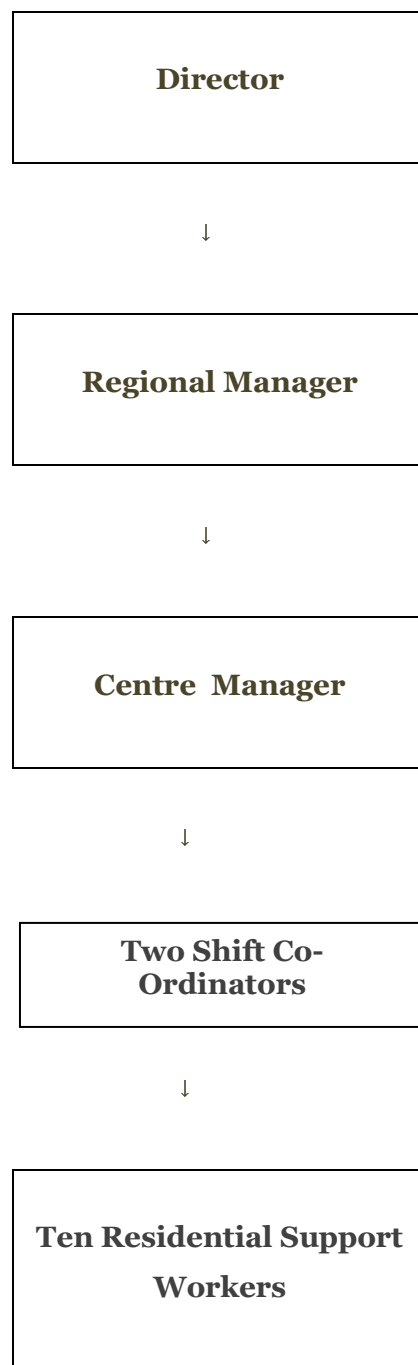
An examination of the centre's files and recording process.

- Three young people's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Centre register
 - Complaints register
 - Staff team minutes
 - Centre audit reports
 - Management meetings
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The regional manager
 - c) The quality assurance officer for the service
 - d) Three care staff
 - e) Two young young people residing in the centre
 - f) The Tusla lead inspector
 - ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 30th June 2016 due to expire on the 30th June 2019. The centre furnished the inspection service with an application form and supporting information to continue their registration for a further cycle of three years.

A draft inspection report was issued to the centre manager, regional manager and the relevant social work departments on the 22nd May 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 4th June 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 046 without attached conditions from the 30th of June 2019 to the 30th of June 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The centre was being managed at the time of the inspection by an appropriately qualified person who had been in the role of acting manager for a ten month period while the permanent manager was on planned long term leave. The acting manager had worked for a six year period with the company in a number of roles including the role of shift coordinator in the centre and had completed a full induction prior to assuming the managers post. The inspector found that the manager had systems in place to ensure suitable and appropriate operational practices were in place which included the supervision of the staff, daily interactions with the young people and oversight of records. Staff interviewed in the course of the inspection stated that the manager provided good leadership and was supportive of their practice. The manager was supported in the management role by two shift coordinators.

The centre manager reported to a regional manager who was provided with daily email updates and by regular phone contact. In addition the manager provided the regional manager with a weekly service report and a monthly governance report ensuring that they are aware of any issues within the centre. The regional manager had visited the centre on three occasions in the year prior to inspection. During these visits the regional manager met with the centre manager, viewed the premises, met with staff and young people and attended staff meetings. The regional manager in turn was accountable to the director of the company. The centre manager was supervised by the regional manager. While the centre manager reported a good working relationship and significant informal support the manager had not been supervised formally on a monthly basis in accordance with the organisations supervision policy. This issue is addressed further on in the report.

The service had a quality assurance officer who had conducted five audits in the centre in the year prior to inspection. These audits were both general and specific themed audits and were sent to the manager and senior management. The inspector

reviewed recent audit reports which covered operational aspects of the centre including supervision, induction and training. These audits provided feedback and critical analysis to the manager and identified deficits which needed to be addressed. The manager was required to develop action plans in response to these audits detailing appropriate responses which had to be implemented in specified time frames and there was evidence of this on file.

The manager attended both regional and senior management monthly meetings. The senior management meetings were chaired by the director of the company. The inspector reviewed a sample of these meeting minutes and found that the discussions that took place included staffing, training, child protection, governance issues along with the sharing of best practice.

The Tusla lead inspector for the centre confirmed that they were satisfied that the centre manager provided relevant and appropriate managerial comments on significant events and responds in a prompt manner to any queries or requests for clarification.

Register

The centre maintained a register of all young people who had been admitted to and discharged from the centre. The admission and discharge details of the young people were properly recorded in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre has a system in place to notify all significant events to the relevant professionals. From reviewing a cross section of significant event notifications, the inspector found that they were sent to the relevant professionals in a timely manner. Significant events were reviewed by an internal monitoring group. This group comprised of centre managers and shift co-ordinators for three centres within the region along with the organisations quality assurance officer. Minutes of these meetings viewed by the inspector showed that feedback and direction was given to staff within the process of team meetings and in staff supervision. Overall, there were very low levels of significant events occurring in the centre in the period under review.

Staffing

The inspector found there were adequate levels of staff to fulfil the centres purpose and function. The staffing complement in the centre consisted of a manager, two shift

co-ordinators and ten residential support workers. There was a mix of experience in the team, all of whom had a social care or related qualification. The centre aimed to provide at least one qualified staff member at child care leader level on each shift which was supported by the two shift coordinators working alternate shifts and providing guidance to the less experienced team members.

There was formal induction in place which included a shadow shift. The inspector found from interviews and evidence on file that the quality of induction was of a good standard.

The inspector carried out a sample audit of the personnel files of the staff members who had commenced employment since the last inspection and found that the required references and vetting checks were on file.

Administrative files

The recording systems in place were well organised and maintained to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager and the quality assurance officer. The centre had arrangements in place for the archiving of files.

There were clear arrangements in place for the financial running of the service. The manager and staff were satisfied that there was adequate petty cash for the day to day running of the service and if money was needed for specific items then this would be facilitated.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The centre had a policy on supervision which stated that staff should receive regular formal supervision on a monthly basis. The manager, who had received training in a recognised model in the delivery of supervision had responsibility for supervision of all of the staff team. Given the large number of staff the manager had responsibility for supervising; the inspector recommends that consideration is given to sharing the responsibility for supervision with the social care leaders who were also trained in supervision. The inspector examined a sample of the individual supervision files maintained for each staff member and observed that signed supervision contracts were in place and that overall supervision had taken place at regular intervals in line with the organisation's policy. Records of supervision reviewed contained sufficient details on the discussions on the young people's placement support plans. The

records also referred to aspects of the social care role including the review of policies and procedures. There was evidence of planning for mandatory and extra training for staff members and evidence of reflective practice.

The manager was supervised by the regional manager. The inspector found that the manager had not received supervision on a monthly basis in accordance with the centre policy. Records provided to the inspector showed that the manager had only received formal supervision on two occasions in the first eight months after assuming the acting manager role. Senior management must ensure that the manager receives formal supervision on a monthly basis in accordance with the centres supervision policy.

Shift handovers occurred daily with the manager or a shift coordinator generally present. Team meetings were held fortnightly with all staff required to attend. The meetings followed a set template which included a review of each young person's placement. The minutes reviewed by the inspector were of a good standard recording decisions made and actions to be taken. In the period under review attendance had been poor in some cases and this had been highlighted by the manager and regional manager. In the three months prior to inspection attendance at meetings varied from between five and nine attendees. As attendance at team meetings is compulsory centre management must ensure that as many staff as possible attend team meetings.

Training and development

The manager provided the inspector with a record of staff training attended to date along with a training schedule for the coming year. At the time of inspection one staff member who had been working in the centre for a two month period had not completed their core training in first aid, fire safety and they were scheduled to attend behaviour management training. A number of other staff did not have fire safety training and this needs to be addressed. Staff interviewed by inspectors said that there were on-going opportunities for staff to attend further training in addition to courses provided by the company.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996***
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- Senior management must ensure that the manager receives formal supervision on a monthly basis in accordance with the centres supervision policy.
- Centre management must ensure that as many staff as possible attend team meetings.
- Senior management must ensure that current deficits in staff training are addressed.

3.4 Children’s Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

The inspector found in interview with two of the young people that their views were sought in relation to their care. The young people told the inspector that they attended their placement admission meeting along with their social worker. At this meeting the young person was made aware of the routines of the centre and provided with relevant information including the proposed length of placement, family contact, free time, arrangements for education where applicable etc. The house rules were also discussed and a written form of the house rules is given to the young person which they are required to sign. Both young people stated that staff had consulted with them on their likes and dislikes, food choices, and on their activities and interests. The young people spoke positively about the care they received in the centre.

Complaints

The two young people who met with the inspector stated that when admitted to the centre the rules were explained to them including how to make a complaint. Staff members interviewed were clear about complaint procedures and the options available to young people who were unhappy about an issue or the care they received in the centre. The centre maintained a register of informal and formal complaints. The inspector advises that the terms “formal” and “informal” complaints are no longer used going forward. All complaints whether they are of a minor or serious nature should be recorded as complaints and the severity of the complaint should determine the response from the centre.

There were a small number of complaint forms on file. The inspector was satisfied that these complaints had been well managed and young people signed off that they were happy with the outcome. The inspector found that a number of complaints on file which had been made through the Tusla “Tell us” complaints policy were unresolved. In the majority of cases this was due to the fact that the young people who had made the complaints had moved on from the centre without receiving a response from Tusla. There were emails on file from the centre following up on these complaints with the supervising social workers requesting updates on the status of these complaints.

Access to information

Young people were informed of their right to access information recorded about them by the centre through the young person’s handbook. The young people had been provided with information about their rights. Young people were also given information on EPIC (Empowering Young People in Care) and a member of the EPIC team had visited the centre on a number of occasions. Families were provided with information on the young people’s placement where it was appropriate; this was decided under social work guidance upon admission.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

None identified.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

Young people's educational needs were assessed by the placing social worker and the centre on admission. Where possible efforts were made to support and maintain young people in their educational placements. This was evident at the time of inspection in the case of one young person who despite the emergency nature of their placement their attendance at school was maintained. For those not engaged in education, activity schedules were identified in association with the supervising social worker. The inspectors found that the staff team had plans in place to give structure to the young people's day which were focused on promoting healthy and educational activities. These plans included an educational element including visits to historical sites, museums and recreational activities such as playing music and art.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

Social workers on admission advise the centre as to whether a young person requires an admission medical and information is provided in relation to the young person's medical history and current medical concerns. At the time of inspection the centre was having difficulty accessing the services of a local G.P. practice to provide a medical service. In the interim the centre had to use an out of an out of hour's family doctor service or the hospital accident and emergency services.

Medication was stored securely in a locked cabinet. The inspector reviewed the contents and organisation of the medication cabinet and found that the young people's prescribed medication was stored collectively in the cabinet. The inspector recommended that each young person's medication should be stored separately and clearly labelled in individual containers for safety reasons and this was addressed by the centre manager at the time of inspection. The inspector found from a review of medical records that the administration of medication was properly recorded in line with the centre policy. There were no recorded medication errors in the period under review.

The centre had a no smoking policy and individual work schedules devised by staff showed evidence that young people were provided with guidance and advice on areas such as health and substance misuse.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children’s Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services)*.

Required Action

None identified.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Senior management must ensure that the manager receives formal supervision on a monthly basis in accordance with the centres supervision policy.</p> <p>Centre management must ensure that as many staff as possible attend team meetings.</p> <p>Senior management must ensure that current deficits in staff training are addressed.</p>	<p>The centre manager has received formal supervision in May 2019 and will receive monthly supervision going forward.</p> <p>Staff attendance has been addressed by management and attendance at staff meetings has increased since the inspection. The monthly rota now takes cognisance of staff travel distance and consideration is also given to accommodate their attendance while on shift where possible.</p> <p>Staff fire safety training, Children First and T.C.I training has since been completed in May 2019. TCI refresher training, manual handling, safe administration of medicine (SAM) are scheduled for June 2019. First Aid is also scheduled.</p>	<p>Monthly supervision will now be scheduled.</p> <p>Staff living a distance from centre will be accommodated to be rostered on shift for team meetings.</p> <p>Manager and Solis MMC Training Co-Ordinator to communicate further C.P.D and mandatory training for 2019.</p>