



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 046

Year: 2018

Lead inspector: Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Solis MMC
Registered Capacity:	Three young people
Dates of Inspection:	14th of March 2018
Registration Status:	Registered from the 30th of June 2016 to the 30th of June 2019
Inspection Team:	Noreen Bourke
Date Report Issued:	11th of June 2018

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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 2016. At the time of this inspection the centre were in year two of the three year cycle of inspection. The centre was registered without conditions from the 30th of June 2016 to the 30th of June 2019.

The centre changed location to the current premises in May 2017. The purpose and function of the centre changed in January 2018 when it became 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.

The emergency respite service catered for the following three categories of placements. Firstly, those whose placements have irrevocably broken down and required a seven 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 one 'purpose and function', two 'management and staffing', four 'children's rights, seven, 'safeguarding and child protection' and ten 'premises and safety' of the National Standards for Children's Residential Centres (2001). One young person was in placement at the time of the inspection. This inspection was announced and took place on the 14th of March 2018.

1.2 Methodology

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

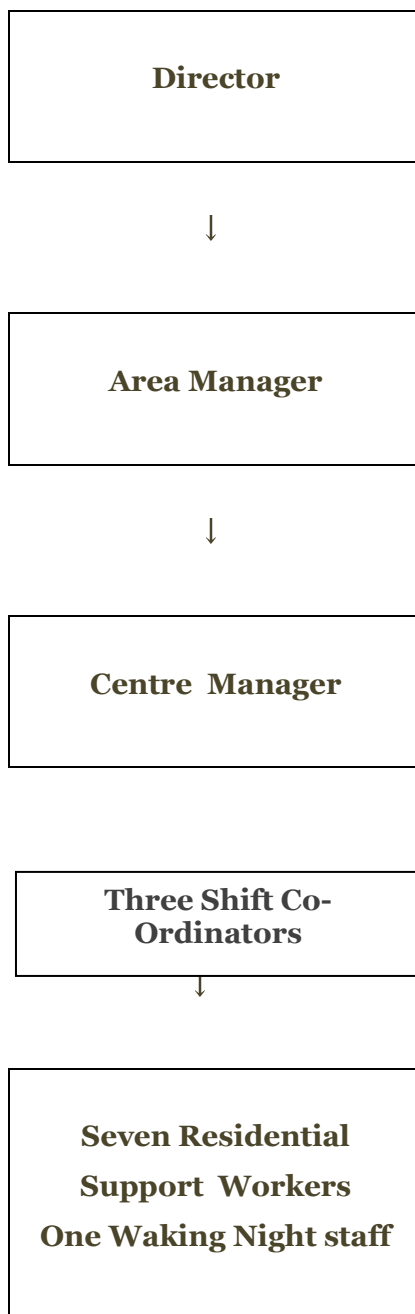
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by
 - a) Three of the care staff
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process including:
 - Centre register
 - Staff personnel files
 - Staff supervision records
 - Staff training and development schedule
 - Centres admission and intake procedures
 - Centres handover book
 - Young people's care files
 - Significant event log
 - Complaints log
 - Standard reports logs, maintenance log, etc.)
 - Centres fire safety procedures
- ◆ Interviews with relevant persons that were deemed by the inspector as having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The emergency residential services operational support manager
 - c) The quality assurance officer for the service
 - d) Three care staff
 - e) One young person
 - f) The lead inspector with responsibility for providing oversight for the centre to the Registration and Inspection office.

- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report were derived from collated evidence.

The inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, 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 of June 2016 to the 30th of June 2019. A draft inspection report was issued to the centre manager on the 18th of May 2018. 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 service director returned the report with a completed action plan (CAPA) on the 2nd of June 2018. The initial findings of the inspection service were that the centre 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.

The findings of this report and assessment by the inspection service of the submitted action plan should they be fully implemented deem the centre to continue to be registered 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 continue to register this centre, ID Number: 046 without attached conditions pursuant to Part VIII, 1991 Child Care Act from the 30th of June 2016 to the 30th of June 2019.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre had a clear statement which defined the purpose and function of the centre. The statement of purpose and function stated that it provided emergency respite accommodation for three young people aged between 12 and 17 years on admission. The statement was reviewed by senior management and the National Placement Team who had procured the service. This review took place every three months and was done to ensure that the centre was meeting its objectives within its stated purpose and function.

The statement was available in a user friendly version to young people their families and social workers. Prior to the centre becoming operational as an emergency service, staff were provided with training in the purpose and function of the centre. Staff interviewed by the inspector were familiar with the content of the statement. The findings of the inspector were that the purpose and function was reflected in the care practices of the centre.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

None required.

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 managed by an appropriately qualified person. There was a clear management reporting structure in place. The centre manager worked office hours and was supported in their role by three shift co-ordinators. The shift co-ordinators were accountable for the centres functioning in the absence of the centre manager.

External management and oversight of the centre was maintained by the regional manager. The inspector reviewed the most recent monthly centre governance report sent to senior management. These reports allow the service and regional manager to be aware of and respond to identified deficits and issues arising in the centre. The centre manager was supported in their role by the emergency respite service operational manager. The operational manager provided advice to the centre in the start-up phase of the emergency respite service and in the operations of the programme. The operational manager maintained oversight of admissions and discharges to the centre; this was to ensure that the centre was adhering to its stated purpose and function. The service quality assurance officer visited the centre six times a year. Their quality assurance reports were forwarded to the regional manager and generate an action plan. There were clear processes in place on how issues identified in the action plan were to be addressed, the completion of which was followed up by the service quality assurance officer.

The centre manager was present in the centre on a daily basis and had systems in place for assessing the quality and effectiveness of the centre. Daily written accounts were furnished to the centre manager from the night staff. These accounts informed the manager of how the previous night went for both staff and young people and of any issues arising including emergency admissions to the centre. There was evidence that the centre manager reviewed and commented on the daily records for the young people and where necessary gave direction to staff regarding placement plans.

Register

The centre maintained a register of all young people living in the centre to date. The centre's register of admissions and discharges were accurate and up to date. There were seven admissions and six discharges to the centre since the commencement of the Emergency Respite Centre in January 2018. 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 inspector found that a written policy and appropriate guidelines were in place regarding the recording and notification of significant events and these records were kept on the young people's individual files. The centre maintained a register and database of all significant event reports. This database allowed the service to review the challenges that were presented to the service when dealing with behaviours that challenged. It allowed the service to review its intervention strategies and where necessary to provide further resources to the service.

Significant event reports were reviewed by an internal monitoring group. This group comprised of centre managers and shift coordinators for three centres within the region. The quality assurance officer also attended these review meetings. The review group identified patterns of behaviour including staff practice and the impact this can have on the effective management of challenging situations. Feedback and direction was given to staff within the process of team meetings and in staff supervision. Behaviour management and placement plans were also reviewed to take account of issues arising for the young people and changes were made to their placement and individual crisis management plans when required.

Staffing

This centre had recently re-opened under a new statement of purpose and function. While the centre manager remained, there were some changes to the staff team. In order to strengthen the team, some staff were redeployed from another centre within the service. Three shift coordinators and eight residential support workers were employed at the centre. The inspector examined the staff personnel records of staff that had joined the service since the last inspection, and found that the staff were

appropriately vetted before taking up duties. All staff had the required qualifications and references.

Given the emergency nature of the service, intake and admission procedures were of significant importance. Staff with responsibility for the emergency admission of young people were able to demonstrate their role in supporting the young people to settle in the centre. The inspector reviewed the process of admission and observed a shift handover. The findings of the inspector were that staff had recorded important and relevant information which supported staff in their practice. The shift co-ordinator monitored the handover process. Following the handover a clear placement plan was formulated for the young person within twenty four hours of their admission. All staff signed as having read the handover information.

Team meetings were held regularly and offered an opportunity for staff to prepare for the change of purpose and function. The centre manager provided team building training for the staff team. This included training in the rationale for the emergency service and the review of how the team could provide a consistent approach within short term placements. Roles and responsibilities were defined in respect of admission procedures. Focus was placed on the recording of information within the process of admission, and how this information was to be used to inform the placement plan for the young people. The findings of the inspector were that the training provided to staff was evident in that staff understood their role and responsibilities. This was evident in the clarity of relevant background information recorded by staff within the admission process. This in turn allowed for the placement plan to be realised within a short timeframe.

Supervision and support

The centre manager provided supervision to the shift co-ordinators and residential support workers. One of the shift co-ordinators provided supervision to the designated night staff. The findings of the inspector were that all staff received regular and formal supervision. A supervision contract was held on the supervision files of the staff members. The supervision records showed that there were clear links between the supervision process and the review and development of placement plans for the young people. Emphasis was also placed on changes to the centres purpose and function and how this was realised within individual key work systems.

Training and development

The inspector found that the service had an effective ongoing training and development programme to ensure that all staff had the core necessary training in Children First 2015, Behaviour Management, Fire Safety and First Aid. Two members of staff who recently joined the team required training in Behaviour Management and one required training in Fire Safety. The behaviour management training was in progress at the time of the inspection.

Training was provided to staff on the change of purpose and function of the centre. This training included the context and background to the change of service, staff vision and values in the implementation of the new service and in the intake and admission procedures for the centre.

Administrative files

The administrative files were examined by the inspector and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and line management were monitoring the quality of records. Relevant records relating to the young people are kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had 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

None identified.

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

As part of the admission process to the centre the young people attended the placement agreement meeting along with the placing social worker and staff from the centre. A review of the admission process evidenced that the purpose and anticipated length of the placement was explained to the young person. This process included the care arrangements which took account of the individual needs of the young person. These included family access, free time, access to mobile phones and social media. A plan was put in place to identify how the educational and health needs of the young person were to be addressed. Placement plans were completed within twenty four hours of admission. The inspector reviewed the placements plans which evidenced the context of the placement and gave clear direction to staff in addressing the objectives of the plan. The plan allowed for the views of the young person to be recorded. Given the emergency and short term nature of the placements not all of the young people had a care plan. The inspector advice that the care plan should be drawn up as part of the admission process and that the plan is based on the young persons identified needs at that time.

The young person in placement who had been admitted to the centre on the previous day, in speaking with the inspector told them that they were aware of the reason for the placement. They knew the routine about the daily life of the centre regarding food, activities, pocketed money, use of phone and family access. They knew how to contact their social worker and key people in their lives. Despite the emergency nature of the young persons admission their attendance at school was maintained and the school were made aware of the change in their circumstances.

The young people were given information about EPIC (Empowering People in Care), which is a national agency that advocated for young people in care. The centre manager confirmed that EPIC attended the centre to meet with the young people.

Access to information

The young people were provided with an information booklet in relation to the centre. Young people were informed of their right to access their records through the booklet. The keywork reports evidenced that the young people were encouraged to read their records.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a policy and procedure in place to manage complaints. Information booklets were given to young people and were clear regarding the process for complaints. There was one recorded complaint on file for the new emergency respite service. While the complaint had been resolved, there was no recorded evidence as to the outcome of the complaint. The centre provides information to young people of the most recent national complaints policy utilised by TUSLA – Tell Us. However, this information should be evidenced in the booklet furnished to young people on admission.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency had 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

- The centre manager must ensure that the outcome of complaints are evidenced and recorded.
- The centre manager must include in the process for admissions the need for a care plan and how this can be formulated within the admission process.

- The centre manager must ensure that information about TUSLA's Tell Us is included in any future information booklets provided to young people.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The inspector found that the centre has a written policy on safeguarding young people in the centre. All staff working at the centre had the required Garda vetting and were in receipt of formal induction to the centre. All staff were provided with regular and formal supervision. All staff had recently completed the on line e-Learning programme provided by the Child and Family Agency TUSLA in Children First Training. Staff understood their role in safeguarding children they were clear of their role in the reporting concerns about a child. They were clear as to who the designated liaison person was for the centre. There were guidelines in place for responding to any allegations or complaints about staff at the centre.

The rights of the young people were fostered within the life of the centre through the use of positive relationships with the adults. The young people had regular phone contact with their social workers. Young people were central in the process of team discussion. The centre manager completed pre-admission risk assessment prior to admission. A placement plan was formulated within twenty four hours following the admission of a young person. The centre maintains a register of significant events including any child protection and welfare concerns. The placing social workers were required to attend a placement agreement meeting as part of the admission process.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The inspector found that the centre has a written policy on safeguarding young people in the centre and the policy was due to be updated to take account of the

Children First Act 2015. The centre manager was the designated person for the reporting of child protection and welfare concerns. Two standard report forms with associated child protection concerns had been submitted to the social work department. There was an acknowledgement by the social work department of receipt of the forms and this was placed on the file of the young person. Staff interviewed were aware of their responsibility and of the procedures for identifying and reporting child protection concerns.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The inspector was satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. There was adequate space within the centre for the young people to have visits from other professionals and their social workers in private. The young people have their own bedrooms. The centre manager provided evidence that the centre was adequately insured.

Maintenance and repairs

Maintenance requirements were carried out routinely. The audit on file indicated that the overall state of the building was in good repair. A maintenance schedule was in place to address issues in a timely fashion.

Safety

The centre manager was the named health and safety representative. The inspectors found that the centre had an up to date Health and Safety Statement. Training in first aid was provided to all members of the team.

The centre had two vehicles to transport the young people. A copy of staff driving licences were held on the personnel files. The inspectors reviewed staff insurance certificates and road tax certificate. Both cars were legally insured and were properly licensed.

Fire Safety

The centre and deputy manager held responsibility for fire safety within the centre. A fire planning certificate was issued from the local county council was on file. The building had the required fire extinguishers and fire blanket and all fire fighting equipment was situated at designated fire points throughout the building. The building had an appropriate fire detection and central alarm system. Maintenance contracts were in place for the servicing of fire safety equipment. A copy of the certificate of inspection fire detection and alarm system was inspected and maintained in accordance with the appropriate regulations on the 18th of October 2017.

Emergency lighting and a smoke detection system were in place throughout the building as were sight specific evacuation plans were. A maintenance certificate was in place which evidenced that the emergency lighting was tested on the 18th of October 2017. A review of the fire safety compliance and related documentation were kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register'. It evidenced that daily visual inspection of the central alarm system were undertaken by care staff. Staff were also undertaking a daily visual inspection of the means of escape from the centre. Fire prevention and evacuation procedures were being carried out by the team.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre had met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3-4	<p>The centre manager must ensure that the outcome of complaints are evidenced and recorded.</p> <p>The centre manager must include in the process for admissions the need for a care plan and how this can be formulated within the admission process.</p>	<p>All complains are followed up by communication with social workers, if necessary. Evidence of this communication and outcomes are now recorded in young person's files. The final resolution to the complaint is recorded and placed in the young person's file.</p> <p>This has been implemented with immediate effect 27.05.18</p> <p>Upon admission to the Centre, admission staff and social worker will devise a Care Plan relevant to the placement of the young person in Killeagh House. This will be filed in the young person's file and will be reflected in the formulated young person's placement plan. Now implemented at all admissions to the centre from this date 27.05.18</p>	<p>Centre manager will oversee all complaints communication with young person and social worker and place resolution outcome evidence in young person's file.</p> <p>Care Plan will be completed at or prior to admission meeting and will form an integral part of the admission process. It will be signed off at this stage by social worker and admission coordinator in Killeagh House.</p>

	<p>The centre manager must ensure that information about TUSLA’s Tell Us is included in any future information booklets provided to young people.</p>	<p>Each young person’s admission information booklet now includes the “Tell Us”, the most recent national complaints policy utilised by Tusla. This accompanies the organisational template for making complaints. Implemented at all admission meetings effective from 27.05.18</p>	<p>Printed copies of Tusla’s Tell Us National Complaint Policy are now placed in the young person’s file and a copy given to the young person with full explanation. This occurs now at all admission meetings.</p>
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