



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: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Solis MMC Childrens Services</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of Inspection:</b>	<b>22<sup>nd</sup> and 23<sup>rd</sup> January 2020</b>
<b>Registration Status:</b>	<b>Without attached conditions from 30<sup>th</sup> June 2019 to 30<sup>th</sup> June 2022</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>10<sup>th</sup> March 2020</b>

## Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
Theme 3: Safe Care and Support	
Theme 5: Leadership, governance and management	
<b>4. Corrective and Preventative Actions</b>	<b>15</b>

## 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 30<sup>th</sup> of June 2016. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 30<sup>th</sup> June 2019 to 30<sup>th</sup> June 2022.

The purpose and function of the centre was to provide emergency accommodation for a period of seven to fourteen days. It was registered to provide accommodation to three young people of both genders from age twelve to seventeen years on admission. Their model of care was described as being based on Erik K. Laursen's Seven Habits of Reclaiming Relationships. The centre aimed to build relationships through an activity based programme. 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
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management and centre manager on the 6<sup>th</sup> February 2020 and to the relevant social work departments on the same date. 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 20<sup>th</sup> Feb 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

### 3. Inspection Findings

#### Regulation 16

#### Theme 3: Safe Care and Support

#### Standard 3.1

Inspectors reviewed the child protection policies in place and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre also had an appropriate child safeguarding statement and a letter of compliance to say that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. This statement was visible both in the office and in the kitchen of the centre. Inspectors found evidence to demonstrate that it was explained to young people on admission. In interview staff understood the child safeguarding statement, knew its purpose and had good knowledge of the vulnerabilities of their resident young people. The centre also had policies on protected disclosure and anti-bullying and arrangements were in place to inform parents of allegations of abuse or incidents that occurred. Young people interviewed stated that they did not experience bullying during their placement and time was spent explaining their rights to them on admission.

Staff had received appropriate education and training regarding recognising and responding to allegations of abuse both at induction and on an on-going basis. Staff training records evidenced that each staff member had completed training in the centres policies on child protection and also the Tusla E-Learning module: Introduction to Children First, 2017. In interview, staff had a detailed knowledge of their role as a mandated reporter and how to complete and forward a child protection and welfare report form. Inspectors found evidence of child protection and welfare report forms being filed discretely with accompanying evidence tracing it to its completion. The centre held an updated register of all child protection and welfare forms completed. Each young person had a placement support plan which took account of the need to keep them safe. The placement support plan was devised in partnership with the young person and the supervising social worker. The centre did not provide young people with Wi-Fi but acknowledged that each may have access to the internet through their own devices. The centre had a social media policy and conducted opportunity led individual work to address social media safety with each young person.



A review of a sample of staff personnel files evidenced that both written and verbal references were obtained for staff prior to appointment. All staff had vetting checks completed with An Garda Síochána.

It was observed that child protection was a standing item at both staff team meetings and operations manager's meetings. There were policies on safeguarding that were understood by staff and this was also a regular item for discussion in supervision and at staff team meetings.

The centre had created pre-admission risk assessments to identify and address areas of vulnerability for young people and also had risk management plans on all activities undertaken by the young people during their placement. In discussion with a resident young person, inspectors found that they felt listened to, staff spent time with them on admission to explain all aspects of their placement. Individual key work was undertaken with young people placed around keeping themselves safe, including social media and internet safety.

### **Standard 3.2**

Staff had been trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. Inspectors were advised of upcoming training in the model of behaviour management for new staff that were recently inducted. There was a policy in place that provided details to the staff team on the nature of and approaches to behaviour management in the centre. The centre used a restorative justice approach and promoted the use of praise and reward systems to encourage positive behaviour. During interviews with staff, inspectors found that they understood the approaches to behaviour management and were able to implement this on a day-to-day basis. Young people were also aware of the expectations for behaviour and there was evidence that this was a key element discussed as part of the young person's admission process to the centre.

Social workers for young people had provided sufficient pre-admission referral to the centre and there was evidence of a planned induction which was very inclusive of the young person and their views.

There was a governance system in place that included data collection of the sanctions and rewards in the centre, however inspectors did not find any evidence to support an audit of approaches to behaviour management. The centre manager, regional manager and quality assurance officer must ensure that a system is implemented to

audit the approaches to behaviour management and measure the impact on behaviour within the centre.

The centre was also part of a significant event review group that provided feedback and learning on specific incidents. There was serious incident review and debriefing available if required. This was evidenced both in interview with staff and through review of team meeting minutes.

There were no on-going restrictive practices in place in the centre. In interview staff stated that when there was a restrictive practice in place, this was subject to nightly reviews to determine its ongoing need.

### **Standard 3.3**

Due to the short term nature of the placements in the centre, the centre did not operate an allocated key working system. At each handover, the shift team manager and oncoming staff agreed the activities for the day and appointed staff members to work with specific young people. Inspectors observed a comprehensive handover of information to incoming staff and a detailed plan for the day's tasks. These activities allowed for young people to raise issues if required. The centre also had an approach in place where young people were requested to fill in feedback forms at their mid placement point and at the point of the end of placement. These forms were reviewed by the centre manager and regional manager and issues identified or service improvements noted were raised at team meetings.

The centre had mechanisms for feedback from social workers on the care being provided to resident young people, however this system was not currently being utilised. The centre manager must ensure, given the short term nature of the placements, that at the end of placement, each social worker and parent/guardian, where appropriate, is provided with a feedback form to comment on the care provided within the centre.

The centre had policies and procedures in place for the notification, management and review of incidents. These were found to be in line with regulations and national policy. There was evidence of centre manager oversight of all significant events occurring within the centre. The centre was part of a significant event review group that met monthly and reviewed incidents for a number of the centres in the region. Learning from incidents was fed back to staff teams and discussed at staff team meetings to disseminate learning and encourage an open dialogue regarding behaviour management. There was a clear policy on the notification of significant

events and from interviews with social workers and a review of the reports held on site, inspectors found that these were notified promptly to the appropriate persons and contained the required information. In interview social workers advised that they had constant communication with the centre and all issues were raised promptly and appropriately with them.

<b>Compliance with Regulation</b>	
<b>Regulation met /not met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2 Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required**

- The centre manager, regional manager and quality assurance officer must ensure that a system is implemented to audit the approaches to behaviour management and measure the impact on behaviour within the centre.
- The centre manager must ensure, given the short term nature of the placements, that at the end of placement, each social worker and parent/guardian, where appropriate, is provided with a feedback form to comment on the care provided within the centre.

### **Regulations 5 and 6 (1 and 2)**

#### **Theme 5: Leadership, Governance and Management**

##### **Standard 5.1**

The centre had a suite of policies and procedures in place to govern the operation of the centre. These were recently reviewed and updated in line with The National Standards for Children’s Residential Centres, 2018 (HIQA). In interview and from their questionnaires, staff demonstrated an in depth knowledge of the relevant legislation, regulations, policies, procedures and standards. Inspectors observed that this was reflected in their interactions with young people in the centre. In interview, staff noted that policies and procedures were raised for discussion in supervision and at team meetings.

## Standard 5.2

Through staff interviews and review of paperwork it was evident that there was clear leadership demonstrated within the centre. In questionnaires staff reported they were very confident in the leadership of the centre manager and described them to be approachable and competent. All staff were aware of their respective roles and responsibilities within the centre, each had a job description and were easily able to describe their role when questioned.

In interview staff reported that the quality assurance officer and the regional manager visited the centre and were aware of the purpose of their visits and their availability should they wish to speak with them.

There was a service level agreement in place for the provision of services and the director of services met with the funding body regularly and provided reports as requested. The centre had a clearly appointed person in charge who held overall executive accountability, responsibility and authority for the delivery of service.

There was evidence of a risk register being developed within the centre using the HSE Corporate Risk Register guidance document. The centre had a risk matrix system in place that stipulated both risk regarding each young person placed and site specific risks. It identified the risk, rated it, noted remedial actions to reduce or limit it and was subsequently reviewed by the centre manager.

Staff rosters were reviewed and inspectors found that there was an internal management structure appropriate to the size and to the purpose and function of the centre. There were alternative management arrangements in place for when the centre manager was absent and staff were familiar with these arrangements. The centre also had an on call policy and staff noted that this worked effectively.

It was noted that while the centre manager did not delegate many duties, they did not currently have a written record in place for when they delegated some or all of their duties to one or more appropriately qualified staff. The centre manager must ensure that a delegation record is devised for the appropriate recording of same.

## Standard 5.3

The centre had a statement of purpose and function which was reviewed regularly and was updated in the weeks prior to inspection. The statement detailed the aims

and objectives of the service, the range of services provided, the care and support needs of children that the centre intended to meet and arrangements for the safety and wellbeing of children. However, the organisational structure including the management and staff details were absent from the statement. The centre manager and regional manager must ensure that the statement of purpose and function is amended to include the organisational structure. Inspectors observed that the statement of purpose and function was publicly available and in interview with young people and staff, they were all familiar with the contents. Inspectors observed that this was reflected in staff practice.

In interview some staff struggled to explain the Laursen's Seven Habits of Reclaiming Relationships model of care, however, they all identified that they build relationships through activity based programmes. Inspectors recommend that the centre manager and regional manager review the model of care and ensure that all staff are familiar with the model of care used within the centre.

#### **Standard 5.4**

The centre had a quality assurance officer who audited the records of the centre on an ongoing basis. Inspectors saw evidence of comprehensive audit reports focusing on the quality of the records as well as implementation of policies and procedures. The centre had a policy outlining the timeframe for completion of audit reports, the compiling of a SMART (specific, measurable, attainable, reasonable, timely) action plan and follow up audits to determine implementation of action plans. Inspectors saw evidence of these timeframes being adhered to and action plans implemented as agreed. These audit reports were discussed with senior managers at operational managers meetings held approximately eight times per year. Inspectors saw evidence through a review of management meeting minutes of ongoing discussion regarding adherence to legislation, policies, procedures and standards. Each meeting had a standing agenda that included a discussion on complaints and child protection issues. There was good evidence that complaints were discussed in depth. There were systems for tracking and monitoring complaints and inspectors found that the feedback received prompted action by management of the centre. In reviewing regional managers meetings, there was good evidence of a link to the operational managers discussion. Objectives of senior operational meetings were broken down and divided into goals to be achieved at the regional managers meetings.

There was evidence that the centre was working towards the completion of an annual review of compliance. It was agreed at operational level that the quality assurance

officer will complete a yearly audit report for each centre using the centre's agreed objectives to determine compliance.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.1 Regulation 6.2</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.1 Standard 5.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2 Standard 5.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required**

- The centre manager must ensure that a delegation record is devised for the appropriate recording of any of their duties that they delegate to appropriately qualified staff members.
- The centre manager and regional manager must ensure that the statement of purpose and function is amended to include the organisational structure.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager, regional manager and quality assurance officer must ensure that a system is implemented to audit the approaches to behaviour management and measure the impact on behaviour within the centre.</p> <p>The centre manager must ensure, given the short term nature of the placements, that at the end of placement, each social worker and parent/guardian, where appropriate, is provided with a feedback form to comment on the care provided within the centre.</p>	<p>The Centre Manager, Regional Manager and Quality Assurance department will ensure an audit of approaches to behavioural management and develop a system to measure impact on behaviour within the centre with Immediate effect.</p> <p>Each Social worker and Parent/Guardian will be provided with a feedback form to complete on the care provided, on the discharge of each young person</p> <p>Form prepared and will be provided on discharge of next young person.</p>	<p>Evidence of Approaches to Behavioural Management is found in all PSPs, Daily Logs, SENs Individual Work and Weekly Reports, outlining our Model of Care. This in turn will now be audited by our Quality Assurance department to measure the impact on behaviour within the centre.</p> <p>Centre will maintain a copy and register of each completed feedback form from social worker and Parent/Guardian</p>

5	<p>The centre manager and regional manager must ensure that the statement of purpose and function is amended to include the organisational structure.</p> <p>The centre manager must ensure that a delegation record is devised for the appropriate recording of any of their duties that they delegate to appropriately qualified staff members.</p>	<p>Statement of Purpose and Function will include Organisational Structure. With immediate effect.</p> <p>Centre Manager has devised an appropriate recording system of delegation of duties to appropriately qualified staff members. With immediate effect.</p>	<p>Statement of Purpose and Function has been amended to include the organisational Structure</p> <p>Record/ register of delegation of duties by Centre Manager to appropriately qualified staff members now in centre office.</p>
---	---	---	--