



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Solis GMC Children's Services
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	3rd & 4th November 2025
Registration Status:	Registered from 30th June 2025 to 30th June 2026
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	23rd of January 2026

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1. Information about the inspection process

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

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. They 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 30th June 2025. The centre was registered without attached conditions from the 30th June 2025 to the 30th June 2026.

The centre was registered to provide multiple occupancy care for six young people seeking international protection aged sixteen to seventeen years on admission. The centre aimed to provide a high-quality standard of care that is responsive to the individual needs of young people within a child-centred, supportive, and safe open environment. The centre's programme of care was to broadly assist young people in developing physically, socially, morally, emotionally, cognitively, and educationally. There were six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

Inspectors look closely at the experiences and progress of young people. They considered the quality of work and the differences made to the lives of young people. They reviewed documentation, observed how professional staff work with young people 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 young people 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, centre manager and the relevant social work department on the 16th December 2025. 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 23rd December 2025. This was deemed to be satisfactory and 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: 046 without attached conditions from the 30th June 2025 to the 30th June 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The inspectors found that the young people experienced care and support which respected their diversity and protected their rights. Inspectors were satisfied from a review of care records and interviews with young people that they were provided with adequate information in relation to their rights. All young people who met with inspectors confirmed that they attended their admission meeting at which they had access to a translation service and were provided with written information in their native language. This included a welcome booklet, a copy of the United Nations Convention on the Right of the Child (UNCRC), and the National Standards for Children’s Residential Centres HIQA,(2018).

The centre management were proactive in ensuring young people were made aware of their rights and had made arrangements for a number of external advocacy services to meet with them. This included representatives from the children’s advocacy service EPIC (Empowering People in Care) and the Ombudsman for Children. Young people were informed of their right to complain both internally and externally to Tusla using the “Tell Us” Complaints and Feedback procedure and one young person had utilised this process. There was also evidence that young people’s meetings had taken place at which the care team had made efforts to discuss and educate the young people on their rights. One of the young people told inspectors that it would also be beneficial for them to learn about Irish law and the care team should consider how best to provide this information to the young people.

Inspectors were satisfied that each young person was treated with dignity and respect. Inspectors observed the interactions between staff, management and the young people to be relaxed and respectful. The care team reported that they were guided by the young people in terms of their customs and traditions.

Minutes of admission meetings showed that young people were consulted in relation to their likes and dislikes and consideration given to ensuring young people's religious and cultural needs were accommodated. The young people that met with inspectors said that they were well cared for and were very complimentary about the care team. This was also evident in placement feedback forms on file completed by all the young people.

There was evidence that the care team were making efforts to engage the young people in individual work which was difficult due to the language barriers. The care team had arranged for the young people to attend English classes in a local university which proved beneficial in terms of their ability to communicate with one another, and they were all enrolled in full time education. The centre manager reported that a translator was always available for key meetings to support the young people.

Young people's dietary preferences were discussed at their admission meetings and the young people told inspectors that they were satisfied that their dietary requirements were being met. All of the young people were able to cook independently and they liked the fact they could cook their own food of choice in line with their cultural needs. Each young person received a weekly budget which allowed them to buy groceries and two young people told inspectors that they pooled their funds to get better value. The care team were also preparing the young people for independent living, assisting them in developing life skills and accessing a range of services. Inspectors recommend that a formalised independent living programme is introduced to ensure that all aspects of independent living are covered with each young person prior to their discharge.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors found that there were a suite of policies and procedures in place to safeguard young people from abuse. The policies were found to be in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had a child safeguarding statement that was on display. None of the staff interviewed were familiar with the risks outlined in the statement and it needs to be reviewed with all of the care team to ensure they understand its importance to safeguard young people.

Staff training records evidenced that the majority of staff had completed training in the centres policies on child protection and the Tusla e-Learning module: Introduction to Children First, 2017 along with child sexual exploitation and mandated person training. At the time of inspection two relief staff who had been recruited by the organisation in April 2024 and a support worker in post for four months did not have training in the centres child protection policies and this must be scheduled without delay.

All those interviewed were aware that the centre manager was the designated liaison person (DLP) under Children First (2017) and the centre had appointed the deputy manager as the deputy DLP. In interviews inspectors found that staff were familiar with child protection reporting procedures regarding their statutory obligations as mandated persons under the Children First Act, 2015 in their awareness of how to report a child protection concern via the Tusla portal. Inspectors found when reviewing care records there was a disclosure made by one young person which met the threshold for reporting as a child protection concern but was not reported accordingly. The centre management subsequently submitted a Child Protection Welfare Report form

The centre had a policy on bullying and peer abuse and there was no evidence of bullying in the centre. This was confirmed to inspectors by the young people who stated that there was mutual respect amongst the residents.

Inspectors found that areas of vulnerability for young people were not clearly identified, recorded, discussed or clear management plans in place to address potential risks. There were collective pre-admission risk assessments on file for all of the young people. However, these risk assessments did not identify the potential risks associated with a young person being admitted and the potential risks presented to the young people already living in the centre. The risk assessments were also unsigned and there was no evidence of consultation with social workers. The potential risk of young people going missing from the centre was also discussed at admission meetings and individual absence management plans (IAMP) were subsequently developed for each young person. Inspectors found that none of the young person's IAMPs on file were fit for purpose as they did not include all the required information such as measures to be taken when a young person goes missing, appropriate curfew times and they were not subject to monthly reviews. The minutes of admission meetings recorded that if a young person returned to the centre after being reported missing from care that there was a "safe search" procedure to be followed and failure to comply with this could result in "non-admission". Inspectors found no reference to this in the centres admission policy and management and staff in interview confirmed that they were not aware of this practice. The centre manager informed inspectors post inspection that this procedure has since been removed from the admission document. The management of risk is addressed in further detail under standard 5.2 of this report.

The centre had adequate safeguarding measures in place including the provision of waking night staff. The young people in interview and in feedback forms reported that they felt safe and well cared for. The centre management were in regular contact with the Tusla separated children's team and in September 2025, a principal social worker attached to the separated children's team conducted a safeguarding visit. They met the young people and provided written feedback to the centre manager stating that all the young people were happy living in the centre, they had no complaints and were especially complimentary to the staff team.

The inspectors reviewed the personnel files for new staff members to ensure that there were safe recruitment practices in place. Inspectors found that all the files reviewed contained the required information with the exception of one international staff member who did not have the three required references. There was evidence

that the organisations human resources department had made every effort to obtain the required references and the staff member subsequently passed their six-month probation. The inspectors acknowledge the organisations extensive efforts to acquire these references. inspectors recommend that the centres child safeguarding statement is updated to reflect the potential challenges in obtaining full compliance with referencing when recruiting international staff and to outline the mitigating measures in place.

There was a policy in place in relation to online safety and inspectors were informed that there were no required restrictions on the young people in relation to access to the internet. While the young people had attended a local youth health service to gain general advice in relation to sexual health, inspectors recommend that further work is undertaken with the young people in relation to consent, sexual health, and social media use. Despite the needs of the young people in placement the service did not have any access to mental health services. Centre management were making ongoing efforts to access counselling services to support the young people.

Inspectors found that while the care team were committed to providing a high standard of care to the young people, they had not received any specific training to support and guide them in meeting the needs of separated children. Inspectors recommend that the care team are provided with training in regard to separated children to educate them on the significant vulnerability separated children can face including trauma, separation and social isolation and how best to respond to their needs.

The organisation had a whistle blowing policy that outlined the procedure in place for making a protected disclosure and the investigative process and all those interviewed were aware of the policy.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that all staff have the required training in the centres child protection policies and are familiar with the risks outlined in the centres child safeguarding statement.
- The registered provider must ensure that the centres preadmission collective risk assessment process is reviewed to ensure that it includes the potential risks associated with a young person being admitted and the potential risks presented to the young people already living in the centre. The process should also include consultation with the young people's social workers.
- The centre manager must ensure that all of the young people's Individual Absent Management Plans (IAMPs) are reviewed to ensure they contain the relevant information and are subject to regular reviews in accordance with the Children Missing from Care Joint Protocol between An Garda Síochána and the Health Service Executive.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There was a management structure in place with clearly defined lines of authority and accountability. The organisational structure for the centre comprised of a company director who was the named registered provider, a services coordinator and an acting centre manager. The acting centre manager was in post since March 2025. This was their first management post, and they acknowledged in interview that they required further support and guidance to develop into the role. They were supported by an experienced deputy manager who had worked in the centre for a number of years along with three social care leaders. There was evidence of the managers oversight on centre records such as key documents, minutes of meetings and monthly governance reports. Staff in interview were aware of the organisational structure and confirmed they were supported by the managers in their work.

External oversight was provided by the services coordinator who visited the centre on a number of days every week, attended occasional team meetings and met with the manager, staff and young people. The services coordinator was responsible for conducting quarterly audits based on the National Standards for Children's Residential Centres, 2018 (HIQA) and there were two audits completed at the time of inspection. There was evidence that actions had been taken by centre management in response to audit recommendations. Some of the deficits identified in this report were not identified in the audits and there should be a focus on these issues going forward.

The registered provider was contracted by the separated children's team within Tusla to provide the service. The provider was required to submit data to Tusla on a regular basis.

The centre commenced operations in June 2025 under an amended purpose and function. Staff in interview reported that prior to this the centres policies and procedures were reviewed with the care team. Inspectors found that the policies and procedures were under review at the time of this inspection to take into account the specific care requirements of separated children seeking international protection and this was being led by the deputy manager. Staff stated that they had reviewed policies and procedures during induction, at team meetings and in supervision. Inspectors reviewed staff meetings and found limited evidence of the review of policies and procedures and this needs to be more of a priority when the new policies and procedures are implemented. There was evidence that monthly team meetings were taking place. Inspectors found that staff meeting minutes recorded a collective discussion on the young people focusing on the placement plans and key working schedule of all six young people. Inspectors recommend that each young person's progress is reviewed separately at the team meetings along with specific actions required to meet their individual placement plan goals.

The centre had a risk management policy and framework in place. Inspectors found that those interviewed were not clear in regard to their understanding of the framework. As highlighted previously in the report improvements were required in the centres collective risk assessments and IAMPs. Inspectors reviewed the risk register and noted that the majority of risk assessments on file related to environmental risks or activities the young people were engaging in. During the review of care records, inspectors identified a number of risks which did not have corresponding risk assessments on file and were not recorded on the centres risk register. These related to the potential risk of young people being trafficked and the

risk of sexual exploitation, concerns regarding a young person having access to an additional phone without staff knowledge and a fire door not operating properly.

Inspectors found the internal management structure was appropriate to the size and purpose and function of the centre. There were alternative management arrangements in place when the acting manager was on leave with the deputy manager undertaking the manager’s role and responsibilities. The centre maintained a delegation record which recorded assigned tasks allocated by the acting manager to individual staff members.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The register provider must ensure that the centres risk management framework is reviewed with the care team to ensure it is understood and implemented. They must also ensure continued oversight of risk management to ensure effectiveness.
- The registered provider must ensure that a review of the risk register and young people’s care records is conducted to ensure that all current risks are identified and corresponding risk assessments put in place.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure that all staff have the required training in the centres child protection policies and are familiar with the risks outlined in the centres child safeguarding statement.</p> <p>The registered provider must ensure that the centres preadmission collective risk assessment process is reviewed to ensure that it includes the potential risks associated with a young person being admitted and the potential risks presented to the young people already living in the centre. The process should also include consultation with the</p>	<p>Child protection training has been scheduled for January 2026. The child safeguarding statement will be discussed and further explained to the staff team at the team meeting on 14th January 2026.</p> <p>Centre management have reviewed the Collective Risk Assessment (CRA) document, which now includes an impact risk assessment for all other residents.</p>	<p>All new staff will complete child protection training and this training will also form part of the induction process going forward. Safeguarding will be included on the team meeting agenda and supervision agenda going forward.</p> <p>FGM Training has been scheduled for all staff for the 3rd February 2026, with a sexual health provider.</p> <p>The pre-admission risk assessment will be forwarded to the allocated social worker (if available) to complete prior to admission going forward. Management will then complete the CRA Meeting with the social worker to identify risks associated with the young person being admitted and the potential risks presented to the young people already living in the centre.</p>

	<p>young people’s social workers.</p> <p>The centre manager must ensure that all of the young people’s Individual Absent Management Plans (IAMPs) are reviewed to ensure they contain the relevant information and are subject to regular reviews in accordance with the Children Missing from Care Joint Protocol between An Garda Síochána and the Health Service Executive (Tusla).</p>	<p>The IAMP’s have been reviewed and adjusted on Dec 17th 2025 to ensure they contain all relevant information pertaining to individual young persons.</p>	<p>IAMP’s will be reviewed quarterly, or sooner if required. A discussion regarding IAMP’s will now form part of the CRA and will be discussed with allocated social workers.</p>
5	<p>The register provider must ensure that the centres risk management framework is reviewed with the care team to ensure it is understood and implemented. They must also ensure continued oversight of risk management to ensure effectiveness.</p> <p>The registered provider must ensure that a review of the risk register and young people’s care records is conducted to ensure that all current risks are identified and corresponding</p>	<p>All risk assessments will be reviewed at monthly team meetings. These have now been added to the team meeting agenda.</p> <p>Management and service co-ordinator have reviewed and updated the risk register to identify all current risks. Risk assessments for identified risks have been added to resident’s care files.</p>	<p>Risk management framework has been added to the health and safety meeting’s agenda, which are held on quarterly basis with the centre manager and senior management.</p> <p>A review of the risk register will now be a monthly process conducted by management and service co-ordinator. This will also be discussed with the care team at monthly meetings team meetings</p>

	risk assessments put in place.		
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