An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 064

Year: 2020

Inspection Report

Year:	**2020**
Name of Organisation:	**Solis MMC Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced remote inspection**
Dates of Inspection	**05th and 06th August 2020**
Registration Status:	**Registered from 20th June 2020 to 20th June 2023**
Inspection Team:	**Sinead Diggin** **Orla Griffin**
Date Report Issued:	**27th January, 2021**

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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 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 their first registration on the 20th June 2011. The scheduling of onsite inspections had been interrupted by the Covid-19 pandemic and associated restrictions. As such, the dates of inspection, on the 5th and 6th of August 2020, took place after the new cycle of registration. At the time of this inspection the centre were in their fourth registration and were in year one of this registration cycle.

The centre was registered without attached conditions from the 20th June 2020 to 20th June 2023 to provide medium/long term residence for up to four young people, of both genders, aged between 13-17years. At the time of the inspection there were three young people living in the centre. Two of the young people were under the age of twelve years and derogations had been approved by the Alternative Care Inspection and Monitoring Service.

The centre aims to provide a high quality of care that is responsive to the individual needs of young people, within a child centred, supportive and safe open environment. The approach to working with young people in residence is underpinned by a relationship based approach within which the service seeks to meet young people's primary needs to feel cared for, safe, supported and respected. The service provides individualised programmes of care that aim to assist young people in all aspects of their development.

1.2 Methodology

The inspectors examined aspects of the following themes and standards:

Theme	Standard
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, 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, operations manager, centre manager and the relevant social work departments on the 23rd of December 2020. The centre provider was required to provide both the corrective and preventative actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The centre manager returned the report with a CAPA on the 8th of January. This was returned to the centre manager by the inspection officer for further action on 14th of January 2021. A revised action plan was submitted on 26th of January 2021 and the CAPA was deemed satisfactory to address the issues identified.

The findings of the report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to 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: 064, without attached conditions from 20th June 2020 to 20th June 2023 pursuant to Part VIII, 1991, Child Care Act.

3. Inspection Findings

Regulations 5 Care practices and operational policies
Regulation 6 (1 and 2) Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1 - The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The centre's policies and proceedures were updated in March 2020 to come in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and with reference to relevant legislation and national policies. This took place on an organisational level. The policies and procedures were initially updated in draft form for circulation and consultation with the staff team though team meetings prior to being finalised. The service has a system in place for the induction of employees to the centres policies and procedures and this is undertaken by the shift team manager. The service employs a quality assurance manager who has responsibility in assessing the services compliance through quality audits and identification any policies and procedures for review.

In interview and from questionnaires reviewed, inspectors found that staff had knowledge of a range of key policies and procedures to inform their day to day work including key working, complaints, risk assessment procedures, placement planning and a knowledge of safeguarding and child protection procedures.

There was evidence in team meeting minutes reviewed that policy and procedure was discussed in terms of new policies, implementation of policy to practice and feedback from quality audits. Inspectors noted that records in respect of policy discussion would benefit from further detail and follow up on actions agreed. Supervision of the centre manager reflected practice expectations of the team in line with the services policies and procedures, integration of the outcomes of quality audits and adherence to policies and procedures. The staff interviewed reference attention to policy and procedures in their supervision

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-cantered, safe and effective care and support.

At the time of the inspection the centre manager, who was appointed to this post in 2019, was appropriately qualified and had experience in different centres operated by the organisation since 2006. The manager worked Monday through Friday from 9-5 pm. The manager described their role as having oversight of the centre to ensure that young people were receiving quality care. Inspectors observed positive interactions between the manager and young people in the centre and young people who met with inspectors confirmed having a good relationship and felt the manager always had time for them.

The manager stated that their role included chairing team meetings and significant event meetings as well as providing supervision to the staff. In interview staff stated that they felt supported by the manager and stated that they were always available for advice and guidance. From a review of supervision records and team meeting minutes it was evident that the manager displayed clear direction and leadership within the centre. Social workers allocated to the young people were also satisfied with the leadership in the centre and spoke highly of the service provided.

There was a service level agreement in place with Tusla, the Child and Family Agency.

The manager had been supported in their role by a deputy manager. Inspectors were informed that there were plans to appoint shift leaders in addition to the deputy manager. The deputy manager was assigned separate responsibilities which included providing supervision, oversight of daily records, weekly reports and significant event notifications completed by staff. The deputy manager also shared on call responsibility with the manager. In the absence of the manager, the deputy takes on responsibility for the centre. In the absence of shift leaders, staff were assigned additional roles, an example being health and safety officer.

There was a delegation log of tasks to be completed. The delegation log set out who had responsibility for an identified task. Inspectors found that the delegation log had not identified timeframes for the assignment of duties and it was difficult to track whether duties were reverted back to the manager or re-assigned when the assignment had concluded. The inspectors recommend that the manager maintains oversight of the delegated tasks to quality assure that they are undertaken to the

required standard. The person in charge must ensure that the delegation log includes the date when the responsibility for the named duties revert back to the manager or are reassigned and to whom.

The manager reports to the regional manager. There was evidence of clear lines of accountability with the manager reporting to the regional manager. Regular communication had been taking place as well as formal management meetings and supervision. Team meeting minutes evidenced that the regional manager had attended staff team meetings. The regional manager visits the centre regularly, reviews centre paperwork and takes the opportunity to meet with the young people if they are available. The organisation has a compliance officer who visits the centre to ensure the manager is meeting their targets. A quality compliance auditor carries out audits against the National Standards for Children's Residential Centres, 2018, (HIQA) six times a year. A report is then compiled from these with an action plan put in place. There was evidence that the findings of quality audits and governance were used as learning opportunities to drive service improvement. The manager's supervision included discussion and actions related to the integration of quality audit outcomes to centre practice. The team meeting was used as a forum to discuss quality audit findings and practice development.

The organisation had a policy subsection specific to risk that includes a risk management cycle to ensure the appropriate identification, assessment and management of risks within this service. There was evidence that there were systems in place for the management of risk including pre-admission risk assessment, activity risk assessments, and significant event reporting systems. A significant event review group (SERG) had taken place on a quarterly basis and to track themes and trends arising in the centre. In response to the restrictions and risks posed by the Covid-19 pandemic the function of the SERG meetings moved to the team meetings and the team had experienced this to be supportive of their professional development.

A centre risk register was in place and identified risks were rated in line with a risk matrix system developed under the Health Service Executive. Risks identified included those that were sight specific, individual to young people and in relation to site evacuation. The risk assessment tool included risk description, impact/vulnerabilities, existing and additional control measures and a named professional holding responsibility for controls to support accountability. Inspectors did not have sight of a corporate risk register while carrying out the inspection. The registered provider must provide evidence of the corporate risk register to the Alternative Care Inspection and Monitoring Service.

In response to the Covid-19 pandemic, the company developed a policy for the prevention and management of risk specific to this virus. Infection control measures were observed by the inspectors while onsite including risk assessment procedures to attending onsite for inspectors and staff members. Enhanced cleaning schedules were in place and young people were informed of what was required of all to maintain a safe work and home environment.

All staff had a job description and inspectors found they were clear in respect of their roles and responsibilities. There was evidence that regular supervision had been taking place in line with their policy. Supervision records evidenced that training and areas for development would also form part of the supervision sessions.

Standard 5.3 - The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

Inspectors found that the organisation had a statement of purpose as per the National Standards for Children's Residential Centres, 2018 (HIQA). The statement was clearly displayed within the centre and there were versions of it in information booklets for young people, families and social workers.

The regional manager and manager identified that a formal model of care was not in place in the centre, that different models of care were under consideration and that this was on the management agenda for decision making. Inspectors found this to be a source of confusion as management and the staff team identified a relationships based approach to providing care in the centre that was underpinned by Eric Larson's seven habits of reclaiming relationships as underpinning care practices. The inspectors found that while the team referenced aspects of 'Larson's' approach their knowledge of this approach had not been comprehensive. In response the manager must ensure that refresher training is delivered to the team. The centre manager must ensure that a model of care for the centre is agreed upon and reflected in the centres statement of purpose. The centre manager must ensure that the staff understand the model of care as outlined in the statement of purpose in line with standard 5.3.4

Standard 5.4 - The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found from review of daily records, meeting minutes, and supervision records as well as interviews with management and staff that there was a focus on the safety and quality of care being provided to young people. There was evidence that the manager monitored the quality of care through reviewing centre paperwork, observation of staff practice and daily interactions with the young people. The inspection officers noted that daily log records contained very frequent recording of young people and their movements throughout the day, at times on a half hourly basis. The centre manager identified that the basis of these actions were in safeguarding and accountability. However, high levels of recording had not been informed by individual risk assessment. The manager must ensure to review this process of recording to balance the rights of the young person with the responsibility of the service to provide quality and safe care taking into account individual and collective risks.

Auditing systems were in place both internally and externally. There was evidence that findings of quality audits and governance were used as learning opportunities and this was evidenced in meetings and supervision records. In interview, staff reported that senior management visited the centre regularly.

The centre had a complaints policy and staff were familiar with the procedures to follow if a young person wished to make a complaint. Young people who met with inspectors were confident in how they could make a complaint and who they could complain to including their allocated social workers. There were five complaints recorded in the register for 2020. Two of these complaints had been raised around the time of the inspection and had not yet been brought to conclusion. Other complaints referred to maintenance pieces of work that were attended to. Inspectors noted that one entry referenced a significant event notification, however, this had not corresponded to the centres significant event register. Inspectors had not observed the manager or services manager signing off on the log to evidence their oversight. The person in charge must quality assure and sign off on the complaints register

The complaints log recorded the nature of the complaint, whether further action was required, if the Tusla 'Tell Us' complaints process was utilised and how it was concluded. The requirement for further action information had not been reflected in the centres complaints register. The registered provider must ensure that young

people's satisfaction with the outcome of complaints is recorded on the complaints register to represent whether the process is concluded and facilitate oversight systems.

The service maintained registers and logs in respect of serious incidents. Inspectors identified that some records had been incorrectly logged in the services accident log that is a health and safety tool. The registered provider must ensure that information related to concerns and incidents are recorded in the right format.

The organisation had a significant event review group who met on a quarterly basis. These meetings were placed on hold due to the emergence of covid-19. Inspectors recommend that these meetings could continue through online web conference calls. Significant events were discussed at team meetings for learning purposes.

An annual review of compliance was carried out in line with the National Standards for Children's Residential Centres 2018 (HIQA) This review report took in all of the audits with actions taken by management to address any issues.

Compliance with Regulation	
Regulation met	**Regulation 5.1** **Regulation 5.2** **Regulation 5.3** **Regulation 5.4**
Regulation not met	**None identified**

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

Actions required

- The person in charge must ensure that the delegation log includes the date when the responsibility for the named duties revert back to the manager or are reassigned and to whom.
- The registered provider must provide evidence of the corporate risk register to the Alternative Care Inspection and Monitoring Service.
- The centre manager must ensure that a model of care for the centre is agreed upon and reflected in the centres statement of purpose.
- The centre manager must ensure that the staff understand the model of care as outlined in the statement of purpose in line with standard 5.3.4
- The manager must ensure to review this process of recording to balance the rights of the young person with the responsibility of the service to provide quality and safe care taking into account individual and collective risks.
- The person in charge must quality assure and sign off on the complaints register
- The registered provider must ensure that young people's satisfaction with the outcome of complaints is recorded on the complaints register to represent whether the process is concluded and facilitate oversight systems.
- The registered provider must ensure that information related to concerns and incidents are recorded in the right format.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The person in charge must ensure that the delegation log includes the date when the responsibility for the named duties revert back to the manager or are reassigned and to whom.	An updated delegation log to be put in place by the person in charge which will now include a finish date for when named duties will revert back to the person in charge. This came into effect from 4th of January 2021	An updated delegation log has been put in place by the person in charge which now includes a finish date for when named duties will revert back to the person in charge. This will be overseen by the person in charge who will sign off when the task has been delegated and when that task finished.
	The registered provider must provide evidence of the corporate risk register to the Alternative Care Inspection and Monitoring Service.	This action has been referred to the Service Director. It is expected that a robust Corporate Risk Register will be available to view from February 2021.	This will be updated when required and any amendments will be circulated organisationally. A copy of this will be available for Registration & Inspection should it be requested. As the corporate risk register is held in Head office the director and Quality audit department hold responsibility. This is reviewed at a minimum every 6 months or daily, weekly

			and monthly depending on the risk identified.
	The centre manager must ensure that a model of care for the centre is agreed upon and reflected in the centres statement of purpose.	The model of care has been placed on the statement of purpose from the 4th of January 2021 to identify Eric Laursen's Seven Habits of Reclaiming Relationship	Eric Laursen's Seven Habits of Reclaiming relationships has now been identified and agreed upon as the model of care used within the centre. The statement of purpose is reviewed yearly by the person in charge, service manager and if necessary, the Quality Audit team. The person with responsibilities for oversight and implementation of the model of care is the person in charge. Any and all changes during an update of the statement if purpose is communicated to the staff team within the centre through team meeting and formal supervision. If any changes are made to the statement of purpose this will now be communicated to the relevant social workers and families.
	The centre manager must ensure that the staff understand the model of care	Training to take place on Eric Laursen's Seven Habits of Reclaiming Relationships on the 15th of January.	Training will be on-going when new staff join the centre and updates will be a regular yearly expectation from all staff.

	as outlined in the statement of purpose in line with standard 5.3.4		This ensure that staff have a full understanding of the model of care used within the centre
	The manager must ensure to review this process of recording to balance the rights of the young person with the responsibility of the service to provide quality and safe care taking into account individual and collective risks.	The new daily log format came into effect in the centre from the 1st of January 2021	A new daily log format has developed by The Quality Audit team has been implemented within the centre. This will reduce the level of recordings, and if more frequent recording is required a corresponding risk assessment will be completed. The daily logs are reviewed by the person in charge daily so as to ensure quality assurance.
	The person in charge must quality assure and sign off on the complaints register	A new complaint register format has come into effect on the 1st of January 2021	The quality audit team has released a new updated complaint register and this is quality assured at the end of each month by the person in charge and signed to verify this took place.
	The registered provider must ensure that young people's satisfaction with the outcome of complaints is recorded on the complaints register to represent	A new complaint register format has come into effect on the 1st of January 2021	The Quality Audit team has released a new updated complaint register and contained within this register is a section to note when the young person has been informed

	whether the process is concluded and facilitate oversight systems. The registered provider must ensure that information related to concerns and incidents are recorded in the right format.	All serious self-harming episodes will be recorded as a significant event and logged within the significant event register, and all self-harming episodes will only record the initials of the young person in the accident register	of the outcome. There is a section identified to note if the young person was satisfied or requires further investigation. All serious self-harming episodes have always been reported through a significant event notification format, due to ongoing concerns from the Solis MMC insurance company all self-harm episodes regardless of their risk must also be reported as an accident. From here on in all self-harming incidents will only have the initials of young person recorded in accident reports.