



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Solis DMC Children's Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	31st March, 1st, 2nd and 3rd April
Registration Status:	Registered from the 20th June 2023 to the 20th June 2026
Inspection Team:	Cora Kelly Eileen Woods
Date Report Issued:	4th June 2025

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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. 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 20th of June 2011. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 20th of June 2023 to the 20th of June 2026.

The centre was registered as a multi-occupancy service for up to four young people. It aimed to provide medium to long term care with a focus on relationship building and positive behaviour support. The model of care was based around the work of Psychologist Erik K Laursen's *Seven Habits for Reclaiming Relationships*. The registered age range was thirteen to seventeen upon admission. There were four 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
2: Effective Care and Support	2.2, 2.6
5: Leadership, Governance and Management	5.2

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, four allocated social workers and other relevant professionals. Inspectors consulted with children and a parent. 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 to the relevant social work departments on the 6th May 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 19th May. 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: 064 without attached conditions from the 20th June 2023 to the 20th June 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

There were policies in place to guide staff in providing with individualised care and support to the four children living in the centre. These included policies on the referral process, social work partnership and family contact. However, the inspectors found little reference to specific procedures within the policies to guide staff practices in the areas of statutory care planning and placement planning. From interview and their review of centre and children's files the inspectors found that the stable staff team understood how the placement planning system worked but could not align it to a guiding policy. Senior management must include care planning and placement planning procedures as part of their current review of the centres overall suite of policies and procedures. Since mid-2024 the centre was utilising an online system that was specifically designed for the management of record keeping in children's residential care settings. The inspectors examined each child's care records through this online system. Social workers had access to the system to review records for their allocated child.

Each of the children had up-to-date care plans with statutory child in care reviews (CICR's) found to have been held in line with required timeframes. For three of the children, care plans were provided by the allocated social workers to the centre in a timely manner. However, there was a five month delay in a care plan being provided for the fourth child and there was no evidence of it being requested by the centre with the allocated social worker. There was good practice of the centre taking minutes of discussions and decisions made at the various CICRs. There was evidence of the children's views being sought in advance of the reviews and if the children chose to not attend, they were informed of outcomes of the CICR. The centre prepared detailed progress reports in preparation for each CICR that were reflective of the children's needs and progression overall over the previous six months/ year.

Placement plans were implemented for each child and by the design of the record, there was evidence of these being connected to each child's care plan. On review of a sample of placement plans they were somewhat updated on a monthly basis by the child's key workers. However, in the absence of procedures in the placement planning policy, the inspectors could not determine placement plan review processes. Each child's placement plan had short-term and long-term objectives, with some areas of assessed need the same across both timeframes. There was little evidence of each child's placement plan being discussed during team meetings, but key working and individual work completed along with overall needs were discussed at these meetings. In general, key working completed was focused and reflective of the children's ongoing needs, behaviours and views. It was conducted in an age appropriate and caring manner that was respectful of the children and action focused where necessary. There was little evidence of safe sex education, drug/ substance misuse and online safety work across records. The inspectors recommend that more consideration is placed here.

In accordance with their care plan, each child was being supported to attend external support services with good collaboration between the centre and the allocated social workers evident. Staff were effectively assisting, encouraging, and facilitating children to attend their various appointments and assisting them in understanding the value of it. The inspectors found that staff had developed trusting relationships with the children and that this was assisting them with their overall development. There were clear arrangements in place for staff to support the children with various family contact and access and of this being done in line with their needs. Arrangements were in place for parents to receive updates of their child that was respectful of their wishes too. In conversation with the inspectors one of the children's parents spoke very positively of their contact with the acting centre manager and staff and of their satisfaction of being kept up to date on the overall care provided to their child. They spoke of their satisfaction too with regards to access arrangements. There was effective communication between the centre and each allocated social worker who expressed their satisfaction with the level of contact they had with the centre and of the good relationships they had with staff.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

There was no policy in place however it was evident from records and practices that there was a focus on assisting one of the children in their transition from childhood to adulthood. As required, there was a statutory aftercare needs assessment and an aftercare plan in place for one of the children who was turning 18 years of age in the

weeks following the inspection. In line with the child's wishes the goals outlined in the aftercare plan had changed since the plan was developed in February 2025. Current placement planning work being undertaken with the child was focusing on meeting their immediate needs and planning for their onward placement. The promotion of independent living skills was evident along with planning for their physical, medical and emotional needs. Weekly core meetings that were being held between the child, centre, allocated social worker and aftercare worker were found to have been guiding the ongoing work.

The inspectors did not evidence any arrangements for supporting the child in accessing and reviewing their files and accessing copies of important documents such as their birth certificate and medical records.

Aftercare workers were not yet required for the other three children to promote their development, however there was evidence of independent living skills being part of their placement plans in an age appropriate and developmental manner.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
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 2.2 Standard 2.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior management must develop the centres care and placement planning policies to include procedures that allow for the effective and continual implementation of the policies. This too to include preparation for leaving care and aftercare procedures and guidance on how children are to be supported to obtain and read their care file and access important documents.
- The acting centre manager must ensure that up-to-date care plans are held on each child's care file and that escalation procedures are followed if delays are being experienced.

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.

The centres governance structure consisted of a service director, area manager, an acting centre manager, and social care staff with all having clearly defined roles and responsibilities. On their review of the centres operational policies and procedures the inspectors found that they required updating to reflect the role of the area manager, an additional management structure assigned in 2024. Internally, the management structure was suitable to the size and purpose and function of the centre with the acting centre manager, a deputy manager and three social care leaders in place. These held responsibility for the day-to-day running of the centre with the acting centre manager having overall executive accountability, responsibility and authority for the delivery of the service. Eight full time social care workers and one part-time social care worker held responsibility for working directly with the four children living in the centre and implementing their care and placement plans. It was evident through interviews with centre management and staff that all individuals were clear of their roles and those of their colleagues.

The acting centre manager who was appointed to their role in August 2024 had extensive social care experience. They were clear of their management and leadership duties and were committed to working towards continuous improvement in practices. They demonstrated well to the inspectors how they led the staff team in implementing child centred quality care practices. They demonstrated a strong commitment to maintaining a culture of learning that focused on safe and quality care being provided to the children. In interview, staff and four social workers were very complementary of the support provided by the acting centre manager to them and their allocated child. A parent also spoke positively of their support to them and commitment to providing good care to their child. The role and responsibilities of the acting centre manager that were fulfilled Monday to Friday were observed across the review of centre files. The deputy manager worked office hours Monday to Friday and stepped up in the acting centre managers absence. An informal process was in

place accounting for tasks for completion in the acting centre managers absence. The inspectors recommend that this is formalised.

There were clear lines of communication with a reporting structure in place. The acting centre manager reported to the area manager with almost daily contact arrangements in place too. The area manager informed the inspectors that the operational policies and procedures were currently under a review process with a six month time frame for the completion of the task. Whilst staff struggled to name policies guiding their work, they demonstrated well the practices they followed in how they carried out their work for example how they approached placement planning, key working and promoting family contact. On review of a sample of team meeting records the inspectors identified that discussions on policy and procedures is required at team level.

The acting centre manager was responsible for maintaining the centres training database that accounted for mandatory and non-mandatory training. The inspectors identified delays in behaviour management, the safe administration of medication and fire safety training being provided to staff in a timely manner. Senior management advised the inspectors that dates had been scheduled for these pieces to be completed. First aid responder training had not been provided to any staff which did not align to the centres own training policy. Staff had been provided with emergency first aid training. The centre manager was exploring first aid responder training at the time of writing this report.

The centre had a risk management policy and a separate risk assessment policy in place. The corporate risk register provided to the inspectors was due for review in June 2023. The format of the register did not include dates when risks were entered on to the register along with a risk rating and review sections. A centre risk register was not in place with all information relating to risk within the centre compiled in a risk assessment folder. There were a number of individual risk assessments in place for the four children. The inspectors identified a number of deficits on their review of a sample of these individual risk assessments; inconsistent review dates, poor identification of actual risk, with an overall finding that risk ratings did not align with the centres risk matrix and actual risks identified. A risk assessment had not been completed for exterior of premises where the inspectors identified a number of issues that required immediate attention. The inspectors followed this up with the registered provider during the inspection process.

Other individual plans in place for the children included for example absence management plans (AMP), individual crisis management plans (ICSP), routine

support, behaviour support and situation support. There was evidence of safety plans developed when required with some having greater detail than other. The inspectors did not evidence social work agreement with respect to the AMPs. In interview all social workers stated they were aware of the AMP's in place for their allocated child and had access to them via the online recording system. One social worker said that for them their agreement was given verbally. The inspectors recommend that each ICSP is reviewed to ensure that they are completed correctly and in full paying particular attention to the physical intervention section. Greater focus is required in discussing and reviewing risk assessments at team level.

An up to date service level agreement was in place with Tusla.

Compliance with Regulation	
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

- Senior management must ensure that the centres review of policies and procedures occurs in line with timeframe set.
- The acting centre manager must ensure that staff are familiar with operational policies and procedures, to include regular discussion of these at team meetings and regular discussions and review of risk assessments.
- To align with centre policy the acting centre manager must ensure that staff are provided with mandatory training in a timely manner and that first aid response training is either secured or appropriate arrangements in place following risk assessment.
- Senior and centre management must review current risk management processes to ensure accurate recording across its system.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>Senior management must develop the centres care and placement planning policies to include procedures that allow for the effective and continual implementation of the policies. This too to include preparation for leaving care and aftercare procedures and guidance on how children are to be supported to obtain and read their care file and access important documents.</p> <p>The acting centre manager must ensure that up-to-date care plans are held on each child's care file and that escalation procedures are followed if delays are being experienced.</p>	<p>Senior management in line with the policy and procedures review are redeveloping the centres care and placement planning policies. This will include a review of the current preparation for leaving care and aftercare procedures so as to ensure that the staff and young people have the right guidance and support. This will also include direction in regard to how to obtain and read their care files and access important documents.</p> <p>The acting centre manager has ensured that all the care plans for all the young people are currently on file and will follow escalation procedures if required.</p>	<p>Senior management will ensure that update policies, and procedures are in place and reviewed as necessary.</p> <p>A monthly key working check list has been implemented in the centre – on the online recording system. Internal management will oversee the completion of all tasks on a timely manner. The list includes all content of general folders to ensure no information is missing.</p>

5	<p>Senior management must ensure that the centres review of policies and procedures occurs in line with the timeframe set.</p> <p>The acting centre manager must ensure that staff are familiar with operational policies and procedures, to include regular discussion of these at team meetings and regular discussions and review of risk assessments.</p> <p>To align with centre policy the acting centre manager must ensure that staff are provided with mandatory training in a timely manner and that first aid response training is either secured or appropriate arrangements in place following risk assessment.</p>	<p>The review of policies and procedures continues. A time frame of six months is set to have full implementation of review policies.</p> <p>Discussions and review of operational policies and procedures will take place during team meetings and supervisions. Risks assessment in house training recently delivered during staff May team meeting. Risk assessments will be reviewed at team meetings also to ensure the centre maintains a high level of risk assessment completion.</p> <p>To align with centre and organisational policy all staff are undergoing training to bring them in line with mandatory trainings. First aid response training has been secured for social care leaders so that each shift has a mix of first aid trained and first aid response trained staff.</p>	<p>Senior management will ensure that policy reviews occur as per agreed timelines.</p> <p>This is part of induction for new employees to read all policies and procedures. Also, review of policies and procedures during supervisions and team meetings.</p> <p>The centre training matrix has been reviewed and updated. This recording system uses a traffic light system which will now identify when training is due to go out of date six weeks prior to its concluding date. This will allow management to prearrange training with enough notice so as ensure all staff remain up to date with training.</p>
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	Senior and centre management must review current risk management processes to ensure accurate recording across its system.	Senior management and centre management are engaged in a review of the risk management process through monthly governance meetings and as part of the policies review to ensure that recordings are accurate across its system.	The monthly organisational governance meetings will now include discussion and review of the risk management system. This will allow for a greater level of accurate recording.
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