



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Solis DMC Childrens Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	4th & 5th April 2023
Registration Status:	Registered from 20th June 2023 to 20th June 2026
Inspection Team:	Lisa Tobin Lorraine Egan
Date Report Issued:	13/06/2023

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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 June 2011. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from the 20th of June 2020 to the 20th of June 2023.

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
1: Child-centred Care and Support	1.6
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.1

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, centre manager and to the relevant social work departments on the 16th May 2023. 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 30th May 2023. 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 operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors saw evidence of how the young people's voices and views were listened to through the use of young people's meetings and bi-monthly feedback forms that were in place. Young people were afforded the opportunity to participate in their child in care review (CICR) and they completed forms relevant to their care which allowed them to have their voices heard as this was discussed during their CICR. These opportunities were relevant to the ability and developmental stage of each young person as they presented with different needs. The young people were supported by their keyworkers and their social worker to have their voices heard at this forum.

Inspectors noted that while bi-monthly feedback forms were completed regularly with the young people, the centre manager must ensure that all aspects of the form are completed and followed up on should issues be identified by the young people. The young people must be provided with feedback on any issues they raise on the feedback forms. This must be documented on the form and signed by the appropriate person undertaking the task.

Inspectors found during interviews with the staff and with two young people that there was an honest and open approach in the centre regarding listening to the young people's views. The young people were able to identify staff members that they could speak to if they had an issue. The young people who spoke with the inspectors were aware of the complaints process available to them and the opportunity to discuss issues at the young people's meetings. The young people were also aware of the external services available to them such as Tusla Tell Us system for complaints and feedback and EPIC.

There was a complaints policy in place which outlined the procedures available to the young people. Inspectors noted there was a system for both formal and informal complaints. There had been no complaints logged since the last inspection in June

2022 to December 2022 and there were four complaints on the register for this year to date in 2023. One complaint made by a young person utilised the Tusla “Tell Us” complaints system. The young person was supported by the staff in making this report. One complaint made by the young people was formal and managed inhouse and the other two complaints were identified as informal and again managed within the centre in line with policy. However, inspectors found the new online documentation system required further improvement regarding the recording of the information. The centre manager and staff must ensure that all aspects of the complaints form are captured online to include the outcome of the complaint and the young person’s feedback.

During interviews with staff, it was evident to the inspectors that they all had a good understanding of the complaints policy and procedures. They were aware of their responsibility in supporting the young people with any complaint they had and knew that the centre manager had overall responsibility for overseeing the complaints process. The centre manager was responsible for ensuring the complaints register was up to date, managed and reviewed which was evident during the file review. Inspectors saw there was complaints oversight noted by the director on the online documentation system. Both the social workers and Guardian ad Litem (GAL) spoken to were happy with how complaints had been managed to date and reported there was good communication with the centre around any issues.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that the young people are provided with feedback on any issues they raise on the feedback forms. This must be documented on the form and signed by the appropriate person undertaking the task.

- The centre manager must ensure that all aspects of the complaints form are captured online to include the outcome of the complaint and the young person's feedback.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors found that all young people had an up-to-date care plan on file and their health needs were identified here and within the placement plans and on the placement support plans. There were many external assessments on file for the young people which staff had access to. Inspectors were informed during interviews that both the staff and the social workers were working together to ensure the health needs of the young people were being met. Inspectors found that there were a number of outstanding recommendations that need to be addressed and have been delayed due to a number of reasons including other therapy currently in place, a lack of appropriate therapeutic resources available both within the public and private services and the uncertainty regarding a move on placement for one young person due to work being undertaken at the new centre. However, inspectors saw that some of these recommendations had been identified in August 2022 for one young person and it was difficult to track what had been completed to date. Another young person had been involved in private therapy, but this had ceased since early 2023 due to unavailability of therapists. There were a number of other specialist services recommended in a specialist report undertaken in November 2022 that have not been undertaken to date. Inspectors were informed by the social worker that there was funding available for the specialist services required however, the young person remained on a waiting list for the private services available. The centre manager and the relevant social work departments must ensure that any necessary interventions and recommended supports required for the young people are secured in a timely manner.

Inspectors found that the staff were advocating for the young people's health needs. Inspectors found a recommendation was in place from a dietician for a young person. There were concerns escalated by the staff to the consulting dietician and psychologist for further guidance as it was deemed not in the young person's best interests regarding their health and wellbeing. The young person's social worker was

also informed of the staff's concerns. This was being followed up at the time of inspection.

Inspectors found that the young people had access to a general practitioner (GP) and to dental and ophthalmic services as they required them. As mentioned earlier the young people had placement plans which outlined their health needs. Inspectors found that some placement plans were drawn up prior to their child in care review occurring and that this document was not updated post CICR as the placement plans were only updated every six months. Inspectors found that due to this, the placement plan did not capture the ongoing health and well-being needs appropriately as three of them were updated in pen and were unclear in what action related to which goal. This was difficult trying to track the evidence of progress for the young people with the recommendations from reports or reviews and needs to be clearer and updated more regularly.

There were policies and procedures in place for medication prescriptions, dispensing of medication and storage of medication. Inspectors reviewed the medical files for all the young people and found that they contained all the required information and documents for two young people. The two newest resident's medical files required update as there were consent forms and immunisations forms missing. Inspectors reviewed the administration of medication forms on the new online system and found that further information regarding the type of medication given and the reasons why they were administered were required on those files. Any medications no longer in use must be signed off by the GP as discontinued. Nine of the fourteen staff named on the training log provided to inspectors had completed safe administration of medication training. All staff must complete this mandatory training as outlined in the centre's policy.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager and the relevant social work departments must ensure that any necessary interventions and recommended supports required for the young people are secured in a timely manner.
- The centre manager must ensure that the placement plans are updated in line with recommendations from the care plan regarding the young people's health and well-being. They must be updated more frequently and be clear with identified goals and outcomes.
- The centre manager must ensure that the young people's medical files have all the relevant medical forms on file, including consent and immunisation forms.
- The centre manager must ensure all staff complete safe administration of medication training.
- The centre manager must ensure there is oversight of the administration of medication including information on any medication given and the reason why must be documented on the young people's files.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The organisation had policies in place regarding their workforce planning which included procedures about staff recruitment, staff induction and staff training. There was a large team available for shifts in the centre due to the planned expansion of the organisation to open a second centre. There was ongoing recruitment occurring for more staff to ensure there was enough staff to support both centres. Inspectors were informed of two new staff currently onboarding. Workforce planning was undertaken by the centre manager and the director regularly which included linking with the local college, meeting HR more regularly and creating open days for interviews.

There were appropriate numbers of staff employed in the centre however, with seven of the thirteen staff members due to move to the new centre with one of the young people, the centre manager and director must be mindful that they have the appropriate numbers in place in the current centre prior to staff moving. In the staff

information form received by the inspectors, it showed that six staff members had a social care degree out of thirteen. With two new staff due to join the team in late April, both with social care qualifications, this will be compliant with the requirements of the staffing regulation Article 7, Staffing of the 1996 Child Care (Standards in Children's Residential Centres) as set out in the ACIMS staffing memo April 2022.

Inspectors reviewed the rosters from November 2022 to April 2023 and found that there were three staff members on shift per day, two sleepover staff and one day shift. There was also a night waking staff twice a week which was stated was in place to comply with contractual obligations. Inspectors did not see any risks identified for the young people at night-time that would warrant the need for a night waking staff member. Inspectors found that on occasions, there was evidence of back-to-back shifts. There were no risk assessments carried out for these and can only be considered in an emergency situation to provide consistency of care to the young people and not routine practice.

There were many arrangements in place to promote staff retention and continuity of care which included maternity and paternity leave, extra annual leave, bonus payments and training. During interviews staff spoke of the underlying ethos being child centre focused and the support the team received from management which encouraged them to remain working in the centre. Staff spoke of the team being very settled and there was a good morale within the team. There had been two resignations since the last inspection in June 2022 which was due to the distance they were travelling to work.

There was a formalised on-call system in place which was overseen by the centre manager and another manager currently. Inspectors were informed by staff and management that the on-call system was rarely used and found that staff were aware of the procedures of when to contact on call.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
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 6.1

standard in some respects only	
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre must only consider the use of back-to-back shifts in emergency circumstances to continue the consistency of care.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that the young people are provided with feedback on any issues they raise on the bi-monthly feedback forms. This must be documented on the form and signed by the appropriate person undertaking the task.</p> <p>The centre manager must ensure that all aspects of the complaints form are captured online to include the outcome of the complaint and the young person's feedback.</p>	<p>A new Bi-monthly feedback form has been developed which includes a section for Management to provide feedback. A second form which is just for management will provide detail of the conversation between management and young person and will be triggered for completion once the manager has read the bi-monthly form to ensure this work is completed.</p> <p>A new complaints form has been developed which not only includes the details of complaint but when it was dealt with and a full section to provide feedback in relation to the outcome. A section has also been added to allow the young person making the complaint pass comment on whether they were happy with the outcome and the manner and time in which it had been dealt with. This will</p>	<p>Once completed this will automatically go to the PIC for approval. The new system will notify the management to complete follow up forms and will remain active on the system until this is completed.</p> <p>All complaint forms that have been completed and submitted within the clear care system are directly sent to the PIC for approval. This in effect means that no complaint form can be closed off until the PIC has read through and is happy with the actions taken and the young person is happy with the actions completed by staff/management team in dealing with the complaint. A new governance document</p>

		allow for any further issues to be resolved in a timely manner.	has been introduced which captures whether complaints have been closed off or remain opened.
4	<p>The centre manager and the relevant social work departments must ensure that any necessary interventions and recommended supports required for the young people are secured in a timely manner.</p> <p>The centre manager must ensure that the placement plans are updated in line with recommendations from the care plan regarding the young people's health and well-being. They must be updated more frequently and be clear with identified goals and outcomes.</p>	<p>The centre endeavors to seek any supports that are needed for the young people within its care whether this be through public or private services. This will be done in conjunction with the relevant social work teams if funding is required. The management team will continue to seek this support on a monthly basis if it is not provided in a timely manner.</p> <p>A review of the placement plans has been secluded for the 31.05.2023 which will also include social care leaders, social care workers and young people. This will allow for all parties to have a say in the development of the placement plan. The proposed actions being put forth are that the placement plan will be reviewed every three months and will place the focus on three sections identified with the care</p>	<p>Each young person's key work team will keep in regular contact with the social worker, any recommendations that were made through reports will be followed up on. At the end of each month the key workers will notify the management team if there has been progress or if there is anything outstanding so that this can then be followed up. Management will follow up in line with the centre escalation process if needed.</p> <p>A rolling Placement plan is in development with it proposed launch being that of the 1st of June. This will be updated and reviewed every three months by key work teams and management to ensure greater level of focus on identified areas and recommendations from care plans.</p>

	<p>The centre manager must ensure that the young people's medical files have all the relevant medical forms on file, including consent and immunisation forms.</p> <p>The centre manager must ensure all staff complete safe administration of medication training.</p> <p>The centre manager must ensure there is oversight of the administration of medication including information on any medication given and the reason why must be documented on the young</p>	<p>plan, to allow for a greater focus on the goals and outcomes.</p> <p>All relevant medical forms have been requested by centre manager and are now on file.</p> <p>Safe administration training has now been sourced for the number of staff who have yet to receive this training within Louth Hall. Currently we are waiting a confirmed date for this training to take place however it should happen during the month of July.</p> <p>Management has a new system in place which is overseen by the new deputy who has started in their post within the centre. The new system will be overseen by a social care leader on a weekly basis with</p>	<p>The Deputy manager along with social care leader now have direct oversight of the medication files to ensure that everything contained with said folders is up to date. This will be completed weekly with an email being sent to PIC to keep them aware of any issues.</p> <p>A new training tracking system has been developed and implemented within the centre. Once the dates of training completed has been added it will notify management three months before the expiry date of any training, or if a staff member is missing any mandatory training.</p> <p>The social care leader who has been assigned to medication oversight will now check the medication files on a weekly basis. A weekly email is now being sent to the PIC which outlines the status of the</p>
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	people's files.	the deputy manager taking full oversight of medication to ensure it is robust and that all information is correct.	medication folders. This will allow a greater level of oversight within the team and from a management and governance level.
6	The centre must only consider the use of back-to-back shifts in emergency circumstances to continue the consistency of care.	The centre now operates a 3- 4-month rota which allows for greater oversight regarding shift patterns. All staff have been notified that all swap changes must be passed through management first and that no shifts can be swapped that places a staff member on back-to-back shifts.	Centre Manager has now taken over full oversight of the staff rota including the development of quarterly rotas to reduce any back-to-back shifts unless in an emergency situation.