



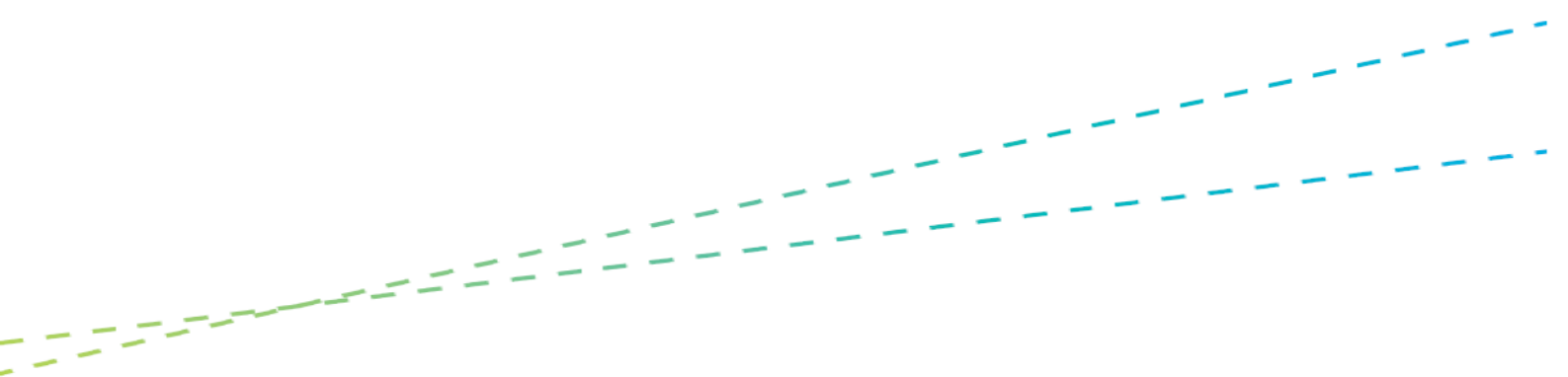
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 138

Year: 2021



Inspection Report

Year:	2021
Name of Organisation:	Solis MMC Ltd
Registered Capacity:	Four Young People
Type of Inspection:	Announced Themed Inspection
Date of inspection:	12th, 13th and 14th April
Registration Status:	Registered with an attached condition from 20th July 2021 to 20th July 2024
Inspection Team:	Lorna Wogan Sinead Tierney
Date Report Issued:	20th August, 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 its first registration on the 20th July 2018. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 20th July 2018 to the 20th July 2021.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre provided medium to long term care placements. Their person centred model of care was described as building therapeutic relationships with young people through the adaptation of ‘The Seven Habits of Reclaiming Relationships’ (Erik K. Laursen) to enable young people to feel supported, cared for, safe and respected. The centre aimed to provide an individualised programme of care to assist each young person to develop resilience through the medium of positive and caring relationships. The centre provided young people with the opportunity to develop relationships with caring adults who model appropriate ways of dealing with emotions and life challenges.

There were two children living in the centre at the time of the inspection. One child was recently discharged from the centre and a new admission was planned for on the day of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1, 4.2, 4.3
7: Use of Resources	7.1

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 via teleconference 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 on the 21st June 2021 and to the relevant social work departments on the 21st June 2021. 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 22nd June 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

An application for the renewal of the registration of this centre was made by the registered proprietor. Upon review of this application it was found that the centre did not have a sufficient number of qualified staff. As such it was the finding of the ACIMS Registration Committee that the centre was not in compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing.

It was the decision of the Registration Committee to apply the following conditions to the centre's registration under Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991:

- There must be no further admissions of a young person under 18 to this centre until the staff team comprises a minimum of 50% social care qualified staff and that the number, qualifications, experience and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

As such it is the decision of the Child and Family Agency to register this centre, ID Number: 138 with the above attached conditions from the 20th July 2021 to the 20th July 2024 pursuant to Part VIII, 1991 Child Care Act. The condition to the registration of the centre is effective from the 10th August 2021. The condition will be reviewed on or before the 10th November 2021.

3. Inspection Findings

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The inspectors found that the health, wellbeing and development of each child in the centre was promoted, protected and improved. The centre had a range of policies and procedures in place to support the health, wellbeing and the development of the children in placement. These policies were aligned to the National Standards for Children's Residential Centres, 2018 (HIQA) and were set out under the individual themes of the standards. The policies and procedures specific to theme four of the national standards were reviewed by the inspectors. The inspectors found that the day-to-day practices in the centre operated in line with the written policies and procedures.

The children's health, wellbeing and developmental needs were identified at the pre-admission meeting. Their likes and dislikes were ascertained along with specific hobbies, interests and talents they may wish to pursue when living in the centre. The placement plan for each child evidenced goals set out to support positive social relationships, community integration, health and educational development. The placements plans and individual key work evidenced that the children's emotional wellbeing and their psychological development was considered along with the importance of maintaining and supporting family relationships and connections with their community of origin. The placement plans were reviewed at each team meeting and at the end of each month by the social care leader. There was good oversight of the health, wellbeing and development of the children in placement by the centre manager and the regional services manager. The children's progress was discussed and evaluated in the centre manager's supervision with the regional manager and in the team meetings. The inspectors found that the children in placement were making progress in their placements based on a review of the centre records.

There were written policies to guide the practice in relation to physical activity, healthy eating, smoking cessation, drug and alcohol misuse and medication management. The staff had access to a range of resources and workbooks to support

teaching and learning in relation to healthy development and health issues such as drug and alcohol misuse. The centre had access to an independent consultant psychologist to support and guide the management and staff team and the children, where appropriate, in relation to their emotional, behavioural and psychological presentation. A number of staff had completed suicide awareness training and the team had input from the HSE child and adolescent mental health services to guide their work in relation to mental health issues for specific children in placement. The centre manager informed the inspectors that staff had undertaken a lot of self-education in relation to children's mental health. There was also evidence that staff advocated and secured required specialist supports for the children. The service on occasion had provided the required financial support to facilitate access to external services such as counselling and psychotherapy. The manager had appointed a health and wellbeing officer within the team and the appointed staff member developed a twelve-week fitness programme for a child in placement that included buying gym clothes, joining a local gym and following a particular healthy eating programme.

The aims and the objectives of each placement were outlined in the care records that evidenced the support provided to the children to meet both the medium term and the long term objectives of the placement.

The health and wellbeing policy emphasised that staff must be positive role models for the children in relation to healthy living and be proactive and motivated to engage in physical activities with them. There were creative initiatives undertaken by staff to encourage the children to be active and use the natural resources in the vicinity to support their physical and mental health such as early morning walks to scenic locations to see the sunrise. The restrictions placed on the children due the pandemic were used as an opportunity by staff to be proactive and engage the children in outdoor physical activities such as cycling and football. The children responded well to these initiatives.

The key working sessions reviewed by the inspectors evidenced reflective and educative discussions with the children appropriate to their individual needs as set out in their care and placement plans. The inspectors found evidence of successful outcomes for two children in relation to smoking cessation and their overall health. The practices at the centre evidenced the children were provided with opportunities to have their voice heard and identify personal goals they wished to achieve to reach their full potential. This was achieved through house meetings, individual work and the general day-to-day engagement of the children.

A range of programmes and specific key working sessions were undertaken with the children in relation to self-care, safe relationships, sexual health and wellbeing. The agreed work was undertaken in consultation with the social workers, parents and other specialist services and was documented in the placement plan and on the key working records.

There was evidence of good inter-agency and inter-disciplinary cooperation and practice. This was confirmed by the social workers, a Guardian ad Litem and staff interviewed during the inspection process. This practice was supported by a written policy that defined the role and responsibilities of the statutory social workers and the process of cooperative engagement and positive working relationships to ensure the needs of the children were met. Staff interviews and completed staff questionnaires confirmed the social workers were accessible to them and the children and communication was good. The inspectors found there were many forums to support good communication and inter-disciplinary practice such as statutory care plan reviews, placement plan meetings, core and strategy group meetings. The social workers confirmed that they received monthly progress reports and prompt notification of significant events combined with regular telephone and email contact that was evident on file.

The inspectors reviewed menu plans at the centre and found that the children were provided with a varied and healthy diet. Their preferences in relation to food choices were considered each week. The children had open access to the kitchen, healthy snacks were readily available to them and they were appropriately involved in meal preparation. Currently there was a strong focus in the centre on limiting access to high-sugar content foods and this was supported by educative individual work in relation to general health and the correlation with diet and food intake. External specialist support from a dietician supported staff practice in relation to food planning. Staff maintained meal trackers to monitor food intake. Creative food-focused initiatives such as 'come dine with me' and cultural awareness evenings supported the children to try new foods and be aware of foods from different nationalities. The children in placement did not have any particular food requirements based on their culture or religion. There was evidence that staff and children shared meals together in the centre and mealtime was a positive social event.

Where required there were aftercare assessments on file completed both by the centre staff and the statutory agency. The skills required for leaving care were set out in the placement plans and the children were supported and encouraged to take care

of their bedrooms and assist with daily chores appropriate to their age and stage of development.

The children completed the inspection questionnaires and their responses indicated that they were satisfied with the standard of care, how they were treated by staff and there was evidence they were benefitting from their placements. The centre maintained an aftercare folder on site with resources for staff to undertake leaving care programmes with the children. There was evidence of practical supports provided to children who were preparing for leaving care such as sign-posting services, budgeting and developing a range of social skills required to successfully integrate into living in the community. The children received pocket money and had opportunities to spend this money in accordance with their own wishes and children were encouraged to set up a savings account. There were activities undertaken with the children to help build confidence in social settings. Inspectors found the staff helped the children to reflect on their behaviour and the impact of their behaviour on others. This engagement helped the children to consider alternative responses to situations and acquire resilience to cope with situations that did not always work out as they would wish. There was a strong focus on recognising achievements and rewarding same that helped to build the children's self-confidence and self-esteem.

There was evidence that children leaving care were supported by the staff to source further education, training or employment opportunities in line with their abilities.

Parents interviewed by the inspectors were satisfied with the standard of care in the centre and the support their children received in relation to their health, wellbeing and development.

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

The inspectors found that each child was supported to meet their identified health and development needs. There were pre-admission medicals undertaken on admission to the centre and these were maintained on the individual care files. The health needs of the children were identified in the pre-admission documentation provided by Tusla's National Private Placement Team and at the pre-admission meeting. This information was recorded on the care plan and the placement plan and was followed up with the children in individual and key working sessions. There was evidence that staff were alert to the emerging health needs of the children as the placement progressed and they secured the appropriate specialist supports to address

these needs. Additional training for staff in understanding and promoting mental health in children and young people was evident on the services training schedule for 2021.

The care file had a dedicated section to maintain health information. Specialist reports were maintained on the care file. The inspectors found that details in respect to childhood vaccinations were not complete on all care files for all of the children. The centre manager must ensure that a full and comprehensive record of all childhood vaccinations is on file and is compliant with the Irish childhood vaccination programme. A catch-up vaccination programme must be secured if the children have missed out on any of the required vaccines and this must be discussed with the social worker, parents and the local public health professionals.

All consultations with medical and health professionals were recorded on the individual care files including the outcome of these consultations. The inspectors found the health needs of the children in placement were met. There were some identified assessments outstanding for some children however there was evidence that these assessments were followed up appropriately through the care planning processes. A dental appointment for one child was significantly delayed due to public health restrictions during the pandemic. The staff actively pursued this matter and it was highlighted with the social worker and at the most recent child in care review and was subsequently resolved.

Each child had access to a general practitioner (GP) and where possible children remained registered with their family GP as was the case for the two children in placement. There was evidence that staff had followed up on GP recommendations for one child. Each child had a medical card in their own name. The centre manager informed the inspectors that the children's GP signed off on all medications administered and this was evident on the medication records. The centre manager and staff were mindful to ensure that appropriate information was shared with the GP to ensure the best possible care for the children.

The centre had a written medication management policy in place and the administration and management of medication was subject to auditing and oversight by the centre managers. There were no controlled medications prescribed for the children currently in placement. The inspectors found the practice in the centre for the storage, administration and disposal of medications was adhered to in line with their written policy. There were record keeping systems in place to evidence the administration of all medications in the centre. Medication was stored in a locked cabinet with a separate storage area for each child. A number of staff had undertaken

training in the safe administration of medication however the centre manager must ensure that this training is completed by all members of the team.

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The inspectors found that each child was supported to achieve their potential in learning and development. There was a strong emphasis on the importance of education in the centre and the children attended education in line with the legislation. The children in placement had appropriate educational placements and were fully engaged in them. The centre had a clear policy that all children must be supported to engage in education and outlined the expectations of staff to support the children where they were temporarily not attending any form of education or where they were reluctant to attend their educational placement. The children completed bi-monthly feedback forms about their care and they had the opportunity to identify additional activities or opportunities they would like to engage in.

The children's educational needs and progress was reviewed at statutory care plan review meetings and in other planning and review forums. One of the children was supported to remain in their school placement on coming to live in the centre and the staff facilitated the transport required. The centre manager was aware of the role of the education welfare officer however to date they had not required their support for the children placed in the centre. The care files maintained records in relation to school progress, term reports, school attendance trackers and correspondence between the school and the centre. The inspectors found there was good communication and collaboration with teaching staff and school principals to support these placements. The parents interviewed by the inspectors were satisfied they were kept informed about their child's educational progress.

There were good routines around homework completion and there was adequate and appropriate space for the children to study and complete assigned work. There was in-house support to promote remote learning and a staff member had researched remote learning methodologies and had shared these within the staff team to support the children's learning when the schools were closed due to the pandemic. Laptops were purchased for children to support remote learning and additional educational materials were purchased as required. Incentives were in place to reward achievements. One child received a reward when an article they wrote was published by the national advocacy group for young people in care. The current group of children did not require additional learning supports however there was evidence

that previous residents received additional supports to assist them with specific school subjects as required. Parents for the children in placement were involved in school meetings were appropriate and were informed about their children’s educational progress. The centre staff also engaged the children in other informal educative and wellbeing services within the community.

There was evidence that the child in the process of admission to the centre was provided with educational placement options that were to be considered by them in terms of suitability and desired option. This was discussed with them at a pre-admission meeting.

The inspectors found evidence that one child who was recently discharged from the centre and transitioned into aftercare services was supported by the social worker, their aftercare worker and other support services to explore their options for education and training following their discharge from the centre.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.3
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	None Identified

Actions required

- The centre manager must ensure that the children’s vaccination history is secured on their care file and a catch-up programme is in place where the required vaccinations have not been administered.
- The centre manager must ensure all members of the staff team are trained in the safe administration of medication.

Theme 7: Use of Resources

Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

The inspectors found that the centre managers planned and managed the use of available resources to deliver child-centred, safe and effective care for the children in placement. The centre was adequately resourced and there were sufficient resources allocated to the centre to meet the children’s identified needs. There was evidence on the care records that financial resources were made available to fund outdoor activities, additional therapeutic and educational supports, rewards and incentives to promote the children’s development and support needs. All staff interviewed confirmed that there were resources available as required both in relation to staffing and financial resources. The centre manager and staff stated that there were clear processes in place to apply for additional funding where required and management were responsive to such requisitions.

There were processes in place where the regional services manager and the registered proprietor engaged in business planning processes and projected expenditure for the year ahead to deliver effective, safe services. The inspectors found there were transparent and effective decision-making processes in place in relation to the use of resources with clear lines of accountability and levels of responsibility both internally and externally. There was evidence of funding made available to staff to support their continued education and training.

The centre had an environmental policy that supported energy saving and recycling initiatives and the children were encouraged by the staff to support these initiatives.

Family access was resourced and financed by the centre where required. A hospitality policy set out the planning requirements required to ensure that visitors to the centre were welcomed and provided with hospitality such as tea/coffee, lunch or dinner.

Expenditure reports were completed and provided the centre manager and the regional manager with good oversight of the use of financial resources. There was a petty cash system in place and all monies spent were accounted for and balanced at the end of each shift. The centre management informed the inspectors that there were no incidents of misappropriation of funds in the centre.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 7.1
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	<p>The centre manager must ensure that the children's vaccination history is secured on their care file and a catch-up programme is in place where the required vaccinations have not been administered.</p> <p>The centre manager must ensure that all staff members are trained in the safe administration of medication.</p>	<p>Follow up contact has been made with the young person's registered G.P's for HPV and booster vaccinations. Ensure that historical vaccinations documentation for further young people is secured prior pre-admission visit. Date for same to be confirmed.</p> <p>All staff have completed Hseland.ie training in medication management specific to 'residential care for young people'. Safe Administration of Medication training to be secured by September 2021.</p>	<p>Ensure that historical vaccinations documentation for further young people is secured prior pre-admission visit.</p> <p>Delay to the latter was due to Covid-19.</p> <p>Covid-19 had implications on Safe Administration of Medication training being secured. As an interim measure training specific to medication management for residential care for young people was secured via Hseland.ie.</p>
7	N/A		