



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	19th and 20th February 2024
Registration Status:	Registered from 20th July 2021 to 20th July 2024
Inspection Team:	Anne McEvoy Sinead Tierney
Date Report Issued:	3rd May 2024

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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 July 2018. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 20th July 2021 to the 20th July 2024.

The centre was registered to provide multiple occupancy care to four young people from age thirteen to seventeen years on admission. 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 resiliency through the medium of positive and caring relationships. The centre provided young people with the opportunity to develop positive relationships with caring adults who model appropriate ways of dealing with emotions and life challenges. There were three 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
3: Safe Care and Support	3.3
4: Health, Wellbeing and Development	4.1

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 15th March 2024. 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 05th April 2024. 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: 138 without attached conditions from the 20th July 2021 to the 20th July 2024 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.

Inspectors found through the course of the inspection that care team members and centre management were committed to maximising the wellbeing and personal development of each of the young people in the centre by providing support and care based on their individual needs, in line with their model of care.

Each of the young people had an allocated social worker assigned to them and in interview each social worker was complimentary of the care provided to the young people in the centre. One young person was admitted in December 2023 and a child in care review took place within statutory timeframes. Centre management were awaiting the care plan for this young person at the time of this inspection. In interview the social worker advised that the care plan was in the process of being developed and approved. The other two young people both had child in care reviews completed and updated care plans were on file.

There were placement plans on file for each young person. While the placement plans were updated following a child in care review, inspectors found that the placement plan for one young person did not reflect the current planning being undertaken. The placement plan for this young person was updated following their review in April 2023 but there were changes that had occurred in the intervening months that were not reflected on the placement plan. As such the goals identified within the body of the placement plan were outdated and not in line with the presenting needs of the young person. Inspectors noted that while the placement plan did not reflect the current circumstances for the young person, there was appropriate key work and individual work taking place for the young person reflective of the presenting needs and behaviours. Centre management must ensure that the placement plans are updated at regular intervals to reflect the current and presenting needs of the young people.

Inspectors found that identified and appropriate individual work was undertaken by all members of the care team and in interview care team members were knowledgeable about the current needs and development issues to be addressed. All the young people living in the centre spoke to inspectors and confirmed that they were happy, felt listened to and were invited to participate in their care planning. A parent of one young person stated that they had regular communication with the care team and said that any issues they raised were addressed and managed. They stated that care team members were dedicated to ensuring the needs of their child were met in every way.

Where external and specialist supports were identified, young people were encouraged and facilitated to attend these appointments. Inspectors found that centre management and care team members were guided by external professionals in individual work being completed and a collaborative approach was taken to ensure that the wellbeing of each young person was promoted.

In interview, social workers collectively stated that there was effective communication from centre management and care staff. They stated that they were satisfied that the individual work being undertaken was in line with the goals of the care plan and designed to develop each young person to their potential.

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
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- Centre management must ensure that the placement plans are updated at regular intervals to reflect the current and presenting needs of the young people.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors found that the centre promoted an open culture whereby young people and care team members were encouraged to raise concerns, report incidents and identify areas for improvement. Feedback was considered an integral part of learning in the centre and in interview both young people and social workers stated that they were asked to complete regular feedback reports highlighting any areas for concern or improvement. One social worker stated that they raised an issue regarding supervision levels and centre management were receptive to the feedback and the issue was addressed immediately. In interview, young people were confident that their views were considered, and changes made where possible. Inspectors were provided with a document where the area manager reviewed and analysed the feedback forms completed by the young people and learning was provided back to the care team members and centre management.

A comprehensive complaints process was in place and records reviewed demonstrated that young people were encouraged to make complaints and note dissatisfactions they held in relation to care provision or interaction with other peers in the centre. Inspectors noted that where the young person chose not to make a complaint the records were vague as to whether the issue was addressed. Young people, in interview, were clear that their issues were addressed despite not filling in a formal complaint. Inspectors recommend that centre management review the record keeping around the complaint process to ensure that actions taken are accurately reflected in the records.

In interview, staff were confident that they would raise concerns and challenge poor practice either directly with the staff member concerned or bring it to the managers attention through supervision. There was good discussion in team meeting minutes around complaints raised by young people and incidents that had occurred within the

centre. In interview, care team members readily discussed learning that occurred from recent events and noted how it was implemented into care practice.

The registered provider furnished inspectors with a copy of the policies and procedures surrounding the reporting, recording and reviewing of significant events and incidents within the centre. Inspectors analysed a sample of significant event notifications and found that they were all recorded, and reported to relevant professionals, in line with regulatory requirements and centre policy. Allocated social workers acknowledged that they received relevant and appropriate documents in a timely manner and were always kept apprised of incidents that occurred in the centre. Inspectors noted that the significant event notifications did not record if a physical intervention had occurred. While the centre management stated that a separate sheet would be included if a physical intervention occurred, inspectors found an isolated incident whereby physical intervention was not fully recorded. The centre manager must ensure that all significant event notifications fully record such interventions.

Care staff members were invited to participate in the review of significant events through significant event review group meetings (SERG) and described the learning that they achieved through this process. There was evidence to show the findings from these meetings were discussed in team meetings for learning purposes and improvements in practice.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed.
Practices met the required standard in some respects only	Standard 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- The centre manager must ensure that all significant event notifications fully record all physical interventions.

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.

Inspectors found that the centre management and care team members were cognisant of each young person's needs and the health, wellbeing and development of each young person was promoted on an individual level.

Smoking, vaping and substance misuse were noted as presenting concerns for the young people living in the house. Inspectors found that care team members had completed individual work with each young person and were actively targeting harm reduction and educational sessions surrounding the harm caused by the use and misuse of such products, including the impact that they had on health. Young people were supported to attend external professionals in the areas of mental health and diet in an effort to promote and support their health and wellbeing. Individual work on sexual health, the importance of consent and safety online was evidenced in a review of care records and these were appropriate to the age and stage of development of each young person.

Interactions between the young people living in the house was discussed at young peoples' meetings and in individual work carried out. This was targeted to ensure that each young person developed the necessary social skills to live in a shared space and respect the rights and personal boundaries of each other.

The centre had a spacious and homely kitchen where inspectors observed young people make healthy and nutritious meals and snacks for themselves. Young people were encouraged to eat healthy food and while treats were available to them on request, they were stored out of sight of the young people. Interviews with care team members and young people evidenced that the centre encouraged everyone to eat together, and this was observed by inspectors throughout the course of the inspection.

One young person was aged 16 years, and they were at the starting point of their aftercare programme. A review of individual work evidenced that they were being supported to develop necessary life and social skills. In interview, the allocated social worker stated that a referral for aftercare was being completed.

Two of the young people in the centre were attending school appropriate to their stage of development. There was evidence that the care team and centre management advocated for each of them in school and were instrumental in promoting the academic and social development of both in line with their abilities. The third young person had recently begun a home-tuition programme approved by the Department of Education and Skills and they were facilitated with appropriate equipment including a laptop and a quiet space to work in. In interview each young person indicated that they were supported to achieve their potential.

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

Actions required

- None required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure that the placement plans are updated at regular intervals to reflect the current and presenting needs of the young people.	Solis EMC policy necessitates that placement plans are reviewed every 6 months, and this has been the process followed with all 3 young people plans. It is acknowledged that needs clearly emerge in the period between child in care reviews and should be more regularly reflected in placement plans. Whilst this has been reflected in monthly case management meetings that identify emerging needs on a monthly basis, this will be transferred to the current placement plan following these meetings and ensure that these new needs are properly added to the placement plan. We will also continue to review the placement plan every 6 months (as per policy) and issue a new typed updated copy.	Additional monthly checks: Handwritten entries of identified additional needs to the current placement plan following case management meetings to plan and review individual work. 6-month review of placement plans will be retyped and issued with those additional needs added.
3	The centre manager must ensure that	We now recognise that this staff intervention constituted a physical	This will be discussed at team meeting on April 2 nd

	all significant event notifications fully record all physical interventions.	intervention and will ensure that any positioning of staff, which prevent young people from striking out at each other are recorded accordingly as physical interventions in future.	This will also form part of our next behaviour management framework refreshers on April 29 th & June 24 th
4	None identified		