



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: 2025

Inspection Report

Year:	2025
Name of Organisation:	Solis EMC Children's Services
Registered Capacity:	Four Young People
Type of Inspection:	Announced Inspection
Date of inspection:	21st, 22nd and 23rd July
Registration Status:	Registered from 20th July 2024 to the 20th July 2027
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	16th October 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support (Standard 1.6 only)	
3.2 Theme 2: Effective Care and Support (Standard 2.5)	
3.3 Theme 6: Responsive Workforce (Standard 6.3)	

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 third registration and was in year two of the cycle. The centre was registered without attached conditions from the 20th July 2024 to the 20th July 2027.

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 to enable them 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 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
2: Effective Care and Support	2.5
6: Responsive Workforce	6.3

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 11th September 2025. This inspection found the centre to be operating fully compliant with the standards inspected therefore there was no issues requiring action identified. The centre manager reviewed the report for accuracy and returned the draft report on the 17th September 2025.

The findings of this inspection report 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 2024 to the 20th July 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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.

There were policies and procedures in place to guide practice in relation to consultation and participation by the young people about their care. The inspectors found that staff interviewed were able to describe the care practices in place that provided the young people with opportunities to express their views and preferences in relation to their daily living arrangements and decisions about the centre routines. The young people who met the inspectors stated that the care team and the managers gave them lots of opportunities to express their views and preferences. They stated that staff were open and honest with them in terms of planning their care and supporting them in their placement. There was an overall culture of openness and transparency within the centre and this was evident in the centre records, care records and from interviews with the care staff, the managers and the young people.

The social workers and Guardian ad Litem spoke highly about the care approach that operated in the centre and observed how the managers and care staff consulted with the young people and promoted their participation in planning for their care. Young people's house meetings were held regularly. The records showed that this forum was a safe space where the young people could express their views and opinions and their voice was heard by the care team. Team meeting records evidenced that the managers and staff team strived to improve collaboration and engagement of the young people in house meetings in addition to evidencing effective child centred care and support.

Overall, there was evidence that complaints were well managed in the centre. There was a robust complaints procedure in place and staff interviewed were able to describe how young people were supported to make complaints as they arose. The young people who spoke with the inspectors stated that staff supported them to make complaints and were regularly informed of their rights in this regard. The young people interviewed indicated that they felt the managers and staff team were good advocates for them. The inspectors found examples where the staff had advocated for

the young people in terms of their specific needs and this resulted in positive outcomes for the young people concerned. Additionally, the inspectors found that staff captured feedback from the young people through thoughtful and considerate key working and individual work. The complaints reviewed by the inspectors evidenced a culture of openness. Staff welcomed feedback from the young people and issues raised by them were responded to and every effort was made to resolve their issues. The social workers and Guardian ad Litem confirmed that the managers and care staff informed them of complaints made by the young people and the managers ensured that issues raised were resolved in a timely, open and transparent manner. The young people completed feedback questionnaires for the inspectors and in relation to complaints one young person stated staff were very prompt about sorting out their complaint and another young person said things improved for them following the complaint made and the managers were very supportive and understanding. One young person indicated they were not happy with the way their complaint was dealt with but did not wish to discuss the reasons why they were not satisfied.

Complaints were recorded on the young people's individual care records and were also maintained on a complaint register that was subject to oversight by managers both internally and externally. Complaints were discussed in handover meetings, daily updates to external managers and additionally tracked in the area managers' report. Additionally, complaints were discussed at team meetings when they arose. The managers and staff team outlined to the inspectors a change of approach over the past year in relation to managing complaints made by the young people. There was a move away from the young people being offered to complete a complaint pro forma when they expressed dissatisfaction about some aspect of their care. The team approach was to employ a more natural local resolution process to resolve issues raised by the young people. However, the young people were also aware they could complete a written record of their complaint if they wished.

The inspectors reviewed complaints records on the care records and the complaint register. The complaints register evidenced that complaints were concluded, or not, as the case may be. However, the complaints records did not consistently evidence if the complaint was upheld, not upheld, or inconclusive and manager must ensure these outcome definitions are consistently recorded on the register which would assist in the analysis of complaints within the centre. The inspectors found serious complaints were notified to the social worker through a significant event report and they were informed of other in-house complaints by email or through progress reports.

There was evidence in service management meetings that information from external managers was shared with centre managers to improve care practice and learning outcomes from complaint investigations were shared across the service to improve practice.

At the time of the inspection the centre manager was creating posters suitable for the young people about making complaints when living in the residential centre. The manager stated they informed parents about the centres complaints procedure when their child was admitted to the centre. The inspectors found there was no written information specifically for parents on making complaints and recommend they provide written information to parents and family members that outlines the complaints procedure and how they will be supported and facilitated to make a complaint or raise an issue of concern about their child's care.

There were internal systems in place to receive feedback from young people. These were reviewed by the inspectors and evidenced that the young people were happy with their care.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.6
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 identified

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

The inspectors found that there were clear arrangements and systems in place to ensure effective communication and cooperation within and between services to meet young people's needs. The individual care records were well maintained and evidenced robust planning and strategy meetings with all professionals involved in the young people's care. Communications with all external professionals and the outcome of these communications was recorded on the individual care records. The centre had established effective working relationships with the after-care service for one young person who was leaving care. The managers and staff team also made positive connections with local services to support the young people's needs. The social workers, Guardian ad Litem and after care worker confirmed that communication with the managers and staff team was excellent and the advocacy approach by the staff team ensured the young people received the services they required.

The centre had developed their own independent living skills assessment template. This assessment helped to establish a base line of skills the young person had in relation to their independent living skills and was completed in consultation with the young person. The inspectors found that this assessment was not yet fully completed in respect to one young person who was approaching leaving care and advise this is fully completed prior to their discharge. There was evidence this young person had made significant progress over the past twelve months in terms of preparing for leaving care. This young person spoke fondly about the care they had received over the years living in the centre and how they always felt supported and well cared for by the managers and staff team. One young person stated, 'the staff are the most caring people I know' and confirmed they felt well supported by staff as they prepared to move from the centre. For this young person there was evidence that parents were involved in their child's care and were kept up to date on a weekly basis of their child's transition plan from care. Feedback from the child's mother indicated that they were very happy with the care their child received while in the care of the service.

The inspectors found that where a decision was made to move a young person to a different service or alternative placement this was done in a planned and consultative way with the placing authority. The inspectors found that the centre managers gave careful consideration to any potential discharge notice and tried to ensure that placement moves were not a feature of the young person's care history. Strategy meetings and safety planning meetings were undertaken to avoid potential placement disruption. Safety plans were developed as required and were subject to ongoing review and reassessment.

The inspectors found the centre staff in conjunction with the after-care worker and the young person had developed a transition plan for the young person as they moved on from care. Preparation was undertaken to help them become familiar with the area they were moving to and signposting the services they may require into the future. There was evidence of ample key working and individual work to prepare the young person for leaving care, not only in terms of learning practical skills, but also to manage inter-personal relationships and look after their own emotional wellbeing.

The centre had developed an exit interview pro forma for young people to complete on leaving care and their key worker confirmed they would support them to complete this form. Three of the four young people who spoke with the inspectors confirmed they were happy with the care and supports they received living in the centre. The team members developed memory boxes for the young people of their time in care however the inspectors found they were not up to date or maintained consistently. The centre manager confirmed they would focus on updating these for each of the young people.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.5
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 identified.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe, and effective care and support.

The centre had experienced workforce challenges over the past twelve months with three team members on planned leave, staff transfers and the resignation of newly recruited staff. The directors completed a detailed and comprehensive workforce planning report in March 2025. In addition, the directors circulated an organisational memo to acknowledge the pressures on staffing resources and the impact on managers and staff. This memo also outlined the plans in place to resolve the current staffing deficits. At the time of this inspection the inspectors found that the full complement of care staff was achieved in June 2025 within this centre.

The inspectors found that the team members understood their roles and responsibilities. There was evidence that care staff had read their written job descriptions. Induction training was evidenced on file which further outlined the role and responsibilities of the care team. Specific induction training workshops were undertaken with both social care leaders and deputy managers to prepare them for their respective leadership roles.

There was evidence of strong and effective leadership within the centre. The centre was managed by an appropriately qualified experienced manager. There were clear lines of accountability within the centre, and the managers were reported as being supportive and accessible to the team members. There were effective mechanisms in place for assessing the quality and effectiveness of the care provided in the centre through quality audit reports undertaken by a quality assurance manager external to the centre. Regular visits to the centre were undertaken by the area manager who supported the centre manager in their role. The area manager maintained a clear record of their oversight of the centre. The area manager provided regular

supervision to the centre manager, and the supervision records evidenced support, accountability, and role development.

There was evidence the team were supported and encouraged to work on their own initiative and to use their own professional judgement. The inspectors also found evidence of learning and development for each staff within the supervision process and also within the wider service in relation to training and upskilling team members. There was also evidence of shared learning from other centre inspections and from quality assurance audits undertaken by the organisation. Training needs were discussed at team meetings, managers meeting and in supervision. A training schedule for the year was developed that evidenced continuous professional development to ensure that the staff team, at all levels, maintained competence in all relevant areas. Staff interviewed confirmed they were facilitated and supported to attend training, including refresher training, appropriate to their roles.

There was a written supervision policy in place. The managers were appropriately trained to provide supervision to the team members. Supervision contracts were evidenced on the supervision files. The manager developed staff supervision schedules and these were made available to the inspectors. The supervision of staff was found to be of a good standard and while there were some supervision sessions that fell outside the policy timeframes this was due to issues relating to staffing deficits for a period. Supervision records evidenced accountability and focused on professional development and support. Staff interviewed confirmed they had access to their supervision records and signed them when read. In most instances, records were signed by both the supervisor and the supervisee however the manager must ensure all supervision records are co-signed when read by the supervisee. The staff supervision schedules were displayed in the staff office.

Team meetings were found to be regular, well attended, child focused and reflective. At the time of the inspection there was evidence that the staff team had become more established in recent months and there was evidence that team morale was improving.

There were procedures in place to protect staff and minimise the risk to their safety. All staff were trained in behaviour management and there were safety plans and lone working policies and procedures in place. There was an external psychologist available to team members to support them where they felt negatively impacted by their work. There was appropriate follow up with staff members who were involved in serious incidents in the course of their work. Formal debriefing sessions were

undertaken with their managers and there was evidence of wellbeing check-ins with staff members at team meetings and a focus on self-care in supervision. Staff stated they received support from their managers daily, also through regular supervision, attendance at handover and team meetings and from the team members individually and collectively. There was also evidence of welfare check-ins with staff at team meetings and with the managers at management meetings.

There were systems in place to undertake annual performance reviews and probationary reviews and these were evidenced on the supervision files, undertaken line with policy, and signed by both parties.

There were written policies and procedures in place to deal with poor staff practices through performance improvement plans and staff disciplinary procedures. There was evidence that team members were confident to raise issues of poor staff practice with their managers. There was evidence of good oversight of staff practice by the quality assurance manager in audits undertaken by them. Where issues arose in relation to poor staff practices these were shared openly with the relevant social workers and Guardians ad Litem who stated they were satisfied with how such concerns were managed.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.3
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 identified