



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 140

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Solis EMC
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	12th November 2023
Registration Status:	Registered from 03rd August 2021 to 03rd August 2024
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	16th February 2024

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 5: Leadership, Governance and Management (5.4 only)	

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 03rd August 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 03rd August 2021 to the 03rd August 2024.

The centre was registered as a multi-occupancy service. It aimed to provide medium to long term care for up to four children aged thirteen to seventeen years on admission. Their model of care was informed by attachment and resilience theories and was underpinned by Erik K Laursen's '*Seven habits of reclaiming relationships*.' The habits identified in this model included trust, attention, empathy, availability, affirmation, respect, and virtue. The centre aimed to provide a high-quality standard of care that was responsive to the individual needs of young people within a child-centred, supportive and safe environment. The team provided the children with the opportunity to develop positive relationships with caring adults who role model appropriate ways of dealing with emotion and the challenges of everyday life. There were three children living in the centre at the time of the inspection. The centre was granted a derogation to accommodate one of the children as they were under thirteen years of age on admission, which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.4

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 20th December 2023. The registered provider was afforded the opportunity to respond to any identifying factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document. Centre management informed the Alternative Care Inspection and Monitoring Service on the 24th of January 2024 that there were no factual inaccuracies in the draft report.

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: 140 without attached conditions from the 03rd August 2021 to the 03rd August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The organisation had multiple internal systems in place to review the quality, safety and continuity of care to achieve better outcomes for children and young people. The inspectors reviewed a range of documentation which included audit reports, compliance reports, meeting minutes and significant event review group minutes and found that these mechanisms reviewed care practices and approaches in the centre. There was good oversight from the service director who attended the centre to meet with the young people and staff, with audits and meeting minutes demonstrating discussion around changes to practices and policies within the centre.

There was a range of auditing systems in place to assess the safety and quality of care in the centre and to provide assurances to senior management. These systems included governance audits, monthly person in charge audits and service director reports. The service director reports were comprehensive and included a narrative around evidence reviewed and associated findings. However, within this report there was no specific action plan included to address the deficits identified. While the centre manager was creating their own action plan to address these issues this didn't provide a mechanism for oversight in tracking these actions to completion. Improvement is required in this regard. The inspectors found that where deficits were identified these were discussed at management and team meetings to support service improvement.

The organisation's Significant Event Review Group (SERG) was in place which discussed significant events for the centre. These significant events were analysed for learning, trends and patterns however, the inspectors found it difficult to ascertain from records reviewed how learning was reviewed with the team. The staff team meetings did not consistently record the learning gained and improvement is required in this regard.

The inspectors reviewed a range of documentation in relation to complaints and found that these were recorded and monitored appropriately within the centre. The centres complaint policy was reviewed in 2023 in respect of the thresholds of reporting and the recording of complaints. The inspectors found that all complaints recorded were categorised correctly. Staff in interview demonstrated an understanding of the application of this new policy in practice. The inspectors found that there was good oversight of complaints being reviewed and analysed in a range of forums including team meetings and management meetings to allow for trends to be monitored and audited. The inspectors identified from the records reviewed that when a complaint was made there was evidence that the young person was consulted and made aware of the outcome. The inspectors also found that the centre had engaged an external agency Empowering People in Care (EPIC) to support young people in the centre in relation to complaints when required.

The centre had completed an annual review of compliance to promote improvements in work practices and to achieve better outcomes for children and young people in December 2022. This was satisfactory, detailed and aligned to the centre's objectives and the National Standards for Children's Residential Centres, 2018 (HIQA). This report identified clear recommendations and actions however, it did not include a timeframe for the completion of these and improvement is required in this regard. The inspectors found that where learning had been identified as part of previous inspections by the ACIMS, these were discussed by senior management and a plan was implemented to support service improvement.

Staff in interview were not familiar with the annual compliance report and its contents and the inspectors recommend that this report is reviewed with the team as it contained good quality information about the service and the learning from this will assist in the development of practice within the organisation.

The inspectors found that staff views were documented in senior management meetings and it was apparent that staff retention was a clear focus for the organisation. The organisation had gathered staff views from a recent staff survey where it highlighted concerns from staff in relation to better pay conditions. The inspectors found ongoing discussion among senior management to address this concern to ensure staff retention remained a priority for the organisation. Within this centre the staff team have remained consistent since the last inspection.

In interview with the allocated social workers for the young people in the centre they all confirmed that they contributed to assessment of quality and safety in the centre though the completion of quarterly reports.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	5.4
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