



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC Children's Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	15th, 16th & 17th April
Registration Status:	Registered from 3rd August 2024 to 3rd August 2027
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	1st August 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 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 3rd August 2021 to the 3rd 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 two 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
3: Safe Care and Support	3.1, 3.2, 3.3

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 14th June 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 27th June 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: 140 without attached conditions from the 3rd August 2024 to the 3rd August 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

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The inspectors found there was a focus on providing safe care and support to the children and the team were committed to providing responsive, quality care. The managers and team members worked to safeguard and protect the children from abuse and harm. The managers and the care team promoted the safety and welfare of the children through assessing risk and implementing their own policies and procedures designed to protect the children. This was evidenced in the area managers reports, management meetings, team meetings, and individualised risk management tools. The centre's child protection policy outlined the key roles in safeguarding and guidance to respond to and report child protection or welfare concerns. In addition, the procedures for dealing with allegations of abuse against a staff member was outlined in the policy. However, the inspectors found that the centres child protection policy outlined guidelines for the recognition of abuse that were based on procedures set out in the former Children First Guidelines (2011). The named/relevant person must ensure the centre's child protection policy is amended in this regard and is aligned to *Children First: National Guidance for the Protection and Welfare of Children (2017)*.

Safeguarding practices were outlined in the child protection policy such as monitoring and supervision of the children, professional boundaries, physical touch, one to one work and individual risk assessments. Staff interviewed identified specific safeguarding practices in place in the centre and as set out in the policy. Additional safeguarding procedures such as the safe recruitment and selection of staff, managing trips away, complaints procedures and the promotion of children's rights were outlined in the organisational policies and procedures document. The personnel files evidenced that Garda vetting was updated in line with the centre policy.

The centre developed a child safeguarding statement. The statement was displayed in the centre and was reviewed in line with the requirements of the Children First Act, 2015. While the staff interviewed were aware of the purpose of the statement, they struggled in interview with the inspectors to identify the specific types of harm the children may be exposed to while living in the centre or the mitigation measures in place to minimise these risks. The inspectors reviewed the statement and found some deficits in the statement in terms of the identification of abuse and how the identified risks might be mitigated. A review of the child safeguarding statement was undertaken by the named/relevant person and was submitted to the inspectors and found to be satisfactory. The centre manager must ensure that the child safeguarding statement is reviewed periodically at team meetings. The inspectors found that staff were aware of their role and responsibilities as mandated persons and a list of all staff who were mandated persons was maintained at the centre as required under legislation. Team members interviewed were aware of the role of the appointed designated liaison person and the deputy designated liaison person and the persons appointed to these roles. In this region all child protection and welfare reports were submitted through a dedicated email address. This was set out in the centres child protection policy and staff were aware of how to submit a mandated report. All staff received the required online training in Children First. In addition to this training the team members completed training in child protection within their induction training, mandated person training and training in the reporting and management of concerns relating to child sexual exploitation (CSE).

The inspectors reviewed child protection report forms and found they were completed appropriately and were stored confidentially on the individual care records. There was an effective system in place to store all documentation and communication with the social worker. There was a tracking system to evidence the timeline of actions and responses as they related to the concern. The status and concerns arising from child protection concerns were reviewed and discussed at team meetings and management meetings. All reporting procedures were found to be in line with Children First and Tusla's CSE reporting procedures.

The inspectors found instances where allegations and/or complaints were made against staff members however the centre records did not sufficiently evidence the investigative pathway to closing out the concern or the consultation process with the social worker where the allegation was assessed as not meeting the threshold of harm for reporting under Children First. In addition, witness statements following such allegations were not evidenced on the records. In cases where complaints are made by the young people and there is a potential child welfare or child protection element

to the complaint, the child protection element of the complaint must be managed separately, and the complaint aspect of the concern managed under the centre's complaints procedure. These must be two separate investigative processes which may or may not run parallel to each other. The inspectors also found there was no system in place to record, monitor and track concerns that did not meet the threshold for mandated reporting under Children First.

One of the children was unsettled at the time of the inspection and expressed their unhappiness to the inspectors about a range of issues in relation to their overall care plan. The centre records evidenced that the child was highly focused on the complaints process for a period of time and this was discussed at both team and management meetings and with the social work department. This focus on making complaints oftentimes caused additional frustration for the child which resulted in an escalation in their behaviour. The child interviewed by the inspectors informed them that the centre manager only investigated a complaint if it was written down on a complaint form. The managers and team members confirmed in interview that this was not the case and all complaints including verbal complaints were investigated under the centre's complaints policy and procedure. The centre manager and/or the child's key worker must clarify this for the child and review with them how complaints and allegations are reported and managed in the centre. At the time of the inspection the child did not express confidence in the centre's complaints process or feel that their voice was heard, and they continued to have unresolved issues in relation to their complaints and their overarching care plan. Additional supports and input from the social worker, the centre manager and key staff members must be provided to support the child at this time when they feel conflicted about many aspects of their life in care.

The inspectors found the care team monitored and closely supervised the interactions between the children to ensure their interactions did not adversely impair the social, emotional, physical and personal wellbeing of each of the children. One of the children stated they would be confident to speak out to their key workers or their social worker where they felt unsafe or vulnerable. Both children stated they felt safe living in the centre. The social workers were satisfied that the team were alert to risk of harm and had robust systems in place to mitigate risk. They were satisfied that the team reported welfare and child protection concerns appropriately and in line with Children First.

The care team were trained in a research-based behaviour management intervention and refresher training was undertaken as required. There was evidence that the

director provided guidance and direction to the team in relation to the implementation of the behaviour management programme. Physical restraint interventions were not approved for use with the children, and this was recorded in their individual crisis support plans (ICSPs). Specific physical interventions such as blocking techniques and release interventions were approved for use where required. The centre maintained a register of all physical interventions. The inspectors found instances where the specific physical interventions were not identified on the register. The centre manager must ensure that all non-routine and agreed physical interventions are recorded on the designated logs for oversight and monitoring by management.

The inspectors found that staff identified the individual risks and vulnerabilities of the children, and these risks were appropriately assessed in line with the centres risk management framework. Individual work was completed with the children to support them to develop knowledge, self-awareness and an understanding of the skills needed for self-care and protection. Individual work covered topics such as bullying awareness, online safety, safe behaviour in the community and peer dynamics. There was evidence of ample individual work undertaken with the children and it was found to be completed to a good standard.

There were agreed arrangements in place to notify parents and/or guardians of any incident or allegation of abuse. There was effective communication with parents or family members in line with the agreed care plan.

The inspectors found the team were facilitated to express concern about the practice of colleagues. The whistleblowing policy was also reference and signposted for the team in the child protection policy. Newly recruited team members received policy induction training during their probationary period and signed a memorandum to verify they were informed about the external person to whom they could report any wrongdoing within the service under the whistleblowing policy. Team members interviewed by the inspectors were confident they would challenge practice within the centre without fear of adverse consequences to themselves. The whistleblowing policy also identified external agencies to whom staff could report wrongdoing or malpractice to such as the Gardaí or Tusla.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had a written policy and procedures in place to promote positive behaviour. The services management team recently developed a new recording system to support and guide the team members to respond to the children's behavioural presentations. This document was called the risk management tool and was completed for each child and subject to monthly review and updated as required. The document contained the absence management plan, the individual risk assessments, safety plans, individual crisis management plans, individual restrictive practices and behavioural support plans. It was a well-structured document and contained various plans to support behaviour and manage risk. The absence management plans were detailed, individualised with curfews in place. Safety plans were developed for one of the children who had free time in the community.

At the time of the inspection the team were struggling to support one of the children however there was evidence of support for the team from the director and external managers. The child spoke with the inspectors about their frustrations with the care system in general and the professionals involved in planning their care. The inspectors spoke with the social worker and were satisfied that a number of key decisions would be made for the child in the coming month to address some of their frustrations which impacted on their behaviour. Additional weekly contact with people significant to this child was used as an incentive to promote positive behaviour. However, the inspectors found this incentive was not producing the desired outcome and should be reviewed with the social worker.

The team had access to an independent forensic psychologist who had undertaken an individual case review of one of the residents. The psychologist provided guidance and support for the team to understand and respond effectively to behaviours that challenged. Team members interviewed by the inspectors displayed a good understanding of a trauma informed care approach. There was a focus on aspects of behaviour management such as revising expectations and an emphasis on the importance of using positive reinforcement. Team members who spoke with the inspectors confirmed the case review with the psychologist was beneficial to them in their work in particular for staff who were recently employed and had limited experience working with children in residential care. There was evidence the team members had implemented the strategies and interventions identified to support the children. There was a focus to move away from consequences and use more opportunities for learning through reflection and life space interviews using a more

trauma informed response. Behaviour management and consequences were discussed at the case review and at the fortnightly team meeting. The centre manager and deputy manager had oversight of all behaviour management interventions. A record of consequences was maintained on each care file. The inspectors found that the staff used natural consequences where possible and there were incentives in place for the children to do well and rewards for positive behaviour.

The individual work and life space interviews evidenced that staff members helped the children to reflect on their behaviour and gain an understanding of their behaviour. There was evidence the staff team endeavoured to consult and discuss with them the consequences for behaviours that challenged. There were times the children declined to engage in such discussions. The staff must continue to promote this participative approach with the children to define the expectations of the adults and the outcomes when expectations are not met. The team members have input and support from external specialists to enable them to further develop their skills to engage the children in discussions around their behaviour that evidence both trauma-informed and attachment-based responses to further support the care approach.

The children stated there were no incidents of bullying and staff closely supervised the children's interaction which was necessary to ensure incidents of bullying behaviour did not occur.

The centre had a written policy on restrictive practices and procedures in place to assess, review and monitor any restrictive practices in place. Restrictive practices were set out on the risk management tool for each child. The social workers interviewed were aware of the restrictive practices in place.

There were aspects of the centres approach to behaviour management reviewed and audited by the external manager who had recently commenced in this post. There was good oversight of staff practice and guidance provided to support behaviours that challenged in one of the audits. The external manager should ensure they regularly audit and review the team's approach to managing behaviour particularly at times where the children's behaviour escalates and becomes challenging.

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

The inspectors found that managers and team members promoted an open culture where both the children and the team were able to raise concerns, report incidents and identify areas for improvement. The children provided regular open and honest feedback to their carers through bi-monthly written feedback forms and through individual work and regular contact with the centre managers. The children interviewed displayed great confidence to the inspectors in expressing their views about their care. There were systems in place to evidence that the quality of care was evaluated and reviewed by managers both internally and externally through governance reports and audits undertaken by managers external to the centre. The team members received feedback from managers about their practice and their approach to supporting the children's behaviour following significant event review group meetings (SERG). The staff interviewed by the inspectors reported these were beneficial learning forums with shared learning from other centres. Significant events were also discussed at team meetings and management meetings with the purpose of identifying learning from events. All team members were encouraged to attend these meetings to support their learning and development. The inspectors recommend that significant events are benchmarked against the individual crisis management plans (ICSPs) to ensure they are appropriately implemented. This was not evidenced in the oversight or review of significant events at team meetings, in supervision or at SERG meetings. A review of the ICSPs by the inspectors found they recorded too much personal information about the child that was not relevant to the safety concerns on the plan. In addition, the ICSPs did not identify the specific de-escalation techniques to support the child at the stages of escalation and outburst in the course of the crisis response.

Supervision records evidenced that staff were encouraged to be open in their engagement with managers and there was evidence that staff identified their professional development goals in supervision and in probationary review meetings.

There were systems in place for the social workers and parents, if involved in their children's care, to provide feedback to the team about the standard and quality of care provided to the children. The inspectors found that social workers provided positive feedback about the care provided and were satisfied that the children were well cared for and the team had the capacity to meet their needs. The social workers interviewed stated that communication was effective, and the managers and key workers shared information with them about how significant events were managed

and any changes that were required to support the children's behaviours. The social workers were familiar with the children's behavioural presentation in the centre and the current challenges presented and experienced by the children.

There were systems in place to notify management, social workers and significant people in the children's lives of incidents of significant events that occurred. Significant events reports were completed and forwarded to the relevant parties in a timely manner. The inspectors found that a number of significant events where a child was dysregulated were incorrectly classified as incidents of bullying and should be amended accordingly.

Social workers were satisfied they received comprehensive reports and timely information about any untoward events relating to the children. There were systems in place to track and monitor any emerging patterns or trends in relation to events. There were systems in place for the oversight of all significant events by internal and external managers.

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

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The named/relevant person must ensure the centre's child protection policy is amended as highlighted and is aligned to *Children First: National Guidance for the Protection and Welfare of Children (2017)*.
- The centre manager must ensure that the updated child safeguarding statement is reviewed periodically at team meetings.
- The centre manager must ensure that the centre records evidence the investigative pathway to closing out a complaint to include witness statements where relevant and the consultation process with the social worker in

circumstances where allegations are assessed as not meeting the threshold of harm for reporting under Children First.

- The centre manager must ensure there is a system in place to record, monitor and track concerns that do not meet the threshold for mandated reporting under Children First.
- The centre manager and/or the child's key worker must ensure the children are aware that complaints will be investigated by the centre manager if made verbally.
- The centre manager must ensure that additional supports are in place with input from the social work department to support one of the children who is unhappy with several aspects of their care plan.
- The centre manager must ensure that all non-routine and agreed physical interventions are recorded on the designated logs for oversight and monitoring by management.
- The centre manager must ensure the ICSPs identify the specific de-escalation techniques to support the child at the stages of escalation and outburst in the course of the crisis response and that personal information about the children is not duplicated in centre documents unless specifically required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The named/relevant person must ensure the centre's child protection policy is amended as highlighted and is aligned to <i>Children First: National Guidance for the Protection and Welfare of Children (2017)</i> .	The child protection policy will be reviewed and amended to reflect the recommendation (31.07.2024)	A central Quality Assurance Manager has been appointed and will have oversight of the policy document.
	The centre manager must ensure that the updated child safeguarding statement is reviewed periodically at team meetings.	Child Safeguarding Statement (CSS) has been updated and is displayed in the main office. (April 2024). This has been discussed at Team Meetings and during supervision with each member of staff since the implementation of the updated version. All staff have signed a copy of the new CSS within their Supervision Folders.	The Child Safeguarding Statement will be consistently reviewed at Team Meetings. This will be monitored by senior management. A refresher will also take place with the staff team regarding child protections/thresholds of harm.
	The centre manager must ensure that the centre records evidence the investigative pathway to closing out a complaint to include witness	A new exploratory review process has been introduced (29.04.24) and has been implemented to capture all aspects of the investigative pathway followed. This has	The new Quality Assurance Manager will oversee the implementation of the Complaints Policy during centre visits. The Area Manager will also have oversight

	<p>statements where relevant and the consultation process with the social worker in circumstances where allegations are assessed as not meeting the threshold of harm for reporting under Children First.</p> <p>The centre manager must ensure there is a system in place to record, monitor and track concerns that do not meet the threshold for mandated reporting under Children First.</p> <p>The centre manager and/or the child's key worker must ensure the children are aware that complaints will be investigated by the centre manager if made verbally.</p> <p>The centre manager must ensure that additional supports are in place with input from the social work department to support one of the children who is</p>	<p>been reviewed with the Senior Management Team. The exploratory review document will support Organisational Policy. Complaint training was also updated and completed with the team.</p> <p>The child protection register is in place and all concerns that do not meet the threshold will be recorded in this.</p> <p>All young people will be reminded of the complaint's procedure and the fact that complaints do not have to be written for the manager to investigate them.</p> <p>Regular contact will be maintained with the Social Work Department and each young person will continue to be invited to their CICR's as appropriate.</p>	<p>via their governance visits. The exploratory review template process will be monitored via Senior Management Meetings.</p> <p>The Quality Assurance Manager and Area Manager will have oversight of the CPWRF Register to ensure that this reflects incidents which both do and do not meet the threshold for reporting.</p> <p>The area of young people's rights will be more consistently embedded into key-work sessions to ensure that young people are aware of the relevant processes. The complaints procedure will be reviewed periodically at Team Meetings.</p> <p>This area will be monitored on an ongoing basis by centre management and the Quality Assurance Manager and Area Manager. A representative from EPIC will</p>
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	<p>unhappy with several aspects of their care plan.</p>		<p>be invited to attend the centre and meet with the young people with the view to ensuring that they are fully aware of their rights and the supports available to them should they be unhappy. The keyworker will also ensure that the young person is consistently encouraged to voice their feedback on the service being provided. Positively, in feedback received on 26.06.2024 the young person answered 'good' when reflecting on the centre, the staffs support, access to the PIC, and how the team help him overall. This is a considerable improvement.</p>
	<p>The centre manager must ensure that all non-routine and agreed physical interventions are recorded on the designated logs for oversight and monitoring by management.</p>	<p>All non-routine and physical interventions are recorded in logs and within the physical intervention register (PIR) with management oversight.</p>	<p>The PIR and relevant logs will be governed by the Quality Assurance Manager and Area Manager. There will also be periodic reviews at Team Meetings on the completion of registers and the use of physical interventions.</p>
	<p>The centre manager must ensure the ICSPs identify the specific de-escalation techniques to support the child at the</p>	<p>Risk Management Tools (RMTs) were updated on 01.05.2024 and specific de-escalation techniques were added to the</p>	<p>Risk Management Tools are reviewed on a monthly basis and only pertinent information will be recorded.</p>

	stages of escalation and outburst in the course of the crisis response and that personal information about the children is not duplicated in centre documents unless specifically required.	ICSP section. The techniques specific to each young person are captured within the RMT. Personal information has also been reviewed and removed as deemed appropriate.	
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