



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 159

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC Children's Services
Registered Capacity:	Three young people
Type of Inspection:	Announced Inspection
Date of inspection:	6th, 9th & 10th September
Registration Status:	Registered from 27th June 2022 to the 27th June 2025
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	25th November 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 27th of June 2019. 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 27th of June 2022 to 27th of June 2025.

The centre was registered to provide multiple occupancy, medium to long term care for three young people aged 13 to 17 years on admission. The model of care was based on principles of positive relationships and a strengths-based approach 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 an individualised programme of care to assist each young person to develop resilience through the medium of positive relationships in a safe environment. 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	Standards
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6.

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 22nd October 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 12th November 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: 159 without attached conditions from the 27th of June 2022 to 27th of June 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs informs their placement in the residential centre.

The centre policies were updated in April 2024 and a date for annual review of policies and procedures was identified. The centres statement of purpose clearly described the model of service provision delivered by the centre. The inspectors found that all children were suitably placed in line with the centres statement of purpose. The centre maintained a record of all admissions and discharges.

There was a written policy on admissions that outlined the systems in place to identify the child's needs, the supports available to the child in placement and the processes in place to assess the suitability of admissions. At the time of the inspection there was evidence that the needs of each child admitted was carefully considered prior to admission. There were systems in place to share information with the allocated social workers for the children in placement when a new child was being considered for placement in the centre. Pre-admission risk assessments along with collective risk assessments were evidenced on file which identified control measures to mitigate identified risks. Staff interviewed confirmed there was collective discussions at team level about new children referred for admission and the team had access to all pre-admission information.

Information on the children's needs was evidenced on the admission files that contained social history reports, previous placement reports and specialist assessments. There was evidence that staff assessed the child's needs on admission and developed an interim placement plan for the period prior to the initial statutory child in care review.

The inspectors found the needs and rights of children living in the centre were considered prior to placing a new child in the centre. There was evidence the care team prepared the children in placement for the admission of another child. Where it was possible transition plans were in place to help the children become familiar with the centre, the children who live there and the care team prior to moving into the home.

Written information was provided to the children prior to admission about the managers and the staff team, centre routines, their rights and information on the provision of care and supports they could expect from their carers. There was evidence the children participated in admission meetings and were consulted about their likes, dislikes and personal goals for themselves while living in the home. User-friendly information about the National Standards for Children's Residential Centres was made available to the children. This was confirmed by the children who spoke with the inspectors.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

The inspectors were satisfied the children received care and support based on their individual needs. Statutory child in care reviews for all the children were scheduled in line with the requirements of the regulations. Care plans on file were comprehensive and up to date. One child recently had their statutory review and the centre were awaiting the updated plan. There was evidence that young people were consulted and/or participated in the care planning process. Parents, where involved in their children's lives, were invited to participate in the statutory review meetings. The centre maintained a record of all statutory reviews that were undertaken and updated the placement plans accordingly following the child in care review. Consultation forms completed by the young people were evidenced on the individual care files and where children chose not to attend their care plan review meeting the key workers and/or their social workers informed them of the outcome of the meeting.

The centre had comprehensive written policies and procedures in relation to placement planning, key working and consultation with children. The inspectors found that the centre practice was in line with the written policies. Care staff interviewed were familiar with the placement planning process and highlighted their collective responsibility to ensure the goals of the placement plan were achieved each

month. The children's placement plans were found to be up to date. These plans were detailed with specific, measurable and achievable goals set out that were aligned to the care plans on file. There was evidence that staff supported the children to identify their own goals for their time in the centre and these goals were built into the placement plans. The case managers and the key workers had clearly defined roles and responsibilities in relation to key working that were realised in practice. Case managers collated an overview of the young person's care records and individual work in preparation for monthly case review meetings with DPIC. There were clear systems in place to monitor key working progress through the monthly individual key working schedule and the monthly internal case review meetings. There was evidence of good oversight of key work and individual work records by internal and external managers. Monthly progress reports were completed by the deputy manager and forwarded to the social workers at the beginning of each month.

The social workers confirmed to the inspectors they were satisfied with the work of the staff team to implement the care plan and were satisfied the children had made substantial progress to date living in the centre. The centre had a written policy on communication with social workers and working in partnership with other relevant professionals. There was evidence of positive collaborative working relationships with the children's allocated social workers and appointed Guardians ad Litem. Communication with the centre managers and staff was described by the external professionals interviewed as effective and social workers and Guardians ad Litem were satisfied, they were informed of all relevant information in a timely manner.

There was evidence that staff had a good understanding of the needs of the children in relation to trauma and adverse childhood experiences and this knowledge was evident in their approach to working with the children. The children were supported, encouraged and facilitated to attend the identified external supports and specialist services in line with their care plans.

A parent who spoke with the inspectors confirmed they received a copy of their child's care plan. This parent stated they were satisfied with the care of their child and the progress they had made. The parent confirmed that communication with the staff team and the social worker as honest, open and effective. The children completed inspection questionnaires as part of the inspection process and overall provided positive feedback on the care they received in the centre.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The residential centre was found to be suitable in its layout and design for the number of children it accommodated and to meet their needs. The house was furnished and decorated to a high standard and great care was taken to create and homely environment. The centre was adequately lit, heated and ventilated. Cooking and laundry facilities were domestic in design and the bathrooms and toilet facilities were sufficient in number and facilitated privacy for the children. Each child had their own bedroom and were involved in personalising their bedroom space. The children told the inspectors they liked their bedrooms and had sufficient storage facilities. They confirmed that their personal belongings were maintained safely in their bedrooms. There was evidence that the children were proud of their home and were invested in their living environment. There was ample space for the children to have private access to family, friends, social workers and Guardians ad Litem. Photographs of outings and fun times were displayed in the centre.

The house was clean and well maintained by staff and the children were expected to clean their bedrooms to help maintain the home. There was a housework and cleaning schedule undertaken by the care team that was monitored on a daily basis. There was a large hard-core area to the rear of the house and the inspectors advised that goal posts and/or a basketball hoop would be a positive addition to the outside recreation area for the children. The children had access to board games, books, art and craft materials and appropriate game consoles.

The centre kept a record of all maintenance requirements. There were a number of on-going maintenance issues since the staff and children moved into the new premises in August 2023. The inspectors found there were significant delays responding to some of the maintenance requirements. The director informed the inspectors that there were several factors at play in terms of responding to some issues in a timely manner. The inspectors were satisfied that the directors had taken steps to address this matter at the time of the inspection.

The centre had a written policy on fire safety and health and safety. The inspectors found there were deficits in relation to aspects of fire safety at the centre. The staff team and the children participated in regular fire drills that were recorded in the fire register however there was no evidence that a fire drill was undertaken during the hours of darkness. The fire register indicated that staff signed off on fire safety checks however the records indicated that the register was at times signed on a rote

basis without checking to ensure all aspects of the checks were verified. In addition, the fire register did not record details of fire training undertaken by staff as required. The inspectors also found the inventory of fire extinguishers on the fire register was not congruent with the number and type of fire extinguishers located at fire points in the home. Quarterly checks on the fire alarm and emergency lighting were not evidenced on the fire register. The first service check was recorded in May 2024, nine months after the commencement of operation of the centre. The service reports indicated issues with the central test unit (CTU) for the testing of the emergency lighting circuits for a number of months however this issue was recently resolved. Commissioning certificates for the fire alarm and the emergency lighting were not available for inspection to verify the specification of the fire alarm and the emergency lighting system. These must be secured and forwarded to the inspectorate. The centre had a fire evacuation plan however the instructions should be accompanied by a simple floor plan showing schematically the location of exits. Some staff members required refresher fire safety training at the time of the inspection and this was scheduled for the relevant staff members in October 2024. The centre manager confirmed that this training was undertaken by all the required staff members following the inspection visit. One of the children in placement also participated in the fire safety training.

The centre recently updated their safety statement which was developed in line with health and safety legislation and it was displayed in the centre. This statement was subject to annual review. The inspectors advised that when the safety statement is next reviewed the names of the centre's first aid responders must be identified on the statement along with the name of the centre's safety representative. The personnel files evidenced that all staff had signed the safety statement along with the fire safety statement to evidence it was read and understood.

The centre had a written policy for managing accidents and injuries. The inspectors found there were procedures in place to manage risks to the health and safety of children, staff and visitors. There were systems in place to record accidents and injuries where they occurred and all accidents or injuries to the children were documented on their care files. The social care leaders had completed first aid responder training, and all staff received cardiopulmonary resuscitation (CPR) training that included basic first aid training. First aid boxes were maintained in the car and within the centre.

The centre had a written policy on transport and driving for work. The centre had two vehicles to transport the children. There was evidence that the vehicles were

roadworthy, regularly serviced, insured and driven by staff who were legally licensed to drive the vehicles. There were systems in place for the care staff to undertake basic safety checks on the centre vehicles and ensure the vehicles were clean and well maintained. The vehicles contained high visibility vests and warning triangles in the event of a breakdown.

The director provided the inspectors with evidence of valid and adequate insurance as required in line with the regulations.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

The centre had written policies and procedures in relation to record keeping. The centre staff maintained an individual care record for each child. These records contained the required regulatory documentation in relation to the children.

The care files were stored in secure cabinets and confidentiality was protected. Each staff member signed a confidentiality contract on commencement of employment.

The records reviewed by the inspectors evidenced they were maintained up to date and in a manner that facilitated effective planning. There were systems in place to ensure management oversight of the children's care records and this was evident on the records. Social workers interviewed stated they had access to the care records for their allocated child in the centre.

The children interviewed stated they were aware the staff kept written records about them and understood why records were maintained. They also confirmed to the inspectors they were informed about their right to access such records. There were agreed arrangements in place in relation to children's access to information the centre recorded about them. A record was maintained on each care record to evidence the children were offered their written records to review.

The centre had a written data retention and archiving policy in place. Care records were returned to the placing authority within a specified period following the child's discharge from the centre.

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

The inspectors reviewed the care records for one of the residents who was recently discharged from the service. The discharge was planned and in line with the aftercare plan with evidence of effective communication and collaboration with staff members of the aftercare service. There was evidence that the child was fully involved in the planning and decision-making process in relation to their aftercare arrangements. Planning meetings to prepare the child for their move into independent living were recorded and maintained on the child's care record.

An end of placement report was completed by staff that fully reflected the child's view on their placement and how they were supported throughout their placement. They also completed an end of placement feedback form where they indicated they felt well supported by the team throughout their placement and provided feedback about the care they received. There was evidence of continuity of care and support services in place for the child on discharge. A record was maintained of all contacts with the team since the child was discharged.

The centre had systems in place to support and debrief the team where placements ended in an unplanned manner or when the centre was unable to meet the presenting needs of the child. There was one child discharged since the last inspection due to the presenting needs of the child that could not be met in the centre.

The centre had an end of placement pro forma to seek feedback from children on discharge. This form was reviewed by the inspectors who found it was not user friendly and the questions were set out using professionalised jargon. The inspectors recommend the service managers review this feedback form and ensure the language and framework of the questions are appropriate and user friendly.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

All records relating to aftercare were maintained in a separate aftercare file. This file was well maintained and contained the child's needs assessment, aftercare skills assessment, their statutory aftercare plan, a record of work on independent living skills and a list of essential contacts for the child on leaving care. The centre staff provided the child with a comprehensive resource pack and important personal documents such as their birth certificate on leaving care.

The inspectors found that there was a well-developed programme in place to assist the children to prepare for aftercare and to transition from childhood to adulthood. There was a strong focus to prepare the most recent child discharged for adulthood and this was evident in their placement plans and individual work and key working. The centre staff had a range of useful resources to assess the child's living skills. Quiz style exercises were completed with the child in relation to securing and maintaining housing and accommodation which provided very practical information for the child.

All the children's placement plans set out a range of areas of work that will help them develop the skills they required for adulthood. The inspectors observed how the care team promoted the development of independent living skills in areas such as meal preparation, preparation of curriculum vitae, support to maintain part-time jobs.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.1 Standard 2.2 Standard 2.4 Standard 2.5 Standard 2.6
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None Identified

Actions required

- The centre manager must ensure that a fire drill during the hours of darkness is undertaken at least annually.
- The centre manager must ensure that the details of staff fire safety training is recorded on the fire register.
- The centre manager must liaise with the fire officer to ensure that the inventory of fire extinguishers recorded on the fire register is congruent with the number and type of extinguishers located at the fire points in the home.

- The centre manager must ensure the fire evacuation plan is accompanied by a simple floor plan showing schematically the location of exits.
- The service director must secure a copy of the commissioning certificates for the fire alarm and the emergency lighting system and maintain them on file in the centre.
- The centre manager must ensure that quarterly checks are undertaken on the fire alarm system and the emergency lighting system and service reports must be maintained on file in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that a fire drill during the hours of darkness is undertaken at least annually.	A planned fire drill was undertaken in the centre during the hours of darkness on the 22.10.24.	The centre manager will oversee the annual completion of all relevant fire drills through their monthly audit.
	The centre manager must ensure that the details of staff fire safety training is recorded on the fire register.	The centre staff fire safety training details were updated in the fire register after the team refresher on the 02.10.24.	The centre manager will oversee the completion of the fire register in its entirety as part of their monthly audit.
	The centre manager must liaise with the fire officer to ensure that the inventory of fire extinguishers recorded on the fire register is congruent with the number and type of extinguishers located at the fire points in the home.	During the centre's fire training refresher, the team discussed the inventory and location of fire extinguishers; this information was updated and recorded to reflect it on the fire register on 02.10.24.	The centre manager will monitor the fire extinguisher inventory as part of the monthly centre manager audits.
	The centre manager must ensure the fire evacuation plan is accompanied by a simple floor plan showing schematically the location of exits.	The director has developed a fire evacuation plan and a simple floor plan showing the location of fire exits in the centre. This will be evident in all centres by 31.10.2024.	No further action/strategy required.

	<p>The service director must secure a copy of the commissioning certificates for the fire alarm and the emergency lighting system and maintain them on file in the centre.</p> <p>The centre manager must ensure that quarterly checks are undertaken on the fire alarm system and the emergency lighting system and service reports must be maintained on file in the centre.</p>	<p>The directors have requested the fire alarm and emergency lighting system commissioning certificates from the landlord for the centre, this will be in their possession by 15.11.24.</p> <p>The quarterly checks for the fire alarm and emergency lighting systems were completed on 02.10.24; another inspection will occur before the end of 2024. The centre manager will ensure the continuity of planned quarterly checks, which will be maintained on file in the centre.</p>	<p>No further action/strategy required.</p> <p>Quarterly checks will be planned with the fire officer at the beginning of each new year. The oversight of this will be reflected in the centre managers audit and health and safety audit.</p>
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