



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Solis MMC Ltd.
Registered Capacity:	Two Young People
Type of Inspection:	Announced themed inspection
Date of inspection:	10th, 12th & 13th January 2022
Registration Status:	Registered from 27th June 2022 to 27th June 2025
Inspection Team:	Sinead Tierney Joanne Cogley
Date Report Issued:	12th April 2022

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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 Assurance 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 first registration and was in year three of the cycle. The centre was registered without attached conditions from the 27th of June 2019 to 27th of June 2022.

The centre was registered as a dual occupancy service. It aimed to provide an individualised programme of care to young people of both genders aged 13 to 17 years on admission. The approach to working with young people sought to develop their resilience through the medium of positive and caring relationships. The model of care was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Due to the emergence of Covid-19 this inspection was carried out through a review of documentation and a number of telephone interviews.

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 1st of February 2022. 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 22nd of February. 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 the 27th of June 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

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

At the time of inspection, two young people were living in the centre, and both were less than three months in placement. One young person who spoke with inspectors stated they had settled in well, felt safe and were involved in planning for their care. They identified key people within the centre that they could speak with should they be unhappy with any aspect of their care and were aware of the complaints' procedure. One supervising social worker and a social work team leader were interviewed by inspectors. Social workers stated that they were satisfied with how the young people were settling in. One social worker spoke of a child-centred transition plan that was in place and how the team were eager to explore the young person's own wishes. Staff members and management interviewed demonstrated knowledge of the information required to provide both young people with the care and support they need.

Both young people had previous care plans on file however these had not been updated to reflect their current placements within the centre. One young person had their child in care review (CICR) on the first day of the inspection and the other young person's CICR was scheduled for the end of January 2022.

Both young people had their initial 3-month placement plan on file. Inspectors found that these plans were detailed and aligned to goals the young people had identified, as well as pre-admission information on file. The goals named within the plans were tangible and achievable and had been developed with input from the staff team as evidenced in team meeting minutes. The placement plan was underpinned by a placement support plan (PSP). This support plan contained the young person's absence management plan, routine and behaviour management plans and an individual crisis support plan. The PSP was found to reflect the identified needs of the young people and named specific interventions to support them in their routine and behaviours.

An individual work schedule was on file for each young person. This schedule related to the placement plans goals and named individual staff members responsible for engaging young people in achieving these goals. Inspectors found ample evidence of both planned and opportunity led work completed with young people by all staff members. Records further evidenced that each young person was supported in an appropriate and positive way to develop their understanding of behaviour that challenges. Social workers stated that the goals within the placement plans were a good reflection of the needs of young people.

A review of each young person's care record highlighted the participation of young people in planning for their care. Conversations between staff and young people centred on exploring their likes, hobbies, interests, and goals for the future. A specific young person's friendly placement planning template was on file which afforded them the opportunity to share their own goals. Young people were also encouraged to access and review certain records written by staff members. The engagement by the staff team of both young people's families in their care had not yet begun due to external factors. At the time of inspection, social workers were completing the communication with families.

Specialist support services had been identified for both young people however neither chose to engage with services at this time. Records evidenced that the benefit of attending these services was discussed with young people and the opportunity to engage remained open to them. One young person was on a long waiting list for a specific specialist service and the centre management were examining alternative supports for the young person.

Communication structures were in place between the centre, social workers, Guardians ad litem and other key partners regarding the care of young people. One young person who was in placement for two months was allocated a social worker on the first day on the inspection. This young person told inspectors they had no direct contact with a social worker since admission and felt frustrated by this. In the absence of an allocated social worker, the centre had liaised with the social work team leader. The social work team leader stated to inspectors that they had spoken with the young person twice since admission and the young person reported being happy. The second young person had received a number of visits from their social worker, and they were in regular contact with each other. Social workers spoke of effective communication with the centre and records evidenced that timely reports were sent to all parties.

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

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None required

Regulation 5: Care Practices and Operational Policies Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The acting centre manager was the named person in charge with overall accountability and responsibility for delivery of the service. They had held the role of acting manager since the centre was first registered in June 2019 and had experience working in a range of settings relevant to young people. The reasoning for them holding an acting position related to their qualification not meeting the staffing qualifications requirements as issued by the Alternative Care Inspection and Monitoring memo (February 2020). They were nearing completion of a MSc in Advancing Health and Social Care.

Inspectors found that the manager displayed a committed and person-centred attitude to caring for young people. They demonstrated quality leadership skills in creating a high support / high accountability culture. During a period when no young people were resident, staff were re-deployed to other centres within the organisation. The manager continued to provide supervision and chair regular team meetings to maintain team cohesion. There was good oversight of records by both the manager

and deputy manager and quality supervision taking place. Social workers interviewed described how the manager had a good approach when engaging with young people and had a good relationship with the staff team. The service manager confirmed a service level agreement was in place with the Child and Family Agency and meetings took place as required.

There was an internal management structure appropriate to the size and purpose of the centre. The manager was supported with their leadership responsibilities by a recently appointed deputy manager and two social care leaders. One social care leader post was vacant and due to be internally advertised in the coming weeks. There was a delegation record of tasks in place that guided the deputy manager and social care leaders in their responsibilities. This record did not keep note of key decisions made in the absence of the centre manager and must be updated to document such key decisions.

There were clearly defined governance arrangements and structures in place. All staff and management interviewed were clear on their roles and responsibilities. Several policies that guided governance activities were in place. These included procedures related to the role of external service managers, team management, significant events review meetings, regional managers meetings and senior operational managers meetings. A procedure on the role of quality assurance audits was also detailed within the policy document. A sample of governance reports and meeting minutes reviewed by inspectors found that effective governance had been established. Service managers demonstrated through interview and a review of governance records that effective communication, leadership, accountability, and guidance was in place.

Quality assurance audits were conducted by an external service manager and separately a member of the quality assurance team. During 2021 the service manager conducted four audits related to young people's care records, including placement planning, individual work, significant events, and staff supervision records. These audits were found to be transparent regarding practice in the centre with clear action plans in place for the centre manager.

The quality assurance policy noted that announced and unannounced audits were carried out approximately five times a year by the quality assurance team. Inspectors found that two audits had been carried out in 2021 and related to themes 1, 2, 3, 5 and 6 of the National Standards for Children's Residential Centre, 2018 (HIQA). It was logged on the audit records and the organisational risk register that the restrictions related to COVID19 was a significant factor in the reduced schedule.

Inspectors found that the audits completed provided good insight into the practice of the centre and highlighted strengths and deficits. A cross reference of records and registers found that actions identified by the audit had been completed in a timely manner. Whilst the frequency of quality audits was not carried out in line with the centre's policy, additional control measures as named in the risk register such as the service manager audits and visits, service manager meetings, significant event review meetings and monthly governance reports reduced the impact of this. It is recommended that the quality assurance team adhere to the quality assurance policy when such work can be carried out safely in line with public health guidance.

The centre had a policy led risk management framework in place that consisted of an organisational risk register, a centre specific risk assessment, and individual risk assessment and plans related to the safety of young people. Inspectors found the risk framework to be purposeful with evidence of regular monitoring and rating of risks. One area for improvement noted by inspectors related to young people's individual absence management plans (IAMP). These plans did not contain all known risks and control measures in place to manage young people's absences from the centre and one young person's curfew times were not in line with the time named on other documents. The centre manager must update each young person's absence management plan to ensure it is accurate and reflects known risks and control measures in place related to absences.

The centre's policy and procedure document had been updated in 2021 with evidence of ongoing discussion at team meetings, management, and senior management meetings. A review of policies relevant to the inspection found they were reflective of practice within the centre and took account of national standards and legislative requirements. Monthly policy supervision was in place during the probationary period of all new staff to ensure that policies were understood and applied by team members. Staff interviewed demonstrated their understanding of child protection policies and the whistleblowing policy.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must update the delegation record to allow for key decisions made in their absence to be documented.
- The centre manager must update each young person's absence management plan to ensure it is accurate and reflects known risks and control measures in place related to absences.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

In providing young people with safe and effective care and support, inspectors found that the workforce was managed and organised in an effective manner. This planning was supported by policies related to recruitment, induction, training, supervision and team meetings. The centre had arrangements in place to promote staff retention. Supports available to staff included access to an employee assistance programme, training and further educational opportunities, supervision, debriefing and annual appraisals. A policy led on-call system that included procedures for on-call at evenings and weekends was in place.

The inspection found sufficient numbers of staff in place to meet the needs of the young people.

The centre had undergone a period of change in relation to staffing, with seven staff having either been promoted within the organisation or resigned in 2021. There was little impact of this for young people as there was long periods of time when no young people were resident in the centre.

The current staff team were recruited and in place prior to the current young people moving in. There was a mix of experience within the team and staff interviewed displayed a good breadth of knowledge given that they were newer members of the team. A suitably qualified and experienced relief panel was also in place. Social workers described the team as positive, experienced and that incidents of behaviours that challenge had been managed well.

Comprehensive induction records were on file for all new staff and those that had been promoted. Staff surveys had been circulated throughout the year to gauge morale and identify what was working well and recommendations for improvements. Social care leader and deputy manager review days were also held as part of the organisations change management approach.

On review of personnel files, inspectors found that the team had a mix of staff with social care and related or relevant qualifications. From a review of the information provided to inspectors it was found that staff recruitment was not in compliance with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020). In this instance inspectors found that staff were promoted to positions of authority in the centre, subsequent to the memo being issued to this provider, that did not hold a suitable or related qualification or the relevant experience for the position. The registered provider must ensure they are compliant with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020).

The centre had a garda vetting policy that required a discussion be held and a disclosure form completed following vetting disclosures. This procedure was not followed with one staff member nor identified during the auditing process. The service manager and human resource manager must ensure that a discussion be held, and a disclosure form completed including an assessment on any risks for a staff member with a garda vetting disclosure.

The centre had a mandatory training policy that named several compulsory trainings including the centre's behaviour management approach, Children's First, first aid, general data protection regulations and manual handling.

Whilst a training record within personnel files was maintained with dates of training, there were incomplete training certificates on file to evidence that staff had successfully completed mandatory training. The service manager must ensure that mandatory training certificates are held on file for all staff.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure they are compliant with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020).
- The service manager and human resource manager must ensure that a discussion be held, and a disclosure form completed including an assessment on any risks for a staff member with a garda vetting disclosure.
- The centre manager must ensure that mandatory training certificates are held on file for all staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The centre manager must update the delegation record to allow for key decisions made in their absence to be documented.</p> <p>The centre manager must update each young person's absence management plan to ensure it is accurate and reflects known risks and control measures in place related to absences.</p>	<p>The current roles and responsibilities document in place is now supported by a person in charge/ deputy person in charge handover form which will record planning for service during any planned absence and highlight key decisions taken during an absence.</p> <p>Both absence management plans (AMP) and placement support plans (PSP) for young people have been updated to reflect the changes in their circumstances and time frames in relation to curfews.</p>	<p>A review of the person in charge/deputy handover form after periods of absence of the PIC will take place to ensure the document is meeting requirements as an effective management support tool.</p> <p>Monthly review of PSP's and safety plans will identify any changes to risk assessments associated with the young person's AMP.</p>

6	<p>The registered provider must ensure they are compliant with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020).</p> <p>The service manager and human resource manager must ensure that a discussion be held, and a disclosure form completed including an assessment on any risks for a staff member with a garda vetting disclosure</p> <p>The service manager must ensure that mandatory training certificates are held on file for all staff.</p>	<p>As a registered provider, we will endeavour, going forward, to ensure full compliance with the Alternative Care Inspection & Monitoring memo on staffing numbers and qualifications (February 2020).</p> <p>This issue was overlooked at the recruitment stage a number of years ago. We will ensure that a disclosure meeting is held by the end of February 2022 to discuss, and risk assess accordingly.</p> <p>The respective training certificates will be made available to inspectors during future inspections.</p>	<p>Compliance going forward with the Alternative Care Inspection & Monitoring memo on staffing numbers and qualifications (February 2020).</p> <p>Our HR department do undertake disclosure meetings with all current new staff recruitments where this is necessary.</p> <p>The respective training certificates will be made available to inspectors during future inspections.</p>
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