



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Solis EMC</b>
<b>Registered Capacity:</b>	<b>Three Young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup> March 2023</b>
<b>Registration Status:</b>	<b>Registered from 27<sup>th</sup> June 2022 to 27<sup>th</sup> June 2025</b>
<b>Inspection Team:</b>	<b>Sinead Tierney Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>22<sup>nd</sup> May 2023</b>

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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 27<sup>th</sup> of June 2019. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 27<sup>th</sup> of June 2022 to 27<sup>th</sup> of June 2025.

The centre was registered to provide multiple occupancy, medium to long term care to young people 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 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	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2

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 21<sup>st</sup> of April 2023. 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 5<sup>th</sup> of May 2023. 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 27<sup>th</sup> of June 2022 to the 27<sup>th</sup> of June 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

The inspectors found there was an established culture of openness to involve the young people in their care. This was observed in the centre records and from speaking with the young people and key people in their lives. This culture was supported by policies and structures that promoted young people's involvement in their daily living arrangements and decisions affecting them.

A welcome pack was available to young people that outlined their rights, responsibilities, and information about keeping safe. The young people had access to an independent advocacy service. Empowering Young People in Care (EPIC) had visited in the centre in recent months and met with two of the young people. Whilst Tusla's *Tell Us* Complaints and Feedback Procedure was referenced within the policy document; it is recommended that the welcome pack be updated to contain information relevant to *Tell Us* to ensure young people are fully informed of all external advocacy avenues available to them.

All young met with inspectors and completed questionnaires. Overall, they expressed that they were happy living in the house, how they were cared for, how their rights were promoted and the supports they received to date. Young people completed bi-monthly feedback forms that outlined areas they were happy or unhappy with. On review of these forms, inspectors found little evidence of oversight or analysis of the feedback by the team or management, or evidence of follow-up actions based on their feedback.

House meetings were in place to encourage a positive group living environment. Due to various factors over the previous 12 months, the frequency and structure of the meetings were adjusted in line with the needs of the young people.



The centre had a complaints policy that outlined the principles underpinning the process and two complaint pathways; internal and external. A review of records showed that complaints had been made by all young people. The records were detailed and outlined the steps undertaken by the social care workers and the manager to resolve young people's complaints. However, it was not clear from the forms, or the complaints register if young people were satisfied with the process or the outcome. One young person interviewed by inspectors stated they made two complaints however had not received feedback or a resolution to one of these. The records for this complaint were reviewed and individual work between the manager and another young person involved in the complaint was on file. The centre manager stated this was an error on their behalf in terms of recording and they had met with the young person who made the complaint. However, given the young person's view that this complaint remained unresolved, the manager must revisit this with the young person.

A parent interviewed by inspectors felt the team listened to their child and stated they were notified when complaints were made. They knew how to access the complaints procedure and felt there was an openness to raising any concerns or providing feedback. Notification of complaints to other parents was also evident from the records. Two allocated social workers and a principal social worker were interviewed by inspectors. All reported that the voice of young people was promoted within the centre, and they were informed of any complaints and resolutions.

Team members and management interviewed displayed an understanding of the complaints procedure and their role to support young people to access the complaints process. The majority of the team, with the exception of those who had recently joined the company had completed training in the complaint's procedure.

In terms of governance, complaints were monitored at both team meetings and management meetings. Whilst external auditing arrangements were in place, these had been reduced due to extended leave of one of the service directors who had responsibility for undertaking quality / compliance audits. Alternative mechanisms to monitor compliance were in place, however no audit relevant to theme 1 of the National Standards for Children's Residential Centres, 2018 (HIQA) had been completed at the time of inspection.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

#### **Actions required:**

- The registered providers must ensure that a response is provided to young people who complete bi-monthly feedback forms.
- The centre manager must ensure that complaint records clearly evidence if young people are satisfied with the process and outcome.
- The centre manager must re-visit a complaint made by a young person and ensure accurate records of this complaint process are on the young person's care record.

### **Regulation 16: Notification of Significant Events**

#### **Theme 3: Safe Care and Support**

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

A positive approach to the management of behaviour was in place supported by policies, procedures, and systems. All team members had training in the centre's behaviour management system and the implementation of the system was supported by a service director.

During interview, team members and management displayed an understanding of the needs and individual vulnerabilities of each young person. The young people informed inspectors that they felt supported by the team and demonstrated insight into their needs and behaviours.

An independent forensic psychologist was available to support the team and had facilitated a session in October 2022 to explore how the needs of the young people were best met with feedback evident in plans.

A planning approach was in place to identify supports young people required during times of dysregulation and crisis. Individual Crisis Support Plans (ICSP) provided a functional analysis of high-risk behaviours and strategies specific to the needs of each young person. During interview, the service director informed inspectors that a change in procedure for physical interventions had been agreed. However, this change was not reflected within the ICSP's. Although each young person had an Absence Management Plan, these lacked details relevant to each young person's circumstances.

The presence of inspectors in the centre was a trigger for one young person, and they were dysregulated on a number of occasions over the course of the two-day visit. Inspectors observed team members responding in a caring and supportive manner and maintaining a sense of safety within the centre. A review of significant events highlighted that the team applied interventions and responses as laid out in planning documents. There was a renewed focus following refresher training in the centre's behaviour management approach to ensure that young people were being supported to understand their behaviour. This focus was reflected in the records and in conversations between young people and inspectors. One young person who required support with their mental health needs felt the team understood them and responded in a caring and safe manner when they needed assistance.

Significant events were monitored, reported and analysed through a number of systems which inspectors found to be effective. As mentioned previously, the auditing function was temporally reduced and, in its absence, a senior centre manager had undertaken an analysis of some areas of practice. A review of management meeting minutes noted that this was an area for development in 2023 to ensure that an effective auditing framework was in place.

Records and interviews with allocated social workers and a principal social worker demonstrated that collaboration was in place to meet the needs of the young people and collectively respond to their vulnerabilities. Significant events were notified in a timely manner and the limited restrictive practices in place had been agreed with social workers.

Compliance with Regulation	
Regulation met	Regulation 16

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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

#### **Actions required:**

- The centre manager must ensure that Individual Crisis and Absence Management Plans are individualised and reflect procedural changes.

### **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.**

A restructuring of the organisation's governance took place in 2022. Clearly defined structures, alongside roles and responsibilities were laid out within the centre's policy document. At the time of inspection, the two registered providers held the posts of service directors. One of these directors had been on extended leave and was returning to their post at the time of inspection. Appropriate arrangements were in place to support the delivery of care during their absence.

The named person in charge was on leave since December 2022 and the deputy manager was covering the centre manager role in an acting capacity. Inspectors found the acting manager to be child-centred and focused on driving a culture of quality and learning. Those interviewed as part of the inspection, including team members, a parent and social workers reported the acting manager to be supportive, responsive, and open to new ideas.

The centre was undergoing a period of change in terms of staffing and adjustments in the group dynamic with the recent admission of another young person. One social worker interviewed felt that the change of staffing effected the continuity of care for one young person. Although external arrangements were in place to support the acting manager, there was no deputy manager in place. Alongside the day-to-day responsibilities of the acting manager, they had fully held the on-call arrangements since December 2022, apart from one weekend since that time. Inspectors did not find this a suitable or sustainable arrangement. Whilst there were factors outside the control of the registered providers regarding the internal management structure, they must ensure that suitable internal management and on call arrangements are in place.

A service-level agreement was in place between a parent company and the Child and Family Agency. The organisation that governed the centre was sub-contracted by the parent company and arrangements were in place to provide evidence of compliance on a bi-annual basis.

As part of the restructuring of the organisation, a new suite of policies and procedures were developed in July 2022. The policies took account of legislative requirements and the National Standards, and structures were in place to ensure that all team members understood and implemented the policies.

A corporate risk register was in place which was reviewed in January 2023. A risk management framework was operational and utilised the likelihood/impact matrix. Risk assessments on file showed evidence of regular review however, were not up to date to reflect the current risks faced by young people. A record for all staff to indicate they had read the assessments was in place yet only a minority of staff had done so. Although the team members interviewed were new to the centre, they did not understand the application of the matrix in assessing risk.

Overall, the inspection highlighted that effective leadership and governance arrangements were in place to deliver child-centred, safe and effective care.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

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

**Actions required:**

- The registered providers must ensure that suitable internal management and on call arrangements are in place.
- The centre manager must ensure that the risk management framework is understood by all staff and risk assessments are kept up to date.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered providers must ensure that a response is provided to young people who complete bi-monthly feedback forms.	Centre management have undertaken a review of all feedback reports for the past six months and have verified these accordingly. The process has been reinforced at team meetings whereby the feedback report must be reviewed and verified by management ahead of filing. Where areas of dissatisfaction are identified, management will meet with the young person to discuss strategies for improvement, or they will allocate this work to the young person's key worker.	The feedback process will be incorporated into the monthly centre manager audit report. Service directors will monitor the feedback reports via the governance process.
	The centre manager must ensure that complaint records clearly evidence if young people are satisfied with the process and outcome.	The complaint register was updated on 23.03.23 for immediate implementation. It included a section to outline the young person's satisfaction.	The complaint register will be monitored frequently by service directors. The complaint register is reviewed monthly as part of the monthly audit process; the centre manager will ensure that the full complaint process is enforced.

	The centre manager must re-visit a complaint made by a young person and ensure accurate records of this complaint process are on the young person's care record.	The centre manager completed a follow-up with the young person and reflected on the complaint process and conversation. They are now satisfied with the conclusion. Accordingly, the records have been amended to reflect the same.	All complaints will be reviewed monthly as part of the centre manager's monthly audit process; the centre manager will ensure that the full complaint process is followed and enforced.
<b>3</b>	The centre manager must ensure that Individual Crisis and Absence Management Plans are individualised and reflect procedural changes.	The placement support plan is currently under review and the Absence Management Plan section has been revised to include pertinent information which individualises the document for each young person. The centre manager will ensure that this is implemented and that all AMP's on file for each young person are up to date.	The service director, who is the behaviour management system trainer, will monitor the completion and implementation of the AMP documents.
<b>5</b>	The registered providers must ensure that suitable internal management and on call arrangements are in place.	As of 1st April 2023, the new management team were appointed. On-call for the centre has been shared amongst the management team.	The on-call policy will be reinforced at team meetings and via supervision to ensure appropriate use by the staff team. The on call will be monitored by service directors via supervision and management meetings.



	<p>The centre manager must ensure that the risk management framework is understood by all staff and risk assessments are kept up to date.</p>	<p>The centre manager has completed a safety planning and risk assessment workshop through the centres team meeting. In addition, deputy centre manager will refresh this through policy and procedure supervision to reinforce the framework.</p>	<p>The risk management folder is reviewed monthly as part of the monthly audit process; the centre manager will oversee the risk assessments as part of their monthly audit.</p>
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