



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 197

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Solis EMC
Registered Capacity:	Three Young People
Type of Inspection:	Unannounced
Date of inspection:	15th, 16th and 17th May 2023
Registration Status:	Registered from 30th July 2021 to 30th July 2024
Inspection Team:	Sinead Tierney Lorna Wogan
Date Report Issued:	29th June 2023

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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 30th of July 2021. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th of July 2021 to the 30th of July 2024.

The centre was registered as a multi-occupancy centre to provide medium to long term care for three young people aged thirteen to seventeen years on admission. Their 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	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
6: Responsive Workforce	6.3

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 1st of June 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 15th of June 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: 197 without attached conditions from the 30th of July 2021 to the 30th of July 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations 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 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspectors found that the layout and design of the centre was suitable for providing effective care, supported by policies and procedures. The house was warm, adequately lit, ventilated and was maintained to a high standard. There was ample space for rest and relaxation with two sitting rooms and a large kitchen and dining area. The young people's artwork and photographs were on display with inspectors experiencing a relaxed and warm environment in which team members and young people interacted. All of the young people had outgrown the stages of playing with toys however there were age-appropriate books, and arts and crafts material available to them. The outside of the premises required attention due to the wear and tear of the gravel driveway. The registered proprietor had previously requested that the landlord/owner of the property upgrade the driveway however this work had not been completed at the time of the inspection. The registered proprietor stated they would follow up on this matter again with the landlord.

All three young people completed inspection questionnaires and one young person met with inspectors. They all expressed they were happy that the centre was warm, comfortable, and suitable to meet their needs. Their bedrooms were decorated to their individual tastes and styles with plentiful storage and space for personal belongings.

Inspectors spoke with parents of two of the young people. They had visited the centre on several occasions and felt it was homely and well maintained. One parent mentioned (as was found by inspectors) that the outside grounds could do with new gravel. Social workers interviewed confirmed they too found the centre homely.

In adhering to fire safety legislation, contracts were in place with external fire companies for the maintenance of fire equipment and the fire alarm system. Certificates were on file that the alarm system and extinguishers had been checked regularly however there was no evidence on file that the emergency lighting was subject to service checks as required. Additionally, the inspectors found that four fire doors were not operating effectively and did not fully close. The acting person in charge was informed of this on the first day of inspection and the issue was rectified by the landlord's maintenance team on day two of the inspection. However, given that this was not identified in any health and safety audit, the registered provider must ensure as part of health and safety checks that team members check that fire doors close fully without manual force to prevent the spread of smoke and flames in the event of a fire. There was evidence of frequent fire drills during daylight and during the hours of darkness.

An up-to-date centre specific safety statement and risk assessments were in place that named persons with additional responsibility for health and safety. Three members of the team were trained as First Aid Responders with the remainder certified in cardiac first response. Other mandatory health and safety training such as fire safety and manual handling were completed by the majority of team, with dates planned for two newly recruited staff. One young person had also completed fire safety training and was awarded a certificate. Individual work records demonstrated that staff had conversations with young people regarding safety in the centre.

It was evident from interviews and maintenance records of delays in the landlord's maintenance team responding to repairs. The registered provider informed inspectors that consideration was being given to recruiting a maintenance person due to these delays. Nevertheless, it was clear that the young people had a lot of respect for their home with no incidents of property damage recorded in recent times.

The service provided evidence of adequate insurance and maintained a record of accidents. Whilst the majority recorded where for accidents that occurred outside the centre, there was one accident in the centre. The record did not identify what actions may be required to minimise the risk of such an accident re-occurring and the centre manager must ensure that this section is always completed where applicable. The centre's vehicles were serviced, insured, and certified as roadworthy. A review of personnel files evidenced that whilst team members provided a copy of the front of their driver's licence, and insurance, the back of the licence that showed the category of vehicle licenced to drive must also be maintained on file.

Compliance with regulations	
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	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The registered provider must ensure that they continue to take appropriate action regarding the upkeep of the grounds of the centre.
- The registered provider must ensure that the emergency lighting system is regularly checked and maintenance records maintained on file.
- The registered provider must ensure that health and safety checks include the inspection of all fire doors within the centre.
- The registered provider must ensure that team members who drive the centre's vehicles provide a copy of the front and back of their driver's licence.

Regulation 5: Care practices and operational policies
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.

It was evident that a positive approach to behaviour was promoted throughout the culture of the centre and care practices. This approach was supported by policies, procedures, and a behaviour management system that all team members were trained in. All young people were making steady progress in their lives supported by the team and other key people.

Team members and management interviewed demonstrated a sound understanding of the needs of the young people and their role in supporting them. The team had access to an independent forensic psychologist to guide their practice. Feedback from the psychologist and other specialist supports involved in the care of the young people was evident in key planning documents.

There was a low level of significant events for young people. A review of those that had occurred found that they were responded to well by the team, appropriately recorded and notified in a timely manner. Given the age of the young people, it was evident that a focus on supporting them to reflect on their choices and take accountability for their actions was in place. A teaching approach was also evident with the team re-enforcing safety in the community, with family and friends. The centre's model of care in action was apparent from both records and interviews.

One young person who met with inspectors displayed great level of insight and maturity in relation to learning from incidents and the impact of their behaviour on themselves and others. There was a guide for young people that outlined consequences for certain behaviours, however there was flexibility and reflection within the team to ensure consequences were age appropriate and focused on learning for the young people. At times there was a negative dynamic between some of the young people and this was positively responded to and managed for example with the team and young people involved in joint activities such as charity runs and a sunset walk.

A review of planning documents, detailed progress reports and individual/key work confirmed that the emerging needs of young people were responded to with oversight by management. Recent inspection feedback from another centre within the organisation regarding absence management plans was being implemented at the time of inspection. One young person's crisis support plan permitted a level of physical restraint that was not approved and must be updated. Restrictive practices were clearly understood by staff interviewed. Those in place were agreed in full consultation with the social worker and jointly reviewed with the young person.

Inspectors found delays with child in care reviews taking place and statutory care plans being received for all young people. The shortage of allocated social workers in the region was highlighted as the key reason for this during interview with all social workers. Whilst these deficits were clear, the team and management worked hard to minimise any impact for the young people and ensure that the supports they required were planned for. Social workers spoke of good communication, timely notification of significant events and the quality of advocacy work. This was also echoed by the parents interviewed.

The centre's approach to the management of behaviour was monitored by the service directors. This included significant event review groups, a recent behaviour management refresher that focused on learning from events and a review of relevant registers and records. The auditing function had however been reduced due to extended leave of one of the service directors who had responsibility for undertaking quality/compliance audits. A new compliance function was in formation at the time of inspection that would re-introduce planned and regular audits of the National Standards for Children's Residential Centres, 2018 (HIQA).

Overall, inspectors found that the young people experienced care that supported their emotional wellbeing and behaviour in a manner that was appropriate to their ages and stage of development.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must update one young person's individual crisis support plan to accurately reflect the agreed level of physical intervention permitted if required.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Overall, the inspection highlighted that an excellent standard of support and supervision of the care team was in place in delivering child centred care. Team members and management interviewed were clear of their roles and responsibilities. The centre manager was on planned leave at the time of inspection and the deputy manager who was acting in their absence, managed the additional responsibilities and the inspection process with professionalism.

A detailed induction was in place for new members of the team and all staff received policy and procedure supervision from the deputy manager to support their understanding and practice. This policy and procedure supervision was supplementary to the supervision provided by the centre manager. A review of supervision records highlighted that supervision was occurring in line with the

centre's supervision policy. Discussions with team members focused on the quality of care provided to young people, staff support, development, and accountability. Team members interviewed stated they found the supervision process beneficial to their development and relationship building with young people. Alongside the supervision records, performance feedback conversations between management and team members were maintained that evidenced an open culture of providing timely and constructive feedback to the team. The supervision records evidenced a high standard of supervision practice within the centre. A policy and systems were in place to support the team in managing the impact of working in the centre. These included wellness and self-care initiatives, access to one-to-one meetings with a psychologist and debriefing sessions.

A review of team meeting, management meeting minutes and records that highlighted decision making, evidenced that staff were encouraged to exercise their judgement and collectively respond when required. An open culture of reflecting on decisions and ensuring these were always made with the young people's best interests at the forefront was apparent. Each team meeting opened with a discussion on morale within the team and a reflection on relationships with young people.

Wider discussions in relation to young people, placement planning and child safeguarding where consistently linked to relevant policies and procedures, the centre's model of care and the needs of young people to support evidence informed decision making.

As previously mentioned in standard 3.2, there were deficits in some areas of social work provision provided by TUSLA, the Child and Family Agency. In interviews, one social worker spoke of how the team were excellent advocates to ensure the young person had access to the supports they required in spite of these deficits. This was also found by inspectors on review of young people's care records.

All employees had either an appraisal or probationary reviews on file and within the last 12 months. Appraisals provided a summary of 2022 including for example how many supervision sessions and team meetings the staff member had participated in. Also discussed was performance, feedback, job satisfaction, challenges, support required and future goals. Staff members on probation were provided with a supervision support tool that highlighted good practice and challenges being experienced.

An employee of month initiative had recently been introduced. As well as teammates, young people could share their thoughts on whom they felt earned the award and the reasons why. The service directors had carried out an anonymous survey with staff in March with an 83% completion rate.

Overall, there were high level of job satisfaction recorded. Where feedback was provided that required a management response, it was evident from records and interviews that this had occurred.

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

Compliance with standards	
Practices met the required standard	Standard 6.3
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

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that they continue to take appropriate action regarding the upkeep of the grounds of the centre.	Service directors have addressed with the Landlord in relation to their responsiveness with maintenance issues and have requested an assigned maintenance worker.	Service directors are exploring alternative maintenance workers in the event of further non responsiveness.
	The registered provider must ensure that the emergency lighting system is regularly checked and maintenance records maintained on file.	Fire safety officer to sign quarterly emergency lighting maintenance checks.	Centre manager to oversee as part of health and safety governance, these checks have now been incorporated into the updated health and safety audit as of 1 st July 2023.
	The registered provider must ensure that health and safety checks include the inspection of all fire doors within the centre.	These checks have now been incorporated into the updated monthly health and safety audit report as of 1 st July 2023.	This will be discussed at the regional senior managers meeting on 26.06.23. Health and safety is a standing item at team meetings.
	The registered provider must ensure that team members who drive the centre's vehicles provide a copy of the front and back of their driver's licence.	Service directors have instructed HR Department to collate this information from all current employees.	

3	The centre manager must update one young person's individual crisis support plan to accurately reflect the agreed level of physical intervention permitted if required.	The young person's ICSP was updated on the 15.05.23 to reflect the agreed intervention.	Centre manager to review all young people's PSP's prior to notification to relevant professionals. Mechanisms for the review of restrictive practice policy within the organisation is underway by service directors.
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