



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Solis EMC
Registered Capacity:	Three Young People
Type of Inspection:	Announced
Date of inspection:	15th, 18th and 19th August
Registration Status:	Registered from 30th July 2021 to 30th July 2024
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	15th November 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 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 of all genders aged thirteen to seventeen years on admission. Their model of care was informed by attachment and resilience theories and was underpinned by Erik K Laursen's '*Seven habits of reclaiming relationships*'. The habits identified in this model included trust, attention, empathy, availability, affirmation, respect, and virtue. The centre aimed to provide an individualised programme of care to assist each young person to develop resilience through the medium of positive and caring relationships. 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	3.1
4: Health, Wellbeing and Development	4.2

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 10th October 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 28th October 2022. 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 July 2021 to the 30th July 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations 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 that the staff in the centre were strong advocates for the young people in placement and there was an evident focus on listening to the views and preferences of the young people. Consultation with the young people was evident in every aspect of daily living in the centre. This was apparent through their participation and preparation for care and placement planning, in individual key working records and daily logs. Decisions taken at planning meetings were relayed to the young people and the rationale for decisions taken was explained to them. The three young people informed the inspectors they were happy with their care and how they were listened to. They confirmed that their views and opinions were sought and respected by the staff and managers. The inspectors found the staff practice was child centred and this was evidenced at both the team meeting that was attended by one of the inspectors and throughout the inspection interviews. There was evidence that decisions were made based on the rights, needs and best interests of the young people. The model of care was evident throughout the records and in the work with young people. It was clear from interviews with the young people they trusted their carers and the records evidenced they had made progress in their placement. Bi-monthly feedback forms were completed by the young people and these feedback forms were reviewed by managers to inform and improve practice in the centre. There was a strong culture of learning and reflective practice within the staff team. Staff considered various methods to seek the young people's views taking into account group dynamics and individual needs of young people as they arose. Staff displayed skills and competencies in relation to being open and transparent with the young people in placement. Parents and social workers interviewed spoke highly about the care the children received in the centre and the attention paid to the young people's views and opinions. Parents were satisfied with the level of communication with staff and felt well informed about their children's care and informed in a prompt manner of any complaints or incidents of concern relating to their child.

The centre's written complaints procedure was updated in 2022 and it outlined a clear and understandable process for staff. An in-service training workshop on the centre's complaints process took place and the staff team had participated in this workshop and their participation was certified on their personnel files. There were clear expectations that staff manage low level complaints with good oversight by managers and there were procedures in place for managing and reporting complaints internally and externally as appropriate. Staff interviewed were able to explain the complaints procedure and outlined the importance of a robust complaints procedure to support the voice of the child, enhance safeguarding measures and ensure service improvement.

The young people in the centre were aware of the centre's complaint procedures and the three young people interviewed by the inspectors had no complaints about the centre or their care and were satisfied that when issues arose for them, the staff helped them resolve these. Young people were informed about the centre's complaints process on admission and there was evidence it was discussed regularly with them in key working, house meetings and through everyday conversations with staff. The centre's recording practices in relation to all complaints were of a good standard and the centre's complaint register was maintained up to date with clear outcomes recorded. Complaints were reviewed and discussed at team meetings, at senior management meetings, recorded within the centre manager reports and reviewed through centre audits. All complaints were appropriately recorded and timelines for resolution of complaints were tracked and monitored by the centre manager, external manager and compliance auditor. The records showed that social workers and other relevant parties were informed about the complaint management process and the outcome. There was evidence the young people were informed of their right to appeal the outcome of their complaint. The records evidenced that the young people were made aware of the role of the children in care advocacy group Empowering People in Care, the Ombudsman for Children and 'Tell Us' the Child and Family Agency's feedback and complaints process. This information was relayed to them on admission, in child friendly information leaflets, in their welcome pack and through key working. The young people interviewed by the inspectors confirmed this.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
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 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors found that the centre was operating in line with the relevant legislation and complied with reporting procedures set out in Children First: National Guidance for the Protection and Welfare of Children, 2017 and in line with the requirements of the Children First Act, 2015.

The centre had a written Child Safeguarding Statement that was displayed in the centre. The statement was reviewed and updated in line with the statutory requirements and the potential risks of harm/abuse, as defined under the Children First Act, 2015 for young people living in the centre, were identified, along with measures in place to mitigate these risks. Staff interviewed by the inspectors were familiar with the Child Safeguarding Statement, were able to identify these risks and knew where it was displayed in centre. Following a review of the centre's Child Safeguarding Statement the inspectors found it did not include the risk of child sexual exploitation. The centre manager must ensure this risk is incorporated into the centre's Child Safeguarding Statement.

Staff were aware of their responsibility as mandated persons to report child protection and welfare concerns. Staff interviewed were able to name the appointed DLP and Deputy DLP and they were aware of the reporting procedure through the Tusla Child and Family Agency portal, and the procedure in place to inform the allocated social workers and the parents of child welfare and protection concerns. However, while staff interviewed were aware of their role as mandated persons the inspectors found they primarily outlined the centre's joint reporting procedure, to report the concern jointly with their designated liaison person (DLP) or their deputy DLP. Staff must also be aware of their explicit responsibility to report a concern about a child which cannot be discharged to another person. The centre manager and the director of services must ensure that the written policy is reviewed and updated in this regard and that the referral pathway for a child protection or welfare concern set out in the policy document reflects the direct reporting pathway for mandated persons into the statutory agency Tusla. Equally the policy must outline that where the DLP does not believe the concern of harm reaches the threshold for mandated report, the mandated person, if still concerned, has legal responsibility to report. The policy should also include the consequences of not reporting under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012.

The inspectors found there were clear systems in place for recording, reporting and tracking the status of mandated reports and non-mandated concerns relating to the young people. The centre manager maintained a Child Protection/Welfare Register and all reported concerns and supporting documentation was secured on file in the centre. There were clear timeline reports tracking the status of the concern and the outcome up to the closure of the concern. All records were stored appropriately with timelines set out and the status of investigation updated as the investigation progressed. There were three open child protection and welfare reports on file at the time of the inspection and the current status of these reports was evident. There was good oversight of reported child protection/welfare concerns at team meetings, senior management meetings, in the centre manager reports, in governance reports and audits.

There were a range of written policies to safeguard the young people in the centre and these were set out and signposted in the child protection policy; for example, policies on physical touch, one to one work and professional boundaries. Staff were able to outline for the inspectors the child safeguarding practices in place and inspectors found evidence through interviews, team meeting discussions, risk assessments and governance systems that staff were alert to risk and safeguarding practices.

There was robust monitoring of the young people to ensure safe care. There were individual risk assessments on the care records to address areas of vulnerability for the young people in placement and these were comprehensive and well-structured and subject to regular review at team meetings. Pre-admission and impact risk assessments were on each young person's care record with particular risks/vulnerabilities recorded and appropriate control measures identified. The centre manager must ensure that the risk of bullying is identified as a standing risk on the pre-admission and impact risk assessment template and is considered for each potential admission as it is a particular area of vulnerability for every child in care. All social workers informed the inspectors that potential admissions to the centre were discussed with them in an open and transparent manner with appropriate sharing of information and risk assessments. There were individual safety plans developed in response to more high-risk behaviours. The inspectors recommend that staff further develop their practice in relation to involving the individual young people in the development of their safety plans.

There was evidence that the centre staff were attuned to issues of safeguarding and sought advice, guidance and direction to ensure risks were addressed and the young people were appropriately safeguarded. Inspectors reviewed individual work records that evidenced the work completed with the young people to help them understand their feelings and behaviour and develop self-awareness and skills needed to keep themselves safe in community. Discussions with the young people about their personal history and their vulnerabilities in the centre and in the community was completed in a caring and sensitive manner. Bullying was a topic discussed with the young people on a regular basis through key work and within everyday living. The three young people interviewed stated they had no concerns in relation to bullying within the centre and knew how to seek support from the adults in their lives if they experienced bullying. The young people stated they felt safe living in the centre and there were no reported concerns about bullying at the time of the inspection. The group dynamics were sensitively managed and monitored by staff and there was lots of work completed with the young people to promote respect and good manners within the house.

There were clear procedures in place to keep parents informed and the inspectors found that staff were proactive to update parents, share information and seek parents' views on their child's care. There was evidence in the care records of collaborative multi-disciplinary work and the social workers and Guardians ad Litem confirmed this in interview.

There was a written policy and procedure in place on protected disclosures. Staff were able to identify an external professional they could bring concerns should this be required. Staff were confident that they could challenge practice at team level and reflect on practice to ensure it was in line with best practice. There were no reported protected disclosures since the last inspection.

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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that the risk of child sexual exploitation is incorporated into the centre's Child Safeguarding Statement.
- The service directors and the centre manager must review the centre's child protection and safeguarding policy to ensure the reporting responsibilities of mandated persons in explicit and that the referral pathway for a child protection or welfare concern reflects the direct reporting pathway for mandated persons into the statutory agency Tusla.
- The centre manager must ensure that the risk of bullying is an identified as a standing risk on the pre-admission and impact risk assessment templates and is considered for each potential admission as it is a particular area of vulnerability.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

There were a range of policies in place to support the health, development and well-being of the young people. The health and development needs of the young people were set out in their care and placement planning documents. Inspectors found there was good attention to promoting healthy lifestyles and routines for the young people and these were set out in their weekly plans. There were systems in place for monitoring their diet and exercise requirements. Staff were alert to the young people's mental health and there was a good emphasis on helping the young people in this regard both internally and through sourcing external specialist supports for the young people. The staff team also had access to specialist supports to discuss individual areas of vulnerability and how best to meet young people's needs. There was evidence that the managers availed of all the external guidance and supports accessible to them. The young people informed the inspectors they were satisfied with the supports provided to them by both centre staff and external professionals. There was evidence that staff supported the young people to attend their external appointments and explained to them the benefits of engaging with specialist supports. The inspectors found that planned and approved individual therapy sessions for one young person had not commenced at the time of the inspection and the identified therapist was no longer in a position to carry out this work. It is imperative that this young person receives the agreed therapeutic service as required and agreed at their care plan review. The service managers in conjunction with the centre manager and the social work department must ensure a therapist is identified to carry out the identified number of therapy sessions.

Young people were linked to dental, ophthalmic and other specialist services and there was evidence of regular communication and a partnership approach with young people, medical professionals and social workers. Records of medical appointments and the outcome of these appointments were stored on the monthly folders for each young person.

All three young people had a medical examination on admission. Immunisation records were sought and maintained on file. Each young person was registered with a GP and there was evidence that where possible the young people remained registered with their family GP. All young people had a valid medical card in their own right.

The centre had a written medication management policy. The staff were facilitated to participate in training in the safe administration of medication. The inspectors found some deficits in the recording of the administration of medication on the Kardex system. In some instances, medications were not aligned to the stated prescription

details set out. There was a system in place for completing records in relation to medications that the young people declined to take and these were not consistently completed by staff. Inspectors found that some left-over medications had not been returned to the pharmacy in line with the medication management policy.

Compliance with regulations	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must review the recording systems in place for the administration and disposal of medications and ensure the centre procedures are in line with the policy and best practice procedures.
- The service managers in conjunction with the centre manager and the social work department must ensure a therapist is identified to carry out the identified number of required therapy sessions for one of the young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
3	<p>The centre manager must ensure that the risk of child sexual exploitation is incorporated into the centre's Child Safeguarding Statement.</p> <p>The service directors and the centre manager must review the centres child protection and safeguarding policy to ensure the reporting responsibilities of mandated persons in explicit and that the referral pathway for a child protection or welfare concern reflects the direct reporting pathway for mandated persons into the statutory agency Tusla.</p> <p>The centre manager must ensure that the risk of bullying is identified as a standing risk on the pre-admission and</p>	<p>The Child Safeguarding Statement was updated as required on the 8th September 2022.</p> <p>The centre's child protection policy and procedures are currently in the process of being updated and will be completed by the 7th November 2022 and presented at the Solis EMC senior management meeting.</p> <p>Pre-admission and impact risk assessment proformas are currently being updated regionally and will be shared at senior</p>	<p>Regular review of the Child Safeguarding Statement takes place at management meetings and on an annual basis.</p> <p>Policies and procedures are reviewed via the service directors.</p> <p>Proformas are regularly reviewed via senior management meetings.</p>

	impact risk assessment templates and is considered for each potential admission as it is a particular area of vulnerability.	management meeting on 7 th November 2022.	
4	<p>The centre manager must review the recording systems in place for the administration and disposal of medications and ensure the centre procedures are in line with the policy and best practice procedures.</p> <p>The service managers in conjunction with the centre manager and the social work department must ensure a therapist is identified to carry out the identified number of required therapy sessions for one of the young people.</p>	<p>A review of all medical recordings took place on 27/28th August 2022 and the centre recording proformas have been updated to ensure accuracy and efficiency. The team have been supported individually and via team meetings to enhance their understanding and ensure compliance with policy and procedures.</p> <p>The social work department have sourced independent therapeutic support for this young person with sessions having commenced on 14.10.2022.</p>	<p>Medication procedures have been updated and templates have been reviewed. Learning has been shared via senior management meetings, team meetings and via supervision.</p> <p>One to one psychological support for young people is no longer being offered by Solis EMC and will be in future identified by the social work department.</p>