



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC
Registered Capacity:	3 young people
Type of Inspection:	Announced Inspection
Date of inspection:	25th, 26th, 27th March 2024
Registration Status:	Registered from 30th of July 2021 to 30th of July 2024
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	2nd May 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30th of July 2021. 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 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
4: Health, Wellbeing and Development	4.3
5: Leadership governance and management	5.4
6: Responsive Workforce	6.4

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 April 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 18th April 2024. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 197 without attached conditions from the 30th of July 2021 to the 30th July 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The inspectors found there was a strong ethos to support the young people to remain in education or vocational training and to maximise their potential in all areas of their learning and development. There was evidence throughout the centre records and from the inspection interviews that the care team sought to identify the individual strengths, interests, and abilities of each young person. Where possible, every effort was made to maintain them in their own school placements.

Each of the young people were engaged in an educational placement suitable to their interests and abilities. There was evidence the team worked collaboratively with all relevant professionals to support and maintain these placements. Where there were challenges in relation to an educational placement, strategy meetings were convened with the school, social worker, education welfare officer and other professionals to implement all the required supports to ensure the young person completed their second level education in line with their wishes. A bespoke educational programme was approved, fully resourced and underway at the time of inspection for one young person. Incentives were in place to encourage and reinforce attendance and hard work by young people. All young people completed questionnaires and one young person met with the inspectors during the visit to the house. They spoke highly of the supports provided by the team to support them to follow their chosen educational pathway. They were provided with resources, equipment, transport and rewards and stated, *'I could not have asked for anything more'*. There was also ample evidence that young people's educational achievements were acknowledged and celebrated.

The parent of one young person was fully involved in all educational meetings directly with school personnel and there was evidence of proactive forward planning in consultation with the young person and their family. They had received offers of several third level educational placements and discussions were underway to explore all options and align them with their overall aftercare plan. A placement extension was agreed to support a smooth transition from care to third level education and into independent living. Where parents were not involved to this extent the inspectors found that, where possible, they were consulted about their child's education and were updated on progress and achievements.

All allocated social workers spoke with the inspectors and were highly complimentary of the work undertaken by the care team and centre managers to support the young people to complete their education and identify further education and training opportunities. They stated they *'could not fault'* the service and as a result of the work undertaken by the team members the young people were *'on course to achieve positive outcomes'*.

Inspectors found that each of the care files were carefully maintained, easy to access and contained comprehensive educational records to include any relevant assessments, school reports and certificates of achievement. There was evidence in the care plans, placement plans and team meeting records that the young people's educational progress was reviewed, and specific actions were identified to help them to achieve their full potential. Where required, efforts made to access appropriate supports based on young people's needs were evidenced on meeting records and in other correspondence held on file. Key working records viewed by inspectors evidenced that regular discussions were undertaken with the young people to highlight the importance of education and to assess any additional supports they required. There was also a strong focus on independent living skills, resilience and other aspects of health and wellbeing needs they would require as they move towards independent living.

Comprehensive aftercare needs assessments were undertaken by team members with each young person where they rated their areas of skills and competencies and identified areas where they required additional support. They were encouraged to participate in extracurricular activities, to maintain friendships outside of school, to broaden their social circles and to further develop skills and talents. The holistic approach to the care of the young people was evidently aligned to the model of care within the centre. Young people were connected to community resources and were also supported to undertake driver theory tests and book driving lessons in line with their self-determined goals on their aftercare plans. They were encouraged and supported by the team members to prepare curriculum vitae, prepare for interviews, complete work experience and undertake part time employment.

Compliance with standards	
Practices met the required standard	Standard 4.3
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
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Actions required.

- None identified.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The three young people, who resided in the centre for two years or more, had made significant progress in their placements and were actively involved in planning to move into aftercare arrangements in the coming months. Team meetings, placement plans and progress reports were all reflective of ongoing review of the quality and safety of care provided. It was evident from review of policies, procedures, governance and oversight systems that the organisation at every level had established a culture of review and improvement. Inspectors found that corrective actions identified in both in-service audits and external inspections were implemented in a timely manner and communicated to all the team members.

At the time of inspection, the organisation had undergone restructuring of the governance and management structure. Two newly appointed area managers were in place to facilitate oversight and assessment of the quality of care in their appointed regions. This allowed the service directors to focus on strategic planning and service development. The directors provided the area manager for this centre with a comprehensive induction into their new role. Their role and responsibilities were outlined to the centre managers and the team members. There was a clear link between the National Standards for Children's Residential Centres 2018, HIQA and systems for oversight including service director reports, governance audits of the service and team meetings. The systems for auditing were robust, undertaken regularly and supported a culture of organisational learning. Inspectors found that all actions identified within the auditing processes were promptly addressed, evidenced as closed out and signed off by senior management. Care team members

interviewed by the inspectors were aware of national standards and how they applied to their daily practice.

Managers and care staff at all levels attended meetings where significant events and complaints across the organisation were regularly monitored, reviewed and acted on. Care team members confirmed in interview that where they were unable to attend these meetings, the outcomes were shared with them to support their learning and development. The significant event review group meetings were valued by the team members and viewed as an opportunity for professional development as opposed to an analysis and criticism of individual practice.

Overall, there was evidence that complaints, concerns and incidents were also regularly reviewed through the forum as set out above and additionally tracked and monitored through the governance audits. During the inspection process the inspectors found that young people were requested by staff to present to the nearest Garda station following an incident where they were absent/missing from care. This was found to be the standard practice and was set out in the centre's policy on young people missing from care. This is not a requirement of Children Missing from Care; A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012. While it is accepted that in some circumstances it may be unsafe for lone workers to collect young people following a period of missing from care, this should be based on the presenting circumstances and a dynamic risk assessment in each instance. The centre records evidenced that at least one young person had complained and expressed dissatisfaction when requested to present to the Garda station. The inspectors found that this complaint was not formally reviewed, and the policy was not re-examined to determine if it was fit for purpose and in line with national protocol. Additionally, it was not considered from a children's rights perspective. On one occasion, a young person was collected by a member of staff, presented coherently, with no evidence of risk present however, they were brought to a Garda station before being returned to the centre. This practice was not in line with other policies, procedures and practices in the centre that were child focused and in line with the model of care. Following a review of centre records the inspectors found the practice had the potential to further frustrate young people and escalate challenging behaviour. Additionally, the practice had the potential to disrupt otherwise very positive relationships with team members. Centre management must consult with young people following the complaint/frustrations and review this policy and practice to allow the care team to undertake a dynamic risk assessment prior to collecting a young person who has been missing from care.

Following a dedicated meeting an annual report of compliance for 2023 was prepared by the registered provider and managers. This report provided an analysis of the centre's compliance with each of the eight themes of the national standards for children's residential centres. It reported on areas of good practice and identified six actions for attention. There was evidence that all actions were completed or in the process of being addressed at the time of this inspection visit. Team members who spoke with inspectors were aware of the outcome of the annual review.

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

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required.

- The registered provider must, following review of complaints/dissatisfaction by a young person, review the policy and practice of requiring young people to present to a Garda Station in every instance following an unauthorised absence from the centre/missing in care report.

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe, and effective care and support.

Inspectors found that managers at all levels within the organisation ensured that the care team received all the required supports and training to maintain and further develop their learning, knowledge and skills set to meet the needs of the young people. There was a value placed on training by managers and team members which

was linked to service improvement, professional development and the provision of safe and effective care.

The culture of learning and development was realised in practice and evident in the progress the young people made to date within their placements. This was confirmed in the interviews with social workers.

The centre manager provided inspectors with a comprehensive record of training completed by the care team and managers. A review of this database and personnel files evidenced that mandatory training was completed in areas including child protection, fire safety, first aid, medication management, behaviour management and manual handling. Where certification was about to expire, dates were scheduled for refreshers to take place. The care team received training in the model of care and described its application in their day-to-day work. This was evident across centre records and care files reviewed in the course of the inspection. The newly appointed area managers co-ordinated staff training and they, and the centre managers had oversight of the training needs of the team.

The service directors were involved in planning for the registration of social care workers and conscious of the requirement for the workers to maintain a portfolio of professional development. The records of operational meetings evidenced strategic planning to include professional team development. The area managers and service directors regularly attended team meetings and were familiar with the training and development needs of the team.

In the previous twelve months there was evidence the care team were facilitated to attend training relevant to their professional development and in response to the needs of the young people for example, training in trauma informed care, attachment, suicide awareness, sexual health promotion, addiction awareness and coping with adverse life experiences (ACES). There was a strong focus on self-care for the team with training provided in stress management, mindfulness, learning styles and professional boundaries amongst others. The organisation also employed an independent forensic psychologist to support individual care workers, and the team, to develop their approaches to care and respond to challenges of the work. Key workers described this as '*invaluable*' to both understanding and supporting the young people.

The area manager, the centre manager, deputy manager and social care leaders all received induction and in-service training specific to their individual roles and responsibilities.

Training needs were determined from individual supervision, annual performance reviews, team meetings, review of incidents and analysis of trends which might

identify a training requirement. Where required, training related to the specific needs of young people was provided for example, in youth mental health, attention deficit hyperactivity disorder (ADHD), diabetes management and harm reduction.

The care team had professional development plans and where required professional improvement plans were implemented in consultation with team members who may require support to further improve and develop their practice.

There was a comprehensive policy and procedure for the induction of managers and leaders at all levels within the service. There was written evidence of induction on the personnel files. Managers and staff members interviewed as part of the inspection process confirmed they had received both an organisational and centre specific induction that was beneficial to them when they commenced working in the centre. Probation reviews took place to monitor progress or identify additional supports as required. Supervisors provided role modelling, direction and support for team members to learn and develop new skills. Additionally, inspectors found that the care team were highly motivated in self-directed learning, and they researched community resources and training courses to support their work which they shared with other team members.

Compliance with Regulation	
Regulation met	Regulation 7

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required:

- None identified.

4. (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
4	None identified.		
5	The registered provider must, following review of complaints/dissatisfaction by a young person, review the policy and practice of requiring young people to present to a Garda Station in all circumstances following an unauthorised absence from the centre/missing in care report.	The organisational Missing Child from Care Policy was updated in April 2024 to remove this directive. Practice in this area had been flexible following the introduction of the new Risk Management Tool since December 2023.	The updated policy will be reviewed at a Team Meeting and individually via staff Supervision. The implementation of the policy will be monitored by the PIC and DPIC as well as the Area Manager.
6	None identified.		