



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: 2026

Inspection Report

Year:	2026
Name of Organisation:	Solis EMC Children's Services
Registered Capacity:	Six Young People
Type of Inspection:	Unannounced
Date of inspection:	19th, 20th and 21st January
Registration Status:	Registered from the 30th July 2024 to the 30th July 2027
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	08th of April 2026

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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 July 2021. In November 2024 the registered proprietor applied to the Alternative Care Inspection and Monitoring Service to change the purpose of the residential centre to accommodate separated children seeking international protection. This change in circumstances was granted on the 20th November 2024. This was the first inspection under their renewed purpose and function. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th July 2024 to the 30th July 2027.

The centre was registered to provide multiple occupancy care for six young people aged sixteen to seventeen years on admission who were seeking international protection. The objective of the centre was to provide a place of safety and support for young people unaccompanied by an adult. The aims of the centre were to provide high-quality standard of care that was responsive to the individual needs of young people, within a child-centred, supportive and safe environment. The care encompassed supporting the young person to develop the necessary independent living skills to prepare them for leaving the centre when they reached eighteen years of age. The individualised programme of care aimed to assist young people to develop physically, socially, morally, emotionally, cognitively and educationally. The promotion of positive and effective relationships was underpinned by staff training with an overall focus on developing resilience. There were six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
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 9th March 2026. There were no required actions arising from this inspection therefore a corrective and preventive action plan was not required. The centre manager returned the draft report on the 18th March 2026.

The findings of this report 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 2024 to the 30th July 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The inspectors found this standard was well met. The inspectors met with four of the six young people in placement and the two other young people completed an inspection questionnaire. The inspectors observed staff interactions with the young people and interviewed centre managers and several staff members over the course of the inspection. The inspectors observed child-centred practice and relaxed and positive engagement with the young people both at mealtimes and throughout their daily routines. The recently updated policy on children's rights also included rights specific to young people living in residential care such as access to information, consultation and participation in planning for their care.

The staff team demonstrated a knowledge of the young people's rights in line with the United Nations Convention on the Rights of the Child (UNCRC). Knowledge and understanding of these rights formed part of the induction training programme and was subsequently reinforced through a policy training supervision process during the probationary period. The promotion of young people's rights was discussed at team meetings, at handovers and evidenced through the daily and weekly routines and schedules.

User friendly information about the UNCRC was available to each young person in the centre and translated into their first language and incorporated into the information provided on admission to the centre. The young people who spoke to the inspectors confirmed that the staff had explained their rights to them. There was evidence the staff team advocated for the young people to ensure their needs and rights were met and this was confirmed by the allocated social workers. The inspectors found the managers and team members made every effort to support and facilitate the young people to secure the required services and additionally supported

them through their application process for refugee status. This was done in collaboration with the separated children seeking international protection (SCSIP) social work department.

There was also evidence the young people's views were listened and responded to and this was confirmed by four of those who spoke with the inspectors. They confirmed they had opportunities at fortnightly house meetings to discuss matters relating to their care and the house routines. The inspectors reviewed records of house meetings and found that decisions were made to support the young people and resolve issues raised by them.

The staff team encouraged and facilitated the young people to attend their educational placements, sporting and other recreational activities in the community. Individual talents and hobbies were promoted. Additionally, there was evidence that cultural festivals and religious celebrations were marked in the centre by the staff and the young people. A culture of mutual respect was promoted in the home based on country of origin, faith, gender and culture. There were appropriate arrangements in place to enable the young people to practice their religion and their cultural observances. English language support was provided where required for the young people. Each young person had their own personal mobile phone to contact family and their allocated Tusla worker independent of staff.

The young people were also aware of the national independent advocacy group for young people in care. The national advocacy service had dedicated advocates for separated children who were actively involved with the young people placed in the centre. The social workers who visited the children in the centre stated that they were afforded opportunities to meet them in private.

Consultation with young people and participation in their care was evident in daily logs and in individual work and key work records sampled by the inspectors. However, the inspectors found that the young people's access to an approved translation service was mainly confined to admission meetings, medical appointments and specialist services and interviews relating to their international protection process. Staff and managers interviewed were not familiar with the services designated approved translator or the parameters in relation to using this service to support staff to undertake individual work and key working around more complex and sensitive topics. In addition, the young people were using their own mobile phones with staff to translate day to day issues. This was not in line with the guidance from Tusla's separated children's department which requires a designated

staff phone to be used for daily routine translation and information on this phone must be cleared on a weekly basis to ensure best practice in line with data protection. The provider must also ensure that the staff team can access translation services as required for the young people. There were several children within the service that had a low level of English and required a translator for more complex educative topics in relation to sexual development, sexual health, healthy relationships, safety in the community and consent.

The staff and managers interviewed identified a range of priority goals to be achieved within a relatively short timeframe including building relationships of trust with carers, supporting them through their international protection application, assessing their health, education and wellbeing needs, orientation into the community, supporting them to learn English and equip them with the skills for independent living at eighteen years. There were arrangements in place for access by the young people to general practitioner services and for their referral to medical, psychological, dental, ophthalmic or other specialist services as required. Records of medical referrals and appointments were maintained on the individual care records.

The inspectors found that food was wholesome and nutritious. The young people had opportunities to cook meals of their choice and some shared cooking taking place. The young people confirmed to the inspectors that they were provided with healthy nutritious food, were consulted in relation to dietary requirements and had opportunities to shop for their own food and cook their own meals.

All the young people confirmed they felt safe living in the home. They stated they had settled well and were happy with the care they received there. One young person described the team members as kind, cheerful, caring, loving and supportive and they felt at peace in the home. The young people confirmed they were informed of their right to make a complaint about any aspect of their care. Where the young people had made complaints about aspects of their care these were recorded on their care records, notified appropriately and resolved to their satisfaction. Cultural differences were found to be appropriately and effectively managed in the centre. The young people confirmed they had no current complaints about their care. All complaints were notified to the relevant social work department.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1
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 identified

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.

The centre had clear and well-developed policies and procedures in place to protect the young people from all forms of abuse and neglect, in line with Children First and relevant legislation as outlined in the policy. The policy was updated in February 2025 incorporating recommendations from previous statutory inspections. The policy outlined a range of vulnerabilities associated with children in care including vulnerabilities associated with separated children seeking international protection. The policy outlined the required reporting procedures and guidance for staff to identify, report and manage concerns relating to harm or abuse. There were clear procedures in place to report child sexual exploitation and peer abuse as well as reporting any allegations made against staff members. Safeguarding practices such as lone working, professional boundaries, risk assessments for trips away and activities, online safety, educative safety work and monitoring young people were outlined. Staff interviewed were able to identify potential risks and vulnerabilities associated with the young people's circumstances.

Staff stated they had completed the required and identified mandatory training in relation to child protection however the inspectors reviewed the staff training file and found that certificates were not on file for all staff to evidence that mandatory training was completed. In addition, certification to evidence that staff had the required number of hours completed to confirm compliance with their behaviour management refresher training requirements was not evident for all staff members. The staff training file must be audited by the centre managers to ensure that all required mandatory training is evidenced and certified on file.

The centre had a comprehensive child safeguarding statement displayed in the centre and all staff were familiar with the risks identified on the statement and the mitigation measures in place to address the identified risks. The designated liaison person (DLP) and the deputy designated liaison person were identified on the centre's child safeguarding statement. Not all staff interviewed were able to identify the role of the DLP in accordance with Children First National Guidance for the Protection and Welfare of Children (2017). There was evidence of systems in place to review child protection policies and procedures at team meetings however continued and ongoing revision of key roles and responsibilities in the protection of children is required for all staff. A recent team meeting reviewed the procedure to respond to disclosures of abuse and the role of a mandated person.

The social workers were satisfied that staff were alert to risk of harm and potential vulnerabilities for the young people as they integrated into the community and availed of unsupervised time outside of the centre. While the inspectors found some evidence of individual work completed with the young people to develop self-awareness, understanding and skills needed for self-care and protection that was sensitive to their personal history and culture, further work was required as previously stated, in relation to sexual development, healthy relationships, consent and recognising and reporting abuse or harm. An individual risk management tool was developed that contained an absence management plan, safety planning, restrictive practices, routine supports, behaviour support, individual crisis management plans and escalation tools. The young people shared bedrooms, and potential risks were assessed prior to agreements to place young people in a shared bedroom space. Risk assessments and the risk management tools were reviewed by the managers and discussed at team meetings.

Awareness in relation to bullying behaviours was discussed with the young people and staff were alert to any signs of such behaviours. The young people confirmed they were not subjected to any form of bullying either within or outside the centre at

this time. There were policies and procedures in place for staff to recognise signs of bullying and to address it along with clear guidance for staff in relation to the possible exploitation of the young people on the internet and social media. The young people confirmed the team members explained the importance to report any form of bullying behaviour or behaviour that made them unsafe to trusted adults in their lives. There were no current concerns in relation to the young people's access to the internet or social media at the time of the inspection.

Staff displayed an awareness in relation to the impact of trauma on the young people. The service employed an independent forensic psychologist who provided an additional training piece for the team with a focus on trauma as it related to separated children. The inspectors recommend this work should be ongoing and built on incrementally as the care staff become more familiar with working with young people who are separated and seeking international protection.

Where concerns were identified in relation to past, current or potential risk of harm or abuse, the centre staff reported these concerns in line with Children First, 2017. The social workers interviewed were confident that staff were competent to identify issues relating to harm or abuse and report it in line with the relevant guidelines and legislation.

The centre had a written policy on protected disclosures. The managers and staff interviewed stated they would be confident that the team members would call out poor practice if witnessed. Staff were familiar with the whistleblowing/protected disclosures policy which was signposted as an additional safeguarding procedure in the centre's child protection policy and was also outlined in the employee handbook that staff confirmed they received on commencement of employment. Staff interviewed were able to identify both the internal and external persons/agencies that should be contacted if concerns arose for employees. The area manager was confident that the staff members would notify managers where they had concerns about a colleagues practice. The performance of staff members was also addressed in staff supervision and the quality of staff supervision monitored through external manager audits. The inspectors found that poor staff performance was managed in a fair, supportive and robust manner by the external managers and the service directors.

The social workers were satisfied with the standard of care provided to the young people and stated that the centre manager and care staff had the capacity to meet the needs of each of the young people placed there. One of the social workers

commended the managers and the team for their commitment to the young people and their efforts to prepare the young people for leaving the centre.

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

Compliance with standards	
Practices met the required standard	Standard 3.1
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 identified

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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

The centre manager was not available at the time of the inspection however the area manager and the deputy manager were present over the course of the inspection. The inspectors found that leadership and governance systems were evidenced at all levels in the centre and there was a culture of learning, quality and safety. The organisation map set out the leadership structure within the service. The centre manager was supervised by the area manager, and the deputy manager assisted the centre manager with the internal leadership tasks. The centre manager was appropriately qualified and experienced to undertake the role of person in charge. There were several changes of deputy managers in the twelve months prior to inspection, and this had impacted the leadership within the team however the current deputy manager was in post since October 2025 and was established in their role at the time of the inspection. Staff interviewed by the inspectors confirmed that the current managers

provided good support and guidance to them in their work and were accessible to them. The area manager provided robust supervision and support to the centre manager in their role.

There were several systems in place to ensure accountability to deliver child-centred, safe and effective care and support. The area manager visited the centre regularly and completed monthly reports on their visits. Matters arising from such visits were discussed and appropriate actions taken. The centre manager completed governance reports that were overseen by the area manager. The area manager also attended centre governance meetings between the social care leaders and the internal centre managers. There was evidence on the team meeting records that feedback from governance reports was discussed.

The directors, area manager and centre manager had completed an annual review of compliance in 2025 where they reflected on the centres operations, implementation of the centres statement of purpose and function, compliance with national standards and the centres policies and procedures. Quality audit reports were completed throughout the year by the quality audit manager and were well detailed with a good analysis of centre practice and compliance with national standards. An internal service review was undertaken in May 2025 to review the revised purpose and function and following a pattern of complaints from some of the young people. This report evidenced a thorough analysis of centre records and care practices with clear outcomes and recommendations for improvements. An area manager had also completed a detailed audit on the centre's personnel files in December 2025, and deficits identified were found to be addressed. Fortnightly team meetings were undertaken and staff reported they were productive and supported good communication and consistency within the team. Management meetings were undertaken every six to eight weeks throughout the year and the records evidenced good leadership, governance and management. Throughout all oversight and governance reports the inspectors found that where gaps and deficits in practice were identified prompt actions were taken to address these. Additionally, centre managers and staff were commended where there were positive practice developments and for their ongoing commitment to the young people.

There were appropriate contracts in place for the provision of services to separated children seeking international protection and these were subject to periodic review with the funding body. A contract review was undertaken in May 2025 with outcome recommendations for service provision going forward.

There was evidence that policies and procedures were subject to regular and ongoing review. Policies were discussed at team meetings and in staff supervision. The service had updated and reviewed their policies and procedures to ensure they reflected the care of separated children seeking international protection.

The centre had a written policy on risk assessment and the management of risk that evidenced their risk management framework. As previously stated, staff were familiar with the systems in place to assess and manage identified risks. The risk framework was discussed at managers meetings and within the team meeting. There were systems in place to notify the external managers of any new identified risks through the twice daily updates sent to the area manager and the directors. The centre also maintained a risk register that was up to date and subject to review by external managers.

The internal management structure was expanded and developed as the service itself became established and leadership requirements reassessed. The centre's internal management structure consisted of the centre manager, the deputy manager and three social care leaders. There were written job descriptions and specific induction training for leadership roles within the service. The young people who spoke with the inspectors were able to identify the centre managers and persons they would go to if unhappy or if they felt unsafe.

When the centre manager was on leave the deputy manager undertook their management tasks. The deputy manager worked four days per week. When the centre manager was previously on leave there was evidence the area managers and the quality audit manager spent additional time in the centre to support the team. At the time of the inspection, it was likely the centre manager would be on extended leave for a period, and the directors must ensure there are alternative management arrangements in place five days a week in the home. There was a system in place to record delegated management tasks however improvements were required to ensure that assigned tasks were reviewed on the centre managers return.

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

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

Actions required

- None identified