



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 205

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Solis MMC Children's Services
Registered Capacity:	Eight young people
Type of Inspection:	Unannounced
Date of inspection:	14th & 15th March 2023
Registration Status:	Registered from 05th August 2022 to 05th August 2025
Inspection Team:	Lisa Tobin Catherine Hanly
Date Report Issued:	16th May 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 5th August 2022. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 05th August 2022 to 05th August 2025.

This centre was established under the Temporary Protection Directive, (TPD), the directive provides a wide range of supports to persons including permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market. The directive will be in place for a minimum of one year but can be extended depending on the unfolding situation in the Ukraine. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people.

This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the TPD. It was registered to provide multiple occupancy for eight young people of any gender aged 16-17 years on admission. The centre follows Laursen's 7 habits of relationships focusing on trust, attention, empathy, availability, affirmation, respect, and virtue. There were eight 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	1.1, 1.4
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, 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 department on the 11th April 2023 . The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 26th April 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: 205 without attached conditions from the 05th August 2022 to the 05th August 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

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.

Inspectors found that the organisation's policies and procedures included a policy on children's right which were linked with the UN Convention on the Rights of the Child. These policies were used organisationally, and inspectors were informed during interview by the acting centre manager and the director that individualised policies were in the process of being drawn up for this centre given the fact that its purpose and function differs from mainstream residential care. These young people were being supported by this centre due to their temporary protection orders in place as they had left their country due to the ongoing war in Ukraine.

During interviews, staff informed inspectors of their role in supporting the young people with their goals which included the basic needs of food, shelter and a safe place to stay. Inspectors found that the young people were provided with information about the centre, informed of their rights and the house rules during their admission to the centre. This information was originally given verbally by the staff to the young people and recently there was an introduction of leaflets for the young people outlining the specific areas mentioned above. These leaflets were available in English, Ukrainian and in Russian. Inspectors found that other young people were used in the centre to support their peers and staff in interpreting to help with communication deficits. Part of the admission process included completing the placement plan which identified initial, medium- and long-term plans. The first placement plan template headings were in both English and Ukrainian, however subsequent placement plans reviewed by inspectors were in English only and

recommend that all languages used by the young people are made available to them. The contents filled in the placement plans was in English only. Inspectors identified through the file review and meeting some young people in the centre that some of them presented with a greater understanding of English than others. Interpreters were not seen to be utilised or offered to the centre to support the young people and staff. Inspectors would recommend this is available for the young people in particular around the time of their admission, when discussing significant life plans and any matters of a sensitive nature. During interview with the allocated social care worker and link social worker, inspectors were informed that interpreters can be made available to the centre and would follow up on this immediately about the access to this service.

Inspectors noted that respect regarding identifying and facilitating cultural differences was noted in general interactions with the young people and discussed during the young people meetings. Both Christmas day and Little Christmas on 06th January 2023 was celebrated in the centre to acknowledge their traditions.

Young people completed monthly feedback forms which highlighted any areas of concern or issue and allowed their voices to be heard. Inspectors saw repeated issues with the access ability to the internet due to rural location noted by all young people, however this was never escalated as a complaint by the young people. Inspectors were informed the young people were offered complaints forms regarding this however they did not wish to make it a formal issue. Inspectors did not see evidence of staff advocating for the young people around making the complaint on their behalf however staff were aware they could do this as noted during interview. Having reliable and accessible internet use was a vital area for the young people in being able to access their family and educational courses linked with their home country. Inspectors saw that extra routers had been placed in the centre to support this issue until a more permanent solution could be sourced. Contracts were in the process of being signed for a new internet system to be installed in the centre.

Other areas highlighted by the young people on the feedback form related to privacy and peers. Due to the young people sharing rooms, dividing curtains had been purchased to help alleviate this issue as informed by the centre manager during interview. Installation of these was due to occur in the coming weeks. It was not evident to inspectors if/how any of these issues were followed up and if feedback was given to the young people based on the review of the feedback forms. The feedback forms must be completed in full outlining the response and outcome by the centre to any of the issues identified by the young people and signed by the relevant people.

Inspectors found that the young people's dietary requirements were taken into account as the young people prepared a weekly menu plan together which included meals, they would have typically had in their home country. The food was sourced in local eastern European shops to ensure the young people had the foods they liked. Some of the young people participated in swimming classes, piano, English classes and in local employment which was catering to their social needs. The young people were offered house activities such as go-karting and the cinema. The centre acknowledged each young person's birthday and celebrated accordingly.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspectors found that communication barriers existed in the centre due to language differences, however staff used google translate to assist with this at times which inspectors were informed worked well. Some of the young people who had a good understanding and knowledge of English also helped with translating if needed. This approach should not be used when dealing with an issue or concern with another young person or when discussing any sensitive information. In this circumstance, the use of an interpreter would be the appropriate route to ensure the young people's privacy was respected. English lessons had been previously provided for the young people and were due to commence again soon in the centre with qualified tutors.

As discussed earlier the young people were provided with information about the centre on their admission. The young people's needs were identified in the placement plan regarding their goals and staff supported the young people in addressing those. Inspectors found the main goals being addressed with young people related to sourcing a personal public service number (PPS), setting up a bank account, sourcing and enrolling in an educational programme and gaining employment in the local area. Inspectors found that the young people were being supported by the staff in addressing these goals.

Inspectors noted that during the admission process, the young people were asked to identify any support services they may require relating to their medical and therapeutic needs. They stated they didn't require supports in these areas however inspectors noted during the file review some young people did require supports as identified in their placement plan. Inspectors found that a young person had been offered and facilitated support sessions with a Ukrainian psychologist. Inspectors were informed during interview with the allocated social care worker and link social worker that there were other services available to the young people should they need

it to address any therapeutic needs such as Trinity Sanctuary Project which had clinical psychologists available and also an online link service to psychologists based in Ukraine.

Inspectors found that sourcing a general practitioner (GP) for the young people was proving difficult. Some young people had been accepted by a local GP and others were on a waiting list. Inspectors did not see any records of any medical appointments for the current group of young people. Considering the circumstances of where the young people have come from and the uncertainty of what medical supports they may require because of having to leave their country, inspectors recommend that young people are provided with a medical into care where possible, once a GP has been sourced.

The young people were aware of the reason they were in the centre however some were unsure how long they would be staying there. Further clarity was required by the centre on this perhaps at the admission process to inform the young people that they can be there until they reach 18 years of age. It was evident from the file review that very little was known about the young people prior to their admission and any information about family was provided by the young people themselves. The young people had not been provided with a copy of the Nationals Standards for Children's Residential Centres (HIQA) 2018 and inspectors noted this was an outstanding action from an external audit completed in January 2023.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.1 Standard 1.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that the placement plan documents used with the young people offer both English and other language translations.
- The centre manager and director must link with the social work department in securing appropriate supports for access to interpreters.
- The director and centre manager must ensure the young people have reliable and effective internet access for contacting family and completing their educational courses.
- The centre manager must ensure the monthly feedback forms are completed in full outlining the response and outcome by the centre to any of the issues identified by the young people and signed by the relevant people.

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.

Leadership was demonstrated by the acting centre manager in the general day to day running of the centre, with oversight of staff practice and the young people which was evident to inspectors in the interviews and during file review. Inspectors felt improvement was required around identifying the learning aspects from the work given the fact that it was a new type of centre and showing evidence of the discussions that occurred in order to improve and develop the service.

Governance arrangements were in place where the service manager and director would visit onsite and meet with staff and the young people. They completed an audit and a general walk around of the house to ensure all maintenance was up to standard. One external audit had been completed to date with an action plan attached. This was the responsibility of the acting centre manager to complete the actions identified. Inspectors saw the majority of actions had been completed to date. Inspectors were informed during interview that the plan was for audits to be completed every 3-4months. There was a contract in place with Tusla regarding the

provision of service which was to be reviewed yearly and subsequently provided Tusla with updates on the young people in the centre.

Inspectors found that policies and procedures were in place in the centre and were generic to the organisation. As the purpose and function of this centre differs to other centres within the organisation, these policies are due to be updated to reflect the purpose and function of this centre and the procedures that are undertaken given the unique service being provided. This process was due to start at the end of March 2023.

There was a risk management framework in place which was overseen by the acting centre manager. Centre risks were identified by the acting centre manager. The acting centre manager must ensure the actual risks are being identified clearly in these records. Some risks identified were appropriate to centre risks such as the sharing of bedrooms and young people not returning to the centre whereas some risks could be transferred to a health and safety risk register such as slips, trips and falls. Inspectors saw that the centre risks were reviewed by acting centre manager every 3 months or as required. There have been no individual risk assessments identified for the current young people as the acting centre manager and staff stated in interview that the young people have not presented with any behaviours or issues that required risk assessments. Inspectors noted that all the young people had absent management plans (AMP's) in place, however there was no photographic identification of any of the young people on their files. The centre manager must ensure there is photo identity of the young people in the centre.

There was a management structure in place suitable to the size and purpose of the centre. There was no deputy required for this centre as outlined in the protocol for this type of service, however there were three social care leaders on the team. Inspectors were informed that the service manager steps in for the acting manager when absent from the centre, however to date this hasn't happened. Inspectors found that the delegation of tasks and roles were discussed at the social care leader meetings and recorded individual roles for the staff in the team meeting minutes.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager and director must ensure that relevant policies and procedures are in place reflective to the purpose and function of the centre.
- The centre manager must ensure that any learning or developments related to improvements in the service are discussed and recorded.
- The centre manager must ensure there is photo identification of the young people in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that the placement plan documents used with the young people offer both English and other language translation.</p> <p>The centre manager and director must link with the social work department in securing appropriate supports for access to interpreters.</p> <p>The director and centre manager must ensure the young people have reliable and effective internet access for contacting family and completing their educational courses.</p>	<p>Acting Person In Charge (APIC) has contacted the TUSLA Representative and requested that all subsequent placement plans and Placement Plan Reviews are available in English/Russian/Ukrainian (25.04.23).</p> <p>APIC contacted TUSLA (05.04.23) and requested required information to be able to contact and secure an interpreter should the need arise.</p> <p>APIC has been researching and enquiring about a new internet connect since Christmas 2022. Due to the rural location of the Centre only 1 provider is available in the area (Satellite Provider NET1)</p>	<p>Initial Placement Plans are already completed by TUSLA (Section 5 Placement Plans) and are currently translated. APIC will ensure going forward that all subsequent/reviewed plans are available to the Young People in English/Russian/Ukrainian.</p> <p>Translators' information received and available now in the Centre. APIC will ensure as part of the admission process that the YP reference number is given and available to staff in the Centre.</p> <p>New internet connection now in place (installed 07.04.23). The centre now has a Corporate Plan with NET 1, we have had a new mast erected on the hill behind the house that only supplies us and we have had a new modem system installed in the</p>

	<p>The centre manager must ensure the monthly feedback forms are completed in full outlining the response and outcome by the centre to any of the issues identified by the young people and signed by the relevant people.</p>	<p>A new Key Working Template has been devised to ensure all issues are followed up in each Key Working Session. Staff will provide the young people with their Feedback Forms before the session allowing them time to complete them, staff will then discuss the outcomes during the session and also revisit any outstanding issues in follow up sessions.</p>	<p>house. A further mesh system has also been put in place to distribute the signal throughout the house.</p> <p>APIC will discuss this in detail with all staff at the next team meeting on 27.04.23. This will also be added to the monthly governance document to ensure that this is tracked by management. This will help provide ongoing governance and oversight.</p>
5	<p>The centre manager and director must ensure that relevant policies and procedures are in place reflective to the purpose and function of the centre.</p> <p>The centre manager must ensure that any learning or developments related to improvements in the service are discussed and recorded.</p>	<p>APIC and Director began reviewing the policies on 30.04.23, the purpose of this is to ensure all policies are relevant to purpose and function of the centre and reflect what is needed in the Centre.</p> <p>The Team has begun reviewing End of Placement Feedback Forms at monthly team meetings, holding discussions on placements and any learning that has</p>	<p>The revision of the policies has begun and will be completed by the end of April 2023. Once completed the policies will be reviewed on a regular basis to reflect the nature of the program and any learning that has taken place.</p> <p>Young people are asked to complete an End of Placement Feedback Form before they leave, staff will continue to review and learn from these as well as from each</p>

	<p>The centre manager must ensure there is photo identification of the young people in the centre.</p>	<p>taken place.</p> <p>There are original photo identification of the young people on their files. The Staff team requested a copy of the each of the current young person's passport (16.03.23) and that is now held on file also.</p>	<p>other. These discussions will take place during Team Meetings and Supervisions.</p> <p>All current residents now have a copy of their passports on file, this will be done for all new residents going forward.</p>
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