



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 207

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC Children's Service
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	15th, 19th and 20th August 2024
Registration Status:	Registered from 2nd September 2022 to 2nd September 2025
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	26th September 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support (Standard 1.3 only)	
3.2 Theme 4: Health, Wellbeing and Development (Standard 4.1 only)	
3.3 Theme 5: Leadership, Governance and Management (Standard 5.4 only)	

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 2nd September 2022. 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 2nd September 2022 to 2nd September 2025.

The centre was registered as a multi-occupancy centre to provide semi-independent accommodation for three young people aged from 16 years to 18 years. The aim of the centre was to support the young people as they prepared to transition to adulthood. The care approach was underpinned by Erik K Laursen's '*Seven habits of reclaiming relationships*.' The habits identified in this approach included trust, attention, empathy, availability, affirmation, respect, and virtue. The team aimed to provide young people with the opportunity to develop positive relationships with caring adults who would role model appropriate ways to manage the emotions and challenges of everyday life. The team used a strengths-based and individualised approach, tailored to the presenting needs of the young people with the aim of instilling competency and confidence for their transition to adulthood.

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	1.3
4: Health, Wellbeing and Development	4.1
5: Leadership, Governance and Management	5.4

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 September 2024. There were no actions requiring attention, and the centre manager confirmed in writing there were no inaccuracies in the report on the 13th September 2024.

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: 207 without attached conditions from the 2nd September 2022 to 2nd September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 17: Records

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Inspectors found that the managers and team members promoted a child-centred and individualised approach in line with the model of care. Following the previous inspection in March 2023 the age range on admission was altered from 16.5 years to 16 years. This was to facilitate the required time for aftercare planning and relationship building with the staff team in line with the statement of purpose and the model of care. The feedback from managers and staff members was that this was a positive change for the centre and had resulted in positive outcomes for young people.

Following a review of centre records and interviews with the care team, management, social workers and Guardians ad Litem (GAL) the inspectors found the young people were encouraged to be involved in all aspects of their care. There were systems in place to ensure young people were consulted and had opportunities to contribute to decisions made about their education, training, care and support. The young people were facilitated to attend statutory care plan reviews and participate in placement planning. They were supported to identify personal goals for their placement, and these were set out on the care records. The opportunities to exercise choice was evident in the day-to-day routines and centre practice. This approach was led by the centre manager and deputy manager.

Young people generally managed their own family contact in line with their wishes. The team supported and facilitated the young people to maintain links with family. Inspectors saw evidence of occasions where organisational practice or daily routines were changed or altered to take account of the wishes of young people and promote a rights-based approach.

The young people were at various stages within their aftercare programme. Two young people were appointed aftercare workers with a referral in progress within

Tusla for the third young person for allocation. Through collaborative planning their aftercare needs assessments and aftercare planning was well underway at the time of this inspection.

Inspectors found that the team supported the young people to take responsibility for age-appropriate tasks such as menu planning, budgeting and travel arrangements. The young people were encouraged and facilitated to learn new skills and reflect on learning from decisions taken. They were also afforded the opportunity to contribute to discussions about natural consequences and learning from events that occur. The inspectors found that the young people in placement had made significant progress and had developed strengths and resilience. This was confirmed by the supervising social workers and the appointed Guardians Ad Litem who were interviewed by the inspectors. These external professionals provided positive feedback about the care programme and the progress made by the individual young people since their admission to the centre.

Two young people, who were not present in the centre when the inspection was undertaken, spoke with the lead inspector by telephone. They both confirmed they were informed about all aspects of the centre through booklets, admission documentation and meetings. The inspectors reviewed written documentation provided to the young people and found the information was comprehensive, detailed and relevant to prepare them for aftercare.

Each young person was fully aware of the plan for their care and stated they participated with key staff to set short and long-term goals they wished to achieve during their placement. These included living a healthy lifestyle, returning to education, completing driver theory tests, securing part time employment, managing money, maintaining family relationships and looking to the future in terms of accommodation or travel. The inspectors found that these identified goals were being actively worked on within their placement plans and, in some instances, had been achieved.

The inspectors found that each young person was made aware of what information was recorded about them and they were provided with opportunities to read their care records. The young people confirmed that they were offered opportunities to read their daily logs and individual work however they stated they generally declined to read their records. The inspectors found that staff had amended the format of the individual safety plans to facilitate the accessibility of these plans to the young people when they chose not to read their risk management document. Both young people

who spoke to the inspector stated that they had no complaints about their care. They stated they knew how to make a complaint and they were confident that their complaint would be heard and action would be taken.

There was evidence of clear, open and honest communication between the young people and their carers. The voices of young people were evident in daily logs/records. Their views, opinions and feelings were also documented across other records in the centre including house meetings, team meetings and through planned and opportunity led key working. Individual work undertaken with the young people was aligned to the goals set out in the placement plans. There was a system in place whereby the team sought bi-monthly feedback from young people on all aspects of their care. There was written evidence that issues raised by the young people were followed up and tracked to conclusion by the centre manager.

The young people described the positive relationships they had with their key workers. They were aware of the role of the key worker to support them and help them with their placement plans. They understood that targeted work would be completed with them as part of the programme of care. There was a key work case management system in place and a co-key worker was identified after a period when relationships were established. One young person interviewed by the inspector stated the entire team and managers 'had their back and helped them prepare for the future and they trusted them one hundred percent.' Another explained that their long-term outcome 'would be very different' if it were not for the support of the team. They stated the managers and care team were 'kind and friendly and want the best for me.'

There was evidence that young people were asked about their religion on admission and arrangements were made to support them if they wished to practice their faith.

Inspectors found that the team and centre managers were strong advocates for the young people and championed for supports and resources for them. There was evidence they had advocated on behalf of one young person for inclusion in an educational placement when the placement was initially declined and at the time of the inspection the managers and staff advocated for appropriate medical treatment for another young person. The young people told the inspector they also trusted their social workers, Guardians ad Litem and aftercare workers to advocate on their behalf. In addition, the young people were informed about external advocacy services such as Empowering People in Care (EPIC). An advocate from this service had visited the

centre on two occasions and met with the young people who wished to engage with them.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 11 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

There was evidence the team worked closely with each young person to promote their health, wellbeing and development. The social workers who spoke with inspectors commended the team for the proactive approach to ensure the young people promoted positive physical and mental health.

There was evidence at the outset of each young person's placement of a comprehensive assessment of needs that included all health needs. The placement plans reviewed during inspection were comprehensive and included all areas of their health, and development. Also, health and wellbeing initiatives were evident in strategic and day-to-day planning. There were robust policies to guide staff to promote good physical and emotional health. In line with the statement of purpose,

there was an individualised approach where each young person identified areas they wanted to focus on or aspects of their life where they required help and support. The placement plans and progress reports reviewed by inspectors evidenced incremental and steady progress for each young person. The young people interviewed told the inspector they now could make more informed and positive decisions in their daily lives and avoid risk taking or destructive patterns of behaviour due to the support they received from key people in the centre. Tools, resources and supports were available to the team to guide this work. In addition, inspectors found that the strong, trusting relationships in the centre facilitated an open approach to sexual health education. Open and transparent conversations took place with young people about consent, risk and healthy sexual relationships and they were encouraged to have regular sexual health checks. Risk assessments were in place to facilitate young people have medical autonomy and manage their own medication.

The management team actively promoted ways to measure positive outcomes for young people and this was supported by targeted training programmes, promotion of self-directed learning and utilising community resources. Additionally, the managers and team had access to a consultant psychologist who held planning workshops and provided therapeutic resources.

The team were knowledgeable about the youth homeless strategy 2023 to 2025 and used this to target key areas of supports young people would require. When young people left the service, they were provided with a folder that contained information on a range of government, housing, health, educational and financial support and resources available to them.

The young people received an allowance each week to budget for food and essentials. With support from the team, where required, they planned their menus and purchased their own food. Individual work was undertaken to support good nutrition, healthy eating habits and physical exercise. All young people had unrestricted access to the kitchen where they could prepare healthy snacks and meals. Each young person had assigned storage space in cupboards and in fridges and freezers for their own preferred food. Meals were shared occasionally with the group and care staff as social occasions. The care team encouraged young people to engage in their hobbies, sports and interests and some were involved in local team sports and clubs.

There was a strong focus on teaching life skills. Inspectors found evidence that the care team explored topics and issues to assist young people to make decisions that

would contribute to their overall wellbeing and development. The team did however allow them to exercise choice relevant to their age and stage of development and were there to support them if they made mistakes or did not succeed. There was a strong focus on learning coping skills, developing resilience and dealing with adversity.

Young people had direct access to range of external professionals to support them. The care team understood that outcomes were better if young people chose to opt for these supports themselves. There was evidence they encouraged the young people to avail of specialist supports rather than making appointments for them. This was working well in practice. There was regular communication with all professionals to support effective planning and this was evident in the handover meetings, centre records and additionally, confirmed by external professionals. Team and management meetings evidenced the health, wellbeing and development of all young people was prioritised.

Young people's holistic health and wellbeing was enhanced by making every effort to ensure they maintained an educational or training placement. The managers and key workers worked alongside the young people to source appropriate school or training opportunities. All young people had a school or educational placement for September 2024 that they were involved in selecting. The young people were encouraged to explore future career options. They were supported to draw up a curriculum vitae, practice interview skills and secure part-time work. Overall, the inspectors found that centre continually looked for ways and opportunities to enhance the health, wellbeing and development of the young people.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.1
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

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.

Inspectors found there were effective systems in place to ensure the centre continuously strived to improve the safety and quality for care to achieve better outcomes for young people moving towards independence. There were two systems to ensure governance and oversight of practice; one completed by external managers, and one completed by the centre manager and reviewed and checked by external managers. Inspectors found that both external quality assurance reports completed by external manager/directors and internal governance reports completed by centre manager were robust all were subject to checks to ensure recommendations and actions were addressed. The monthly governance reports reviewed a wide range of information including staffing, supervision, training and induction, health and safety, behaviour management, incidents and complaints. For every governance audit and report there was an associated governance response plan prepared by the centre managers and evidence that these were discussed with the area managers. All actions were either addressed and closed out or there was evidence they were being progressed. The oversight of the service also included regular review of the premises, and that policies and procedures were up to date and relevant to the service.

In July 2024 the directors appointed a quality assurance officer to assess the centre's practice against the Child Care (Standards in Children's Residential Centres) Regulations, 1996 and the National Standards for Children's Residential Centres HIQA, 2018. In August 2024 they conducted an initial quality assurance audit of themes 1, 4 and 5 of the national standards and a detailed, well-structured report was available for review by inspectors. This report identified additional improvements in relation to how complaints were recorded in the centre and the centre manager had made the necessary changes. Areas of positive practice and progress were also communicated back to the managers and care team. The governance response tool for this audit was mostly completed or in progress at the time of this inspection. An area manager for the region also provided regular operational guidance and support to the centre managers and they had recently commenced formally mentoring and supporting the centre manager and deputy manager as well as supporting regular

audits of the service. This was reported as a welcome and positive development by the management team.

There was a system in place whereby the directors and area manager received daily updates, internal self-audits/person in charge (PIC) reports, significant events, complaints and professional contacts. Both the area manager and quality assurance officer had a role in checking and verifying the information provided in PIC reports. Upon review, some mechanisms of governance and oversight were discontinued to ensure no duplication and best use of resources. All current systems of oversight included capturing the voices of young people and relevant professionals to inform service developments.

Inspectors were satisfied that robust arrangements were in place to ensure continual improvement in the safety and quality of care to all young people.

There was evidence that the complaints procedure was discussed at handover meetings, team and management meetings and with individual care staff in their supervision. The directors and area manager were familiar with any complaints made in the service and tracked them to conclusion.

There were systems in place to monitor and track complaints to identify any patterns or trends.

Inspectors were provided with an annual compliance report dated 23/01/24. This report followed a comprehensive review of the service by the directors and centre managers. The change in statement of purpose was reviewed and positive outcomes highlighted. There was careful analysis of referrals to the centre. Following this analysis a decision was made to ensure that young people who required high levels of supervision and presented with very high-risk behaviours were assessed as not yet ready for a programme of work towards independence. The compliance report also outlined progress achieved throughout the year and included feedback of young people who had left the service and those still resident. Areas of improvement were identified for the coming year and were underway or completed at the time of this inspection. Within the report key areas such as staffing, training needs, policies, inspection findings, safeguarding, governance and a proposed new electronic recording systems were reviewed.

The managers and care team were familiar with the systems in place for effective governance and they could speak to the findings of audits and improvements implemented in the previous year and identified for the year ahead.

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

Compliance with standards	
Practices met the required standard	Standard 5.4
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