An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 225

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Solis DMC Children's Services**
Registered Capacity:	**Six young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**23rd, 24th and 27th March 2026**
Registration Status:	**Registered without conditions from 17th July 2023 to the 17th July 2026**
Inspection Team:	**Cora Kelly** **Catherine Hanly**
Date Report Issued:	**28th of May 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 17th July 2023. At the time of this inspection the centre was in its first registration and was in year three of the cycle.

The centre changed its purpose and function in October 2025. It was now registered as a multi-occupancy service to provide short to medium term care and accommodation to six separated children seeking international protection (SCSIP) aged 16-17 years on admission. It aimed to provide a trauma-informed environment where young people can recover from the impact of displacement, loss, uncertainty and past adversity, while being supported to develop the skills, confidence and resilience required for adulthood. There were five children 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 looked 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 worked 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. The young people were afforded the opportunity to speak with the inspectors about living in the centre, but they declined. One young person completed an inspection questionnaire. 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 6th of May 2026. 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 12th of May 2026. 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: 225 without attached conditions from the 17th July 2026 to the 17th July 2029 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.

Information on children's rights was contained in the centres suite of policies and procedures alongside leaflets provided to young people on their admission to the centre. All information was found to align with the United Nations (UN) Convention on the Rights of the Child and was made available to the young people in their own language and in the English language. The young people that were living in the centre at the time of the inspection were informed of their rights with the support of interpreters which aligned to centre policy. The inspectors recommended that each young person is provided with a welcome/ information booklet rather than individual leaflets on information about the centre and what they should expect from living there. At the time of writing the report centre management were working towards developing a welcome pack with a completion date set for this.

The inspectors found that staff were aware of the rights of the young people however they identified that improvement was required in how these were promoted for the young people individually and specifically with regards to their education rights. The cohort of young people had varying abilities with the English language and required different levels of support to improve their written and oral language abilities. The young people were encouraged to attend classes that they were having difficulties in engaging with, with their views not being fully considered by staff in the centre. The individual educational needs of each young person were not identified through the centres placement planning process. At the time of the inspection staff and centre management confirmed with the inspectors that they were exploring other education providers based on the young people's wishes with improvements to placement plans occurring too.

Each young person's dietary requirements, social and cultural beliefs and values were met daily in the centre with each child's religious beliefs explored too by staff. Foods of their choice were made available with each young person having opportunities to cook meals for themselves. All young people were actively pursuing sports and hobbies of their choice.

There was good engagement by the young people at the weekly young people's meetings. On review of a sample of the meeting records the inspectors found that items recorded were repetitive, were focused on general house issues and did not capture the young people's views that would inform practices and daily routines in the centre. The inspectors recommend that the purpose of these meetings is reviewed so that they are more informative of matters that and will affect them as separated children living in Ireland and that they can make more informed decisions about their care.

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.

As required under the Children First Act (2015) the centre had an up to date and signed child safeguarding statement (CSS) that was prominently displayed in the centre. The centre manager was the appointed relevant person and there was evidence of the CSS being updated when the centre changed its statement of purpose. Presenting risks were found to have been appropriately included in the statement. The full staff team that comprised of social care workers and support staff were listed as mandated persons which aligned to centre policy. The centre manager confirmed with the inspectors that they, the deputy manager and all qualified staff had applied for registration as social care workers with the Health and Social Care Professionals Council (CORU) in accordance with Part 4 of the Health and Social Care Professionals Act, 2005 and were awaiting an outcome. However, considering correspondence issued by ACIMS to the provider in March 2026 relating to CORU registration requirements and the role of mandated persons the centre manager must review its list of mandated persons to ensure it aligns to legislation and it accurately reflects those staff members who are now legally mandated persons by virtue of their registration status.

The inspectors found that while child protection policy, procedures and practices were in place, there was some gaps in documentation. Reporting procedures included for example those for mandated persons, reasonable grounds for concern and responding to disclosures of abuse. Procedures for non-mandated persons and retrospective disclosures were not included. When reviewing and updating policies the inspectors recommend that all reporting procedures are looked at to ensure procedures are clearly written and easy to follow. Policies and procedures for working safely with children and young people included for example complaints, recruitment and selection, lone working, protected disclosures and responding to a concern about a staff member. The definitions of abuse needs to be expanded to include features of abuse. The bullying, peer abuse and racism section of the policy lacked procedures to guide staff in identifying bullying behaviours and responding to bullying. This deficit was negatively impacting staff practices in responding to peer-to-peer bullying that was a feature in the centre. The policy requires review to ensure that features/ symptoms of bullying and procedures for managing bullying incidents are included to keep young people safe in the centre. The centre was actively working on this review at the time of writing this report.

The centre manager as the appointed designated liaison person (DLP) and the deputy manager as the deputy DLP had been provided with relevant training for the role. Staff had completed the mandatory Tusla E-Learning module: Introduction to Children First, 2017, in addition to modules on implementing Children First and

Children First in Action and Child Sexual Exploitation online training. Staff completed Children First: Mandated Person role and responsibilities training in the weeks following the inspection verification of which was submitted to the inspectors. Staff had not been provided with child protection policy training by the agency. The area manager confirmed with the inspectors they were committed to providing this training to the staff team.

The inspectors found that child protection welfare report forms (CPWRF's) were submitted appropriately with a relevant register in place to record and track entries. The inspectors were informed that all child protection concerns were reported regardless of reporting thresholds. The inspectors recommend that reporting procedures are reviewed by centre management and staff so that they are understood and implemented appropriately going forward. There was evidence of staff engaging with the separated children seeking international protection (SCSIP) social work department to promote the young people's wellbeing and safety and of the social work department being responsive to staff and the young people when required. However, there was limited interaction between the centre and social work department outside of this. This was potentially due to the structure of the social work department that included social workers not being allocated individually to the young people, but rather a principal social worker overseeing the centre. This was impacting on centre management's ability to follow their own procedures. There was no evidence of any young person's placement plan being informed or reviewed by the social work department, of any review meetings having occurred since the centre changed their statement of purpose in October 2025 or of the young people participating in the placement planning process. Meetings that had occurred with the social work department were in response to significant issues that had presented in the centre. The centre was working on improving the placement plan process to include young people's input at the time of writing this report.

There was little evidence of the young people's individual vulnerabilities identified through their placement plans or through the centre's risk assessment process. Placement plans were found to have been generic in design and implementation for all young people which resulted in each young person's individual needs and vulnerabilities not being identified and responded to. There was little evidence of the young people being supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The safe management of bullying, which had occurred in the weeks prior to the inspection, was not found across centre or young people's records which correlated to the lack of procedures in the bullying section of the policy. Following a significant incident that involved a

number of peers the centre and social work department worked collaboratively to promote the safety and wellbeing of the young people. One young person recorded in their questionnaire of feeling safe in the centre and that everything was getting better.

Inspectors found that improvement was required in the risk management process with respect to collective and individual risk assessments. Collective risk assessments did not specify risk levels and there was a lack of specific detail that outlined the impact of identified behaviours on the other young people living in the centre. On review of risk assessments, it was evident to the inspectors that risks scores did not match presenting risks and control measures to minimise the presenting risk were not robust.

In interview staff did not demonstrate an understanding of the centres protected disclosures policy. The inspectors recommend that the policy is refreshed with all staff.

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

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must review the centres list of mandated persons to ensure it aligns with the Children First Act (2015).
- The registered provider must further develop the centres safeguarding policies and procedures to ensure they align with Children First: National Guidance for the Protection and Welfare of Children (2017). Staff must then be provided with training on the updated child protection policy.
- In collaboration with each young person and the social work department the centre manager must improve the placement plan process to ensure it details the

needs of each young person and outlines the supports required to achieve identified needs.

- The centre manager must ensure that individual safeguards to protect young people are robust in responding to and managing identified risks.

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 inspectors found that systems were in place that supported the operational running of the centre and assured the provision of care and support to young people. These included management and governance arrangements, operational policies and procedures and a staff team. The qualified and experienced centre manager, as the appointed person in charge, held overall responsibility for the delivery of child centred, safe and effective care and support to the young people living in the centre. The internal management structure was appropriate to the size and function of the centre with the centre manager supported by a deputy manager and three social care leaders. The deputy manager was the named person to act up in the centre managers absence. The centre manager maintained a written record of roles and responsibilities delegated to staff.

The centre manager was present in the centre Monday to Friday working normal working hours. They reported to an area manager as their line manager who provided them with supervision and visited the centre regularly to review records and oversee care practices. The centre manager was tasked with providing the area manager with governance reports monthly that included updates on the operational running of the centre and the young people. The centre manager kept themselves informed of all matters relating to the centre for example through regular attendance at daily handover meetings, team meetings, supervision and oversight of the centres online information recording system and training matrix. To assess leadership provided to staff the inspectors reviewed a sample of staff supervision records and found that little feedback and direction was provided to staff around their daily practices and skill development by supervisors. The approach to supervision was quantitative as

opposed to qualitative for example focus was placed on the number of key working sessions conducted rather than the quality of work being completed in line with the young people's care and placement plans being discussed.

The centres policies and procedures were last reviewed and updated by the area manager and the agency's quality auditor in February 2026 with further specific SCSIP updates required as named by the area manager and as mentioned under 3.1 of this report. A date for the review was confirmed with the inspectors following the inspection occurring. There was little evidence of policies and procedures being discussed at team meetings and during supervision meetings with the inspectors recommending that greater attention is placed here to enhance the staff team's knowledge and understanding of policies and procedures guiding their practice.

The centres risk management policy contained information on the risk management process, the risk scoring system, and the types of risk assessments conducted. The centre manager and deputy manager held responsibility for the implementation of the centres risk management framework with the area manager, keyworkers and staff having specific roles too. There was evidence of the centre risk register reviewed regularly. As mentioned under 3.1 of this report the inspectors found that improvement was required in how risks were identified, assessed and managed.

There was a service level agreement in place with Tusla, Child and Family Agency.

Compliance with regulations	
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 must develop the supervision process to ensure that staff are supported to perform their role and responsibilities and develop their skills to meet the needs of young people living in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must review the centres list of mandated persons to ensure it aligns with the Children First Act (2015).	The mandated persons list has been reviewed and updated to ensure alignment with Children First requirements. The centre rota has also been reviewed to ensure consistency with these arrangements.	The centre manager will regularly review the mandated persons list to ensure it remains accurate, up to date, and aligned with all relevant legislative and organisational requirements.
	The registered provider must further develop the centres safeguarding policies and procedures to ensure they align with Children First: National Guidance for the Protection and Welfare of Children (2017). Staff must then be provided with training on the updated child protection policy.	The child protection policy is currently under review by the area manager and quality auditor and will be finalised by 20.05.26. Following completion of the review, updated policy training will be delivered to the staff team during May 2026.	The area manager, quality auditor, and centre manager will ensure that the child protection policy is regularly reviewed and updated to maintain compliance with Children First: National Guidance for the Protection and Welfare of Children (2017). The centre manager will ensure that all new staff receive training on this policy as part of their induction process.
	In collaboration with each young person and the social work department the centre manager must improve the	Placement plans (PP) have been updated to include a dedicated section for the young person's voice, ensuring greater	PP's will continue to be reviewed monthly in collaboration with young people, keyworkers, and the Social Work

	placement plan process to ensure its details the needs of each young people and outlines the supports required to achieve identified needs. The centre manager must ensure that individual safeguards to protect young people are robust in responding to and managing identified risks.	participation and collaboration within the planning process. Updated PP's were forwarded to the Social Work Department for feedback and review in April 2026. All feedback received has since been incorporated into the PP's to ensure they accurately reflect the assessed needs and supports of each young person. A new Collective Risk Assessment (CRA) form has been implemented to ensure that all potential risks are identified and assessed, where possible, prior to admission. In addition, all staff are currently completing Risk Assessment Training through HSELand, with completion scheduled by 22.05.26. This training is intended to strengthen staff knowledge and ensure that risks are appropriately identified, accurately scored, and supported by effective safeguarding and control measures.	Department to ensure that all assessed needs, goals, and required supports are clearly identified, appropriately documented, and regularly updated. Ongoing oversight and quality assurance of this process will be maintained by the centre manager and Deputy centre manager. Risk assessment training will form part of the mandatory training requirements for all new staff members. Risks and safeguarding measures will continue to be discussed regularly during team meetings and supervision sessions to promote shared learning and consistency in practice. All risk assessments will be routinely reviewed and overseen by the centre manager and Deputy centre manager to ensure effective governance, consistency in approach, and robust risk management practices across the service.
5	The centre manager must develop the supervision process to ensure that staff are supported to perform their role and	All supervisors are currently completing the "Supervision Skills for Supervisors" training module through HSELand, with	Supervision will continue to take place regularly in line with organisational policy to ensure that staff are appropriately

	responsibilities and develop their skills to meet the needs of young people living in the centre.	completion scheduled by 19.05.26. In addition, the supervision contract has been reviewed and updated and was signed by all employees during April supervision sessions. This updated contract provides staff with the opportunity to indicate whether they consent to external review of their supervision records. Supervision sessions will also place an increased focus on training needs specific to the centre, the needs of the young people, and the ongoing professional development of staff.	supported, guided, and developed within their roles and responsibilities. Supervision practices will be monitored and overseen by the centre manager and Deputy centre manager to ensure consistency, accountability, reflective practice, and ongoing professional development across the staff team.