An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

# Alternative Care - Inspection and Monitoring Service

## Children's Residential Centre

**Centre ID number: 231**

**Year: 2026**

# Inspection Report

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|---|---|
| **Year:** | **2026** |
| **Name of Organisation:** | **Solis SMC Children's Services** |
| **Registered Capacity:** | **Six young people** |
| **Type of Inspection:** | **Announced** |
| **Date of inspection:** | **7th, 8th & 9th of April 2026** |
| **Registration Status:** | **Registered from 2nd November 2023 to 2nd November 2026** |
| **Inspection Team:** | **Justin Halley**<br>**Lorna Wogan** |
| **Date Report Issued:** | **12th of June 2026** |

# Contents

# 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 November 2023. At the time of this inspection the centre remained in its first registration and was in year three of this cycle. The centre was registered without attached conditions from 2nd November 2023 to 2nd November 2026.

The centre was registered to provide accommodation for separated children who were seeking international protection (SCSIP). Referrals were received from Tusla's SCSIP social work department who determined the suitability of referrals to the service. The centre provided accommodation for young people of all genders between the ages of 16-18 years on admission who present in the country as separated children and have been granted temporary protection in Ireland. Young people shared bedrooms with a maximum of two young people per room. The aims and ethos of the service was to promote care and support to ensure the wellbeing of the children in a stable, caring and nurturing environment where they are valued and supported to achieve their potential as well as benefiting from social interaction and learning provided by the centre. There were five young people living in the centre at the time of inspection.

## 1.2 Methodology

The inspectors examined the following themes and standards:

| Theme | Standard |
|---|---|
| 4: Health, Wellbeing and Development | 4.1 |
| 6: Responsive Workforce | 6.4 |
| 8: Use of Information | 8.1 |

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 19th of May 2025. 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 20th 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 231: without attached conditions from 2nd November 2023 to 2nd November 2026 pursuant to Part VIII, 1991 Child Care Act.

## 3. Inspection Findings

**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.**

The centre had developed written policies and procedures that guided the staff teams practices in relation to health, wellbeing and development for the young. This policy and procedure document was developed in line with the national standards for children's residential centres, HIQA, 2018. These policies were aligned to the purpose and function of the centre. Documentation and plans in place for the young people such as placement plans and personal support plans were in line with these policies.

The social workers interviewed by the inspectors confirmed that they were very satisfied with the standard of care and support the young people were receiving. They were satisfied the team were actively advocating and planning for the young people and they were working with the young people to improve the quality of their lives. The inspectors met with four young people and received written feedback from all five young people through questionnaires which were written in the young people's first language. The young people's feedback mirrored that of the social workers and family members interviewed expressed their satisfaction for the care they were receiving from the management and staff team. The records reviewed throughout the inspection process also highlighted and confirmed that there was a high standard of care being provided to the young people. All young people had a designated GP, and their dental and ophthalmic needs were met.

There was evidence that the manager and staff team collaborated with other service providers and other statutory and non-statutory agencies to promote the health and development of the young people, such as the local youth services, youth mental health services, the education training board (ETB), An Garda Siochana, the Refugee Council and the Ombudsman for Children. There were records of contact with external agencies and support services maintained on the young people's individual care records. The centre used translator services when needed for example on a young person's admission to the centre, medical appointments and when communicating with the young people's families. All young people were engaged in

either formal education and or employment/apprenticeships depending on the individual needs and interests of the young people. One young person was awaiting a work permit and was not in education but in line with the centre's policies the staff team had implemented an in-house educational plan. All young people were actively engaging or had been engaging with additional English-speaking classes to assist their development of the English language and help them integrate into the community. Were young people stopped engaging in these classes there was evidence that the staff team actively encouraged the young people to continue through individual conversations and key working.

Each young person had a section 5 placement plan on file developed by their social worker and the centre then developed a placement plan for the young people in line with the section 5 placement plan. The centres placement plan set out the goals for the young people's placement and covered all aspects of their care. There was evidence to support that the placement plans were used as live documents and were regularly reviewed and updated by the centre manager by including direction to the staff team on work to be completed and actions taken.

Each young person had an appointed key worker who supported them and developed their placement plan and other documents such as placement support plans. Following a review of the young people's key working folders there was clear evidence to support that the staff team were engaging the young people in key working and individual work. Some months there was less work completed and this was identified in a previous quality assurance audit completed at the beginning of the year. The inspectors found following the feedback from this audit the information was acted on by the team, and more frequent key working took place with the young people in relation to their health and well-being, education, bullying and other topics such as drug and alcohol.

The inspectors found that initial individual work was focused around building relationships and meeting the physical and medical needs of the young people before getting into more in-depth work as the young people settled into the centre and developed relationships with the staff team. There was evidence through key working and individual work completed that key workers promoted and supported the young people in relation to their health and well-being through advice and guidance around diet, nutrition, alcohol and drug misuse, bullying, exercise, mental health concerns, online safety, self-care and sexual health. Staff were empathetic and considerate to the needs of the young people around past trauma and loss they had experienced. There was evidence showing how staff continually supported young people during

these times, and this individual work was completed at a pace that was comfortable to the young people.

Young people were provided with adequate quantities of food and young people's cultural needs were also considered. Meals were prepared both by staff and the young people as the young people prepared their own breakfast and lunches with assistance and support from staff if required. The staff team would prepare the young person's dinners for them arriving home from work and education, which helped create a warm and homely environment. The young people were supported and facilitated by the team to purchase their own groceries and plan their own menus in line with their own cultural and religious beliefs. Discussions were had with respect to food preferences, planning for meals and grocery requirements in house meetings with the young people and daily shops were carried out by the staff team to ensure there was always fresh food available. Emphasis was placed on all young people and staff sharing meals when possible.

All young people were supported to open a bank account, and staff facilitated the young people in going to the bank to lodge money when required. The young people were supported and encouraged to manage their own finances, and this was outlined in the young people's placement plans. All the young people received allowances from the centre for example in the form of pocket money, clothing allowances, and additional monies around special occasions. The social workers were assured that the money received by the young people was reasonable and appropriate and staff supported the young people to manage their finances and budget appropriately in preparation for leaving the centre.

There were individual risk assessments and safety planning in place for the young people in relation to room sharing and young people managing their own medication. Risk management plans were developed and reviewed in consultation with young people's social workers and were regularly reviewed by the centre manager and through audits conducted by the quality and assurance manager and senior management. The young people, staff and management that were interviewed stated that for the most part all the young people engaged well together, the staff and management team had a good understanding of the relationships within the centre, and this was evidenced through planned outings and activities organised by the team. There were previously incidents of bullying, and these were addressed appropriately by management in consultation with the young people's social work departments. Work was completed following these incidents with the young people in relation to bullying through key working and individual work, and the local community Garda

was due to visit the centre to carry out a workshop with the young people on bullying, online safety and other related topics to keep young people safe.

The staff team supported the young people to develop skills in preparation for leaving care. Helping the young people develop necessary life skills such as staff support in completing their driver theory test, undertake driving lessons and applying for their driving test. Aftercare planning was difficult as due to the nature of the young people's care status it was not always clear where the young people would be moving on to until closer to their eighteenth birthday. There were active plans in place for one young person to be reunited with a family member when they turned eighteen and the young person's social worker confirmed this through interview.

The young people were engaged in community activities based on their individual interests through extracurricular activities such as kick boxing and football, and other young people were supported to engage in part time jobs. The young people availed of free time and were supported by staff to exercise autonomy in decision making. The young people through weekly meetings were encouraged to plan their weekly routines and were supported and encouraged by staff in doing so. The staff team also planned group house activities with the young people.

Overall, the inspectors found that the management and staff team promoted the health, wellbeing and development of the young people in relation to their physical, emotional, and mental health including the young person's educational and social needs.

| **Compliance with Regulation** | |
|---|---|
| **Regulation met** | **Regulation 10**<br>**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 6: Person in Charge**
**Regulation 7: Staffing**

**Theme 6: Responsive Workforce**

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

The team consisted of a social care manager, two social care leaders, one social care worker, four support workers, two waking night support workers, and two relief support workers. The centre manager had a relevant qualification and was sufficiently experienced to undertake their role. There were vacancies for two social care staff and one social care leader at the time of the inspection however, there was an active recruitment process underway to fill these positions. Recruitment drives were proactive and the centre manager visited local third level institutes to discuss employment with students. The centre operated with a 24/7 double cover with waking nights in place with the centre manager working in the centre daily Monday through to Friday. Overall, there was a good mix of staff experience, with some members of the team working for several years within the service.

The organisation had a range of mechanisms in place to support the staff team to manage the impact of working in the centre. The staff team had access to an employee assistance programme (EAP), additional supervision or debriefs following significant events. All staff members during interview confirmed that they were supported within supervision and by management. There was a comprehensive formal induction programme in place which was outlined in the employee's handbook. The induction process consisted of a company induction followed by a centre specific induction that all staff received inclusive of all policies and procedures and an overview of all roles and responsibilities within the organisation. There was an induction checklist in place to measure outcomes for new staff and staff had a six-month period to ensure all mandatory training and all induction tasks were completed and the centre manager reviewed these through supervision and during the six-month probationary review. From reviewing a sample of staff personnel files there was evidence that this practice was occurring however, there were some deficits where inductions were not signed or dated consistently. There was also evidence on file from the samples reviewed that the staff had job descriptions specific to their individual roles. Through interview staff confirmed they had received an induction to the centre and outlined what it consisted of. Furthermore, through interview one

social care leader confirmed that they received a specific induction to their role as social care leader.

The inspectors reviewed the systems in place to evidence that staff undertook mandatory training and that continuous professional development was provided to staff to deliver child-centred, safe and effective care and support to the young people. Following a review of the centres training policy all staff were to receive all mandatory training within the first six months of their employment. The inspectors found that training for newly appointed staff was in line with the centre's policy. From review of the quality and assurance audits the inspectors found that when training recommendations were identified within these audits, this training was provided to the team. There was also learning around sexual health from recommendations of another inspection, and the centre manager developed a programme for staff to guide their work in this area. Furthermore, the inspectors advised that the team/management develop a programme of care in terms of assessing individual life skills on a young person's admission and preparing a more structured leaving care programme to guide the staff team.

Through the interviews completed with staff, the review of supervision and training records inspectors could see that emphasis was placed on continuous professional development of the staff team, whereby additional training specific to the needs of the young people was sourced and completed. Recognition and awareness were also given to training that may be required in the future should staff require specific training.

All mandatory training was up to date and tracked on file for all staff, however despite staff having completed refresher training in the centres model of behaviour management, there was no certificates on file to support the completion of this training. This falls outside the centres policies on training. The centre had an effective system in place to track required training. The centre manager had good oversight of this system, and training was regularly discussed in supervision and team meetings. Team meetings occurred regularly and there was good attendance at them. Team meeting minutes reflected a focus on training, development and learning for the staff team.

The staff supervision process incorporated the identification and review of staff training needs, supervision records reviewed were of good quality and occurring regularly in line with centre policy. There was good evidence that the staff were guided and mentored within supervision to help them develop their own practices.

However, from review of supervision records, deficits appeared in relation to both supervisor and supervisee occasionally not signing off on these records, both parties need to review and sign all supervision records. Annual appraisals took place within the centre as did appraisals following probation reviews after six months, there was good commentary, feedback and goal setting within these appraisals. However, from review of these records the inspectors found it hard to determine the date of when the appraisal took place as there was no date set out on the template, this needs to be amended, and these reports were not consistently signed by both parties.

Overall, the training and continuous professional development was provided to deliver child-centred, safe and effective care and support, and management were responsive to the training needs of the staff team, staff were supported in their roles, and continuous professional development was encouraged.

| **Compliance with Regulation** | |
|---|---|
| **Regulation met** | **Regulation 6**<br>**Regulation 7** |
| **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 6.4** |
| **Practices did not meet the required standard** | **Not all standards under this theme were assessed** |

**Actions required**

- The centre manager must ensure that all training certificates are maintained on file in line with centre policy.

## Regulation 17: Records

## Theme 8: Use of Information

### Standard 8.1 Information is used to plan, manage and deliver child-centred, safe and effective care and support.

Overall, the inspectors found that this standard was met in most respects, the centre had written policies, and well-structured systems in place that ensured that information was used to plan, manage and deliver child-centred, safe and effective

care and support to the young people. These structures ensured that information was recorded, shared and informed decision making and to develop and promote improvements within the service. The inspectors found that although placement review meetings occurred with young people prior to their discharge to establish their experience living in the centre, no exit interviews were viewed by inspectors at the time of the inspection from staff who have moved on from the service. The feedback from young people moving on from the centre was always positive.

The inspectors reviewed the young people's care records and key working records, these records were well maintained, easily navigated and there was clear evidence of robust governance and oversight from the centre manager and external oversight within these records.

All young people had individualised placement support plans (PSP) that were reviewed monthly by management and the staff team within meetings. From review of these documents the inspectors found that the information was clear and specific to each individual young person, however, there were some deficits in relation to signing off, no clear testing times on all young people's Individualised Absent Management Plans (IAMP), and there was no date of when the placement plans were developed for example. These PSP were reviewed and updated monthly and as required by management and the staff team and there was evidence of this practice happening through commentary contained on these plans. The IAMP's should be reviewed and ensure there is a testing time on all young people's plans.

The young people engaged in meetings with their key workers in relation to gathering their input into their placement plans, these meetings were recorded however the template of how this information was being recorded could improve to gather more qualitative information, rather than the current format of the rating system, as this limited the scope of feedback to improve service provision.

The inspectors found that information was shared across the organisation, management and staff collaborated with the young people's social workers sending monthly paperwork to be reviewed and signed, there was evidence within the young people's care records of all correspondence with external agencies and professionals such as the national youth advocacy service for young people in care, and the refugee council. Additionally, there was clear information sharing and communication with the young people's families on a regular basis and translation services were organised for same. This responsibility was shared among the team with the development of a schedule to ensure accountability and consistency, this schedule had been developed

by the centre manager having identified the contacting of family as a deficit, this supports good learning and planning for effective child-centred care and support.

There was evidence to support that the young people were aware records were maintained about their care, and the young people were given opportunity to read and sign these records, but the young people rarely chose to do so. Records showed that information pertaining to young people was shared on a need-to-know basis with school personnel and other service providers that were engaged with the young people. Confirmation was given by the allocated social workers that all notifications and information relating to significant events, child protection concerns and complaints were shared with them in a timely manner. From speaking with the young people's family members, they too were satisfied with the communication sharing from the centre and felt they were sufficiently informed of the progress the young people were making.

The centre had a risk management framework in place where risks were set out on a structured risk assessment form and there was good oversight of this register by the centre manager. Individual risk assessments were conducted pending on the individual needs of the young people. Information from this register was shared within staff meetings and supervision. The information from the risk management framework and individual risk assessments formed the individual work being completed with the young people. The inspectors found that risk assessments were reviewed regularly within young people's meetings and staff meetings, and audits completed by management.

Regional meetings were in place consisting of senior management and centre managers from all centres. There was a set agenda for these meetings and there was evidence to support information sharing and learning from these meetings, whereby incidents within the centres were discussed and learning from these incidents was taken back to individual teams through team meetings and formed part of supervision. Team meetings occurred in line with centre policies, and they were a good forum for information sharing and learning for the team.

There were systems in place to oversee and govern the practices and care which consisted of an annual review of compliance report which was completed by the service manager in line with the national standards for children's residential centre, HIQA, 2018. The inspectors reviewed the report that was completed for 2025 and found that there was good analysis of findings, narrative and recommendations and the centre manager would then complete a corrective and preventative action plan

(CAPA), inspectors reviewed this implemented CAPA during the inspection process. The inspectors found that the CAPA was actioned efficiently without delay by the centre manager.

A new quality assurance manager had been recently appointed to post, and quality assurance audits were in place measuring against the national standards for children's residential centre, 2018. Recommendations were implemented following these audits, however the inspectors found that the daily records could still benefit from been more descriptive to capture the daily interactions and presentations. While in the centre the inspectors observed positive interactions between the staff and the young people, but these interactions were not captured in the daily records.

The centre manager also conducted monthly governance reports and submitted a report to the service manager. Where deficits were identified within governance, they were promptly addressed. Overall, inspectors found there was strong oversight and sharing of information within the centre and ~~i~~nformation was used to plan, manage and deliver child centred safe care and support within the centre.

| **Compliance with Regulation** | |
|---|---|
| **Regulation met** | **Regulation 17** |
| **Regulation not met** | **None identified** |

| **Compliance with standards** | |
|---|---|
| **Practices met the required standard** | **Standard 8.1** |
| **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

## 4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|---|---|---|---|
| **6** | The centre manager must ensure that all training certificates are maintained on file in line with centre policy. | The centre manager will ensure that all outstanding training certificates are on file as per policies and procedures. Going forward all certificates for training completed in the centres behaviour management framework will be retained on file following completion of training. | A training record tracker will continue to be maintained and reviewed monthly by the centre manager to ensure all certificates are current, securely stored, and compliant with centre policy. All training certificates, including certificates in the centre's behaviour management framework, will be filed and readily available following completion of training. |