An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 232

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Solis SMC Children's Services**
Registered Capacity:	**Ten young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**26th and 27th of January 2026**
Registration Status:	**Registered from 6th November 2023 to 6th November 2026**
Inspection Team:	**Linda McGuinness** **Paschal McMahon** **Carmel O'Sullivan**
Date Report Issued:	**12th 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 6th of November 2023. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 6th November 2023 to the 6th November 2026.

The centre was registered to provide accommodation for 10 young people between the ages of 16 and 18 years who present in the country as separated children seeking international protection.

The function of the service is to provide care, supervision and support through an individualised approach. The statement of purpose sets out the objectives of meeting the medical, health, behavioural, social, and emotional needs of each young person residing within the centre.

Referrals are received through the Separated Children Seeking International Protection (SCSIP) department of Tusla who determine the suitability of referrals to the service. There were 10 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 9th March 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 20th March 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: 232 without attached conditions from the 6th of November 2023 to 6th of 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.

Inspectors found that overall, the care team paid good attention to the individual health, wellbeing and developmental needs of the young people. Often, minimum information was known at referral stage. The manager and team gathered information related to the needs of each young person following admission, and these were discussed at the initial planning meetings. There was evidence of positive and collaborative interagency work to support young people to have their health needs met. The centre staff had built positive relationships with a local health facility, and each young person was registered with a GP, or had access to one, while they waited for a personal public service (PPS) number. Young peoples' requests for female G.P. appointments were respected. All medical, dental and optical appointments were facilitated by the care team in a timely manner.

The team and manager advocated for young people to have a full medical assessment as required, but resource issues with the separated children seeking internation protection department meant some delays were inevitable as there were only small numbers of appointments available each week. Inspectors found that where young people did not have childhood vaccines or other vaccinations on the national programme, there was inconsistency in how the centre advocated for access for these to be made available if young people wished.

Nine of the ten young people had a 'section 5' placement plan developed by the Child and Family agency shortly after admission. The centre drew up more detailed individual placement plans to cover areas such as education, health, family and society, culture, independence and safety. This was an area of care delivery that required a renewed focus. The plans were somewhat generic, and improvements were required to identify specific areas of need for young people and more focused interventions to respond to these. There was some evidence of copy and paste and a lack of dates and signatures on key documents.

Additionally, inspectors found that further attention could be placed on a more holistic approach to health-related matters through placement planning. A positive focus on physical health, emotional wellbeing and developing a healthy lifestyle through exercise and nutrition, healthy sleep, managing stress etc was evident. However, work relating to past trauma, sexual education and health, consent, risk, culturally harmful practices, rights regarding sexuality, substance abuse awareness, healthy relationships, and appropriate and safe internet use for example, was not as evident from review of care records. Interviews with care staff and management during inspection reinforced this finding. Inspectors found that development of the team both in terms of skills and confidence was required and should be prioritised. It would benefit the team and young people if a comprehensive, structured sexual health and education/social skills programme was developed and the team trained and supported in its delivery. Furthermore, the suite of policies and procedures were not adequately aligned to support the provision of care to separated children seeking protection. Inspectors were informed that this work was underway and small working groups had commenced review of individual policies. This must be prioritised for completion, sign off, dissemination and staff training.

There was some evidence that young people were central to decision-making regarding their own lives, being encouraged to exercise autonomy and to develop the necessary skills required for independent living. They told inspectors they were 'helped to adjust to life in Ireland' and explained how they received help with self-care, budgeting, preparation for employment if there was permission to work, support with taxation, and additional supports such as driving lessons.

Inspectors could observe that this skills development was taking place, and it was confirmed in conversations with young people, care staff and the allocated Tusla worker. The majority of young people named the manager and key workers as people they could talk to and ask for support or help. Notwithstanding this, inspectors found that this work and general key working could be better evidenced across various centre records such as daily logs, individual work and key working and through placement planning. This was highlighted in a number of external audits of the centre and more recently by the service manager. Agreed actions should be implemented as a matter of priority.

Overall, inspectors found that planned developments to placement planning, greater oversight of the delivery of key working and support through supervision and training could address these matters. Inspectors were informed of a preplanned restructure in respect of internal and external governance that would support these improvements.

At the time of this inspection some young people were preparing to move on from the centre when they reach 18 years in the coming months. Some expressed anxiety as there was a lack of clarity in respect of move on placements. While efforts were made in consultation with Tusla to secure aftercare arrangements in accordance with their wishes, this was not always possible due to limited move on options. There was evidence of good advocacy and Empowering People in Care (EPIC) had visited the centre and were invited again to meet the current group of young people some of whom had wider issues they required support with, such as the right to travel and move on placements.

The value of remaining in education was shared by staff and young people. The care team made great efforts to ensure that all young people residing in the centre had an identified educational placement aligned to their individual abilities. Practical measures such as transport and study equipment were provided to encourage them to attend daily. On occasion extra language tuition was required before they could enrol in schools or courses and this was facilitated. Some young people in the country under a temporary directive were supported to continue their education in their country of origin.

Young people were encouraged to be involved in menu planning and grocery shopping. Culturally appropriate nutritious food was made available and religious festivals were resourced and celebrated. Inspectors observed young people planning and preparing meals both with and without the support of staff, in line with their individual abilities. There was evidence that they often shared mealtimes with each other and care staff.

Inspectors found that if there were any negative interactions between the young people these were addressed promptly and monitored carefully. Any issues related to communal living were evidenced in open and transparent conversations with young people in their specific weekly group meetings.

Compliance with Regulation	
Regulation met	**Regulation 10** **Regulation 12**
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	**4.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that identified improvements in respect of placement planning and oversight of delivery of identified key work tasks are implemented.

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.

There was evidence of ongoing training and professional development opportunities for care staff at all levels, aligned to their respective roles. There was an organisation-wide policy on induction for new staff members and care staff and managers confirmed in interview that all completed a comprehensive induction training upon commencing employment. However, inspectors found that implementation of this was not evident on all personnel files reviewed during inspection. This was highlighted during internal audits of the centre but remained outstanding at the time of inspection. There was a system in place to ensure that new care staff were paired with more experienced staff for initial shifts in the centre.

The centre manager had responsibility for oversight of the care teams' ongoing training needs. Team members were facilitated to attend mandatory and refresher

training, and a record was held on a database to track when training was due. Inspectors recommend that this is expanded to include dates of completion.

At the time of inspection there was no formal process to conduct a training needs analysis based on the statement of purpose, needs of individual young people, professional development, identified skills deficits and mandatory training requirements. Notwithstanding this, care staff interviewed during inspection confirmed that training and professional development opportunities were regularly available, encouraged by management and valued by the staff team. One inspector attended a team meeting and while training was an agenda item, there was limited discussion and exploration of training needs. This should be further developed and linked to a robust training needs analysis as described above and connected to organisational policies and procedures.

The staff team had completed supplementary training in areas such as intercultural awareness, suicide awareness, child sexual exploitation, a culturally harmful practice, and report writing in support of their work. Care staff in interview reported these sessions to be valuable to their roles and responsibilities. Inspectors found that other training such as neurodivergence awareness, ligature knife training, sexual health and development could have been identified from a more structured training needs analysis and benefit the team and young people.

A review of supervision records had a focus on skills development and there was evidence that the centre manager was both challenging and supportive. While all mandatory training was completed, a review of personnel files highlighted that some training certificates such as child protection and behaviour management were absent. The centre manager must ensure a verifiable record of staff training is maintained.

The organisation had identified trainers to complete behaviour management, child protection and training in the model of care amongst others. A person newly appointed to the position of quality assurance was also taking responsibility for oversight of training across the organisation.

Inspectors found that there were some gaps in knowledge in respect of training already completed such as designated liaison person training and child sexual exploitation reporting. Assessment of knowledge following training should in future, form part of the training needs analysis and training programme.

Compliance with Regulation	
Regulation met	**Regulation 6** **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 must ensure the development and implementation of a training needs analysis to ensure all training and development needs of the care team are identified and provided.

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.

The inspectors found that at the time of inspection, information, including information relating to young people who had resided in the centre in the past, was not maintained securely and safely in line with legislation. Inspectors issued an immediate action notice requiring action to be taken to ensure compliance. This was acknowledged and responded to within an acceptable timeframe. Arrangements were made to ensure the timely return of all care records to Tusla and secure storage of information during young people's time living in the centre.

There were policies relating to electronic communication, systems of recording and record keeping, retention and storage of records, access to information and confidentiality. Notwithstanding this, policies relating to information governance and the use of information to plan, manage and deliver safe and effective care required review. As mentioned previously, a review of the suite of policies and procedures had commenced. The registered provider must ensure that revised policies are fit for purpose, aligned to the statement of purpose and include an information governance framework. At the time of inspection there was no guidance around limitations or

who could access young people's information, and this is recommended as part of the policy review.

Inspectors found that while the induction process for new care staff provided some guidance in respect of record keeping and systems of information management, this was not held on all personnel files reviewed. Six of the team had received report writing training. Care staff interviewed by inspectors described the recording systems in operation, however, there was a knowledge deficit in respect of how assessment of need, placement planning and keyworking were planned, tracked and monitored to support positive outcomes for young people.

While the centre manager provided day to day oversight of records and the regional manager had online access to centre records, further work was required to ensure that all reports were accurate, dated and signed. There was some evidence of copy paste across records that required more robust monitoring and oversight. Inspectors found that records were legible, and all key documents were notified to relevant professionals in a timely manner. The electronic recording system facilitated external managers to have real time oversight of key records, and they received a daily update in respect of each young person in the centre.

The nature of the service and often admissions at short notice meant that the centre did not always receive adequate information at the time of referral to facilitate effective planning. They made every effort to conduct preadmission risk assessments and collective risk assessments to consider possible impact on young people already living in the centre. While the team tried to source assessment reports, social history and information relating to health and education, often this was not available.

There was a risk management framework, and evidence that where risk was identified that safety plans with mitigating measures were implemented. There were systems in place to record, notify and review all incidents, complaints and child protection concerns. Inspectors reviewed team and management meetings and review meetings following significant events or incidents. There was evidence that adverse incidents were reviewed and analysed for learning and to inform service improvements and findings were communicated through team and handover meetings. While care staff interviewed were able to give examples of practice changes following review of incidents inspectors found that review of policies and procedures should have been timelier.

There was evidence that there was a governance system in operation and that planned actions to address deficits were based on operational oversight and robust quality assurance audits. Notwithstanding this, written findings and reports from audits in quarter four 2025 were not communicated to the manager, team or senior management at the time of inspection. This was explained in terms of pressure on regional managers with service expansion. This was a block to identifying and addressing required service improvements in a timely manner. Inspectors were provided with the audits following inspection and many of the findings were aligned to inspection findings.

Inspectors found that the daily log in use was an hour-by-hour chronology and often did not include observations on mood, social interaction, and engagement with other young people and care staff. This was a finding in a robust audit of the service in September 2025 but not yet actioned at the time of inspection. Inspectors observed warm caring interactions and young people being assisted with tasks throughout the day such as preparing meals and homework, but this was not reflected in the centre records and a review is recommended.

There were various systems in place to capture and record young people's voices and their experience of the care being provided. This included individual work records, young people's meetings, feedback forms and exit interviews with young people moving on from the centre. In recent feedback provided by young people, they described being supported with their education, adjusting to life in Ireland, learning English and preparation for cooking themselves. One who felt that boys and girls were treated a little differently was assured by the centre manager their feedback would be considered fully. Those who spoke to inspectors identified care staff they had built trusting relationships with. They were provided with information about their rights, understood that information was held about them and knew how to complain. They confirmed they felt respected. Most were happy with activities, routines, and the food provided and stated they were supported to keep in touch with their families. There was evidence that in the past, complaints about quantities and types of food resulted in changes that young people were satisfied with. They also were provided opportunities to make suggestions for further improvements in the centre. All feedback forms completed by young people were communicated to senior management for discussion and consideration and there was evidence of direct follow up with individual young people.

External professionals such as social workers were invited to provide feedback on their experience of the care provided and this was considered at local and

organisational level. The allocated Tusla worker confirmed that the centre team and managers were responsive to feedback and suggestions.

The Tusla worker and SCSIP team spoke positively about communication with the managers and team, and the quality of information provided. They felt the centre worked collaboratively to identify and address individual needs. While the centre manager and staff members interviewed demonstrated an awareness of the importance of protecting the privacy and confidentiality of young people's information, there were inconsistencies in how this was evidenced in practice. Policies in relation to storage of records were not adhered to and a memo from Tusla in respect of using electronic applications to communicate with young people was not being implemented. There were occasions where translation services were required to communicate with young people but there was a lack of clarity on permissions to access these services and young people's phones were being used for work and situations outside that permitted by the Tusla memo. The registered provider must ensure that translation services are provided for individual young people until it is jointly assessed with Tusla and in consultation with the young person, that they no longer need this support.

Compliance with Regulation	
Regulation met	**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 8.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider must ensure that the forthcoming review of policies and procedures has a robust focus on information governance and ensure adherence to legislation, Tusla communication and best practice.
- The registered provider must ensure adequate supports and resources to facilitate timely reports, and action plans following quality assurance processes.

4. Corrective Actions and Preventive Actions (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
4	The registered provider must ensure that identified improvements in respect of placement planning and oversight of delivery of identified keywork tasks are implemented without delay.	The key work schedule will be introduced on 24.03.26. An action plan /progress report has been introduced and will be piloted for the entire service. 03.02.26 DPIC will now have oversight of young people's placements, so it will ensure key work schedules are adhered to and relevant to placement plans. Since 13/01/26. Staff will have further training on placement planning and implementation, 24.03.26	Placement plans will continue to be part of supervision Placement plans will be reviewed standing item at team meetings
6	The centre must ensure the development and implementation of a training needs analysis to identify and address all training and development needs of the care team.	A service wide training needs analysis procedure will be developed and introduced. Will be implemented by 01.05.26	This process will be reviewed every three years to ensure its usefulness.

8	The registered provider must ensure that the forthcoming review of policies and procedures has a robust focus on information governance and ensure adherence to legislation, Tusla communication and best practice. The registered provider must ensure adequate support and resources to facilitate timely reports, and action plans following quality assurance processes.	Policy and procedures have been updated to encompass the services as providers for Separated Children Seeking International Protection and are ready to be released to the service as a whole. March 2026 A new quality auditor is now in place since 03.02.26 whose remit is quality auditing and training. Reports will be issued more urgently and action plans implemented immediately.	These policies and procedures will be reviewed every two years or more frequently in accordance with changes within legislation or the service. Audits and action plans will be a standing item at regional meetings, which enable managers to discuss issues arising.