



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 254

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	21st 22nd and 23rd October
Registration Status:	Registered from 26th July 2024 to the 26th July 2027
Inspection Team:	Lorna Wogan Sinead Tierney
Date Report Issued:	06th January 2025

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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 26th July 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 26th July 2024 to the 26th July 2027.

The centre was registered to provide multi-occupancy, rapid access, short-term placements for up to four young people aged ten to seventeen years on admission. This centre is part of a specific pilot project to increase the availability of rapid access placements for the placing authority and will be subject to review within a specified timeframe. The placement duration is within a 100-day period during which time the social work department work in conjunction with the placing authority, the national placement team (NPT), to secure a suitable onward care arrangement. The model of care was based on principles of positive relationships and was underpinned by Erik K Laursen's 'seven habits of reclaiming relationships.' The habits identified in this model 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 will role model appropriate ways of dealing with emotion and the challenges of everyday life. The centre aimed to provide an individualised programme of care to assist young people to develop physically, socially, emotionally, and educationally.

There were three young people admitted to the centre since the commencement of operations and one discharge that was not in line with the child's care plan. There were two children living in the centre however at the time of this inspection a notice of discharge was issued to the national placement team for one of the two children in placement.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.5
3: Safe Care and Support	3.3
6: Responsive Workforce	6.1

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 26th November 2024. 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 December 2024. 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: 254 without attached conditions from the 26th July 2024 to the 26th July 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

The inspectors found that there were clear lines of communication in place to ensure the children admitted to the centre experienced integrated care. This was of particular importance for the children in placement. Their placements were short-term in nature (100 days maximum) with the expectation that within this period an appropriate alternative care arrangement would be identified and secured.

Overall, the inspectors found that the managers and staff team engaged in a collaborative manner with the allocated social workers to ensure the children received safe and effective care. The children's care records were maintained in an organised manner that facilitated care and placement planning, identified risk and informed the type of supports each child was likely to need going forward. As the placements were for a specified duration or where, in instances where the placements were at risk of breakdown, there was evidence of regular engagement by the service directors with the national placement team (NPT). Social workers interviewed stated they also liaised with NPT and provided an update of the child in placement to assist with the identification of appropriate onward care.

Admissions were oftentimes required to be processed quickly however the inspectors found that the centre managers made every effort to ascertain key information about the child prior to admission. Records of admission meetings evidenced a range of information sharing with the social worker and the child. Risks assessments were completed on admission with consideration given to the children already in placement and any potential negative impact for the child referred or the children in placement. While pre-placement information identified known behaviours that challenged, the extent of the challenges presented by the children was always not known on referral. This combined with additional factors such as escalating risks in the community resulted in the termination of placements for two of the children who then returned to emergency care provision. The allocated social worker for one of these children commended the team for their commitment to the child and

confirmed the team had explored all strategies to stabilise the placement and maintain safety in the community.

The inspectors found that the managers and care staff were committed to facilitate and maintain the specialist supports the children were engaged with prior to admission. The centre staff were pro-active to respond to new and emerging needs of the children in consultation with the allocated social workers and explored local services to support their presenting health, education, social and emotional needs. The team advocated and sourced additional supports for the children and identified activities locally to support their daily routines, promote age-appropriate peer engagement and their social and leisure interests. These were set out in the weekly plans for the children.

There was evidence on the care records of regular emails and frequent communications with the allocated social workers and other external professionals involved in the children's care and education. Information to promote the children's wellbeing and welfare to achieve positive outcomes was evidenced in placement plans, risk assessments, risk management tools, key working and progress reports. The social workers interviewed were satisfied the care team worked in a collaborative manner with all key professionals to ensure each of the children's identified needs were addressed. Care plan reviews were scheduled and regular placement meetings and strategy meetings were arranged with relevant professionals to review concerns around the children where risks escalated. The care records evidenced that where interventions and external supports had not met the needs of the child this was communicated to the allocated social worker and the NPT in a timely way. The placement plans were reviewed regularly, and the outcome of individual work and key working was monitored and reviewed to ensure the children's needs were addressed. The social workers were informed about the individual work and key working completed with the children. End of placement reports were completed following a child's discharge. The inspectors reviewed one such report and found it was comprehensive and outlined positive aspects of the placement along with the child's key presenting needs, behaviours that challenged and known vulnerabilities and risks that would inform future placements. The inspectors were satisfied that the service directors were in regular communication with the NPT and discussed the learning in relation to unplanned discharges and measures to ensure the best possible outcomes for the children referred to the service.

Parents and families who spoke with the inspectors were satisfied that communication with the centre managers and the care staff was open, honest and

consultative in nature. There was evidence that, where possible, parents and family members were provided with opportunities to make a positive input to the care of their child. They confirmed they were satisfied that their child received quality care from managers and care staff that were caring and supportive in their practice and their communications.

In addition, communication within the service was robust and effective. The external managers were familiar with the needs of the children in placement and the risks and challenges associated with the children's care. The service directors were found to be pro-active to manage and mitigate risks escalating. Meeting records, directors and area managers reports evidenced the support and the guidance they provided to the care team and the managers in their work with the children.

Participation and consultation with the children were key principles of practice within the care team and the views of the children were reflected in the daily logs, individual work and other centre records and informed their care. There was evidence that complaints from the children were reviewed by managers and learning was implemented to inform practice and deliver better outcomes for the children.

Following a review of the children's medical records the inspectors found that improvements were required to ensure the children received integrated medical care on admission. There were deficits in the systems to ascertain timely approval for 'pro re nata' (PRN) medications. One child was over a month in placement and the staff had not yet secured approval from a general practitioner to administer over the counter medications where needed. While the centre had made applications for the children to be registered with a local general practitioner the social worker and the centre manager must ensure they have timely approval from their previous G.P. for PRN medications. In addition, the inspectors advise that the centre manager liaises with G.Ps in the area to explore the possibility of having a general access for all children admitted to the centre to a local G.P. practice given the short-term nature of each of the children's placements. It is vitally important that the children have timely access to a G.P. when admitted to the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulations 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 2.5
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure PRN medications are approved for the children on admission or as soon as practicable.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The inspectors found all incidents that occurred in the centre were effectively identified, managed and reviewed in a timely manner and outcomes of reviews informed practice. The inspectors reviewed a sample of significant event notification reports (SENs) and found they were comprehensive and detailed. The staff responses to incidents were found to be in line with the centre's behaviour management approach. Where interventions were not effective these were reviewed within the team and alternative interventions were explored to support the children. Required changes to the children's risk management tool (RMT), their individual crisis management plan (ICSP) or risk assessment were signposted on the significant event report. The child's voice was also reflected in the SEN report or subsequently in the individual work report or life space interview. Positive events for the children were also notified to the relevant persons.

The centre had established systems in place for the review of significant events to ensure oversight and effective responses. This system included written comments about the event by the centre manager in their overview of the incident report, reviews of incidents at team meetings and within staff supervision sessions where staff were involved in a significant event. The manager maintained robust tracking systems through the significant event logbook and through their monthly centre audits which were reviewed by the area manager and directors and subsequently

discussed on their visits to the centre. The directors were notified daily of all key risks within the centre and of all significant event reports. The social workers and families interviewed by the inspectors were satisfied that incidents were notified to them in a timely manner.

A risk management tool (RMT) was developed for each child that guided the staff to support positive behaviour and manage behaviour that challenges. The inspectors found that the children's RMT were live working documents for staff and were discussed as required in staff handover meetings and reviewed regularly by case managers and key workers. There was evidence of oversight by the service directors of the RMTs and the children's individual crisis management plans (ICSPs) and they had refined these systems to make them more concise and effective for staff to respond to crises related to the children's behaviours. The ICSPs reviewed by the inspectors evidenced clear behaviour management interventions at each stage of the crisis from baseline to escalation and recovery. Where physical intervention was required as necessary this was set out as approved on each child's ICSP. In addition, the directors provided the team with access to external specialist advice and guidance to assist the team members understand and respond to behaviour that challenges. There was evidence of positive role modelling by managers and social care leaders, in response to behaviour that challenges to support and teach team members who were less experienced working with children in residential care settings.

The inspectors were satisfied there was an open culture in the centre, the children were supported appropriately to make complaints about aspects of their care, the impact of group dynamics amongst the children or about aspects of their care or placement plan. There were records maintained that evidenced the reporting, management and outcomes of complaints. In addition, there was evidence of open and honest discussions within the team about the impact on themselves working in the centre. Supervision undertaken with staff evidenced the supportive approach by managers to assist staff to manage the challenges and emotional impact presented by their work with the children. There was evidence that the directors and the area manager regularly visited the centre, acknowledged these challenges, and commended the commitment of the team to the children in placement.

There were systems in place to seek feedback from the children about the care they received however, due the emergency nature of discharges to date, feedback from the children was not possible. Feedback was also sought from social workers who placed children in the centre however completed feedback forms had not yet been returned from placing social workers at the time of the inspection. Social workers interviewed

as part of this inspection were confident that communication with the managers and care staff was open, honest and transparent. Both social workers interviewed spoke highly about the care the children received and the positive working relationship they had with the centre managers and key workers.

There was evidence that parents were consulted about their children's care. They confirmed they received regular updates from both the staff and the allocated social workers about their children's needs, presenting risks, behaviours of concern and strategies to manage risks as they arose. They were satisfied that the managers and care team engaged effectively with them to support their child.

The inspectors noted the service had developed an exploratory review process to conduct initial screenings of complaints or allegations, to ensure they followed the correct reporting and investigation pathways. The service director stated they had drafted a written policy to support this procedure, and the inspectors advised that when the policy is finalised it must be incorporated into their suite of policies and staff members are made aware of these new procedures.

Compliance with Regulation	
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 3.3
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 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence that the centre managers, the area manager and service directors paid significant attention to planning and reviewing their workforce with on-going staffing recruitment initiatives and selection panels scheduled to meet the staffing needs within the centre and within the wider service.

There was a stable team in place and the staff team that were presented at the point of registration were working in the centre at the time of the inspection. The inspectors found that the team were at the initial stages of formation, but it was evident, following a review of supervision and team meeting records and in-person interviews with care staff and managers, that the team were cohesive and supportive of each other in their work. Team members outlined to the inspectors the support they received from both the social care leaders, centre managers and their colleagues and this was reflected in the centre records. A significant cohort of staff, while experienced in their own professional fields, were inexperienced working with children in a residential care setting. The inspectors found that through robust induction training and regular supervision and support from managers the care team had grown in competency and confidence since the commencement of operations. There was evident development of team members, with a management focus to build on individual strengths and competencies to further strengthen relationships and individual engagement with the children. There were regular team meetings and regular staff supervision to support and develop staff competencies. Supervision records reviewed by the inspectors were maintained to a high standard and evidenced the support and development of staff. There was evidence that staff had completed their required mandatory training and there was a system in place to complete policy induction training over the staff probationary period.

There were formalised procedures in place for on call arrangements at evenings and weekends. Records of on-call activity were maintained for oversight and review of decisions taken by on-call managers. Staff informed the inspectors that the on-call service was dependable and a beneficial support. The director confirmed that the

services consultant psychologist was available to staff for additional support if required in addition to their supervision with their manager.

The staffing rosters since the commencement of operations were reviewed by the inspectors and evidenced there were sufficient numbers of staff as required on each shift. However, the rosters evidenced times where up to three core staff were granted annual leave during the same period and this resulted in either the centre manager covering the duty roster, staff undertaking overtime or relief staff or staff from other centres covering the staffing deficits. The centre manager must be mindful of planning staff leave in a manner that minimises the impact on the provision of a consistent staff team for the children.

The staff information form did not identify specific staff assigned to the centre to provide relief cover and the director informed the inspectors they had a regional panel of over thirty relief staff. The inspectors found that the relief staff on this panel was not readily available to the centre manager which resulted in managers covering shifts, or staff doing overtime or staff from other centre's working at the centre. As far as possible every effort should be made to ensure relief staff are available to the centre manager when required and are familiar with the children to ensure continuity of care.

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 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that annual leave is planned appropriately to minimise the impact on the provision of a consistent staff team for the children.

- The service director must ensure the centre manager has access to a panel of consistent, available relief staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure PRN medications are approved for the children on admission or as soon as practicable.	This was actioned with all subsequent admissions to the centre since the inspection. A Kardex with PRN medication was completed for each young person prior to admission. Action completed.	We are currently redrafting our admission policy to ensure that young people, particularly those from out of county, have a completed Kardex upon admission.
3	N/A		
6	<p>The centre manager must ensure that annual leave is planned appropriately to minimise the impact on the provision of a consistent staff team for the children.</p> <p>The service director must ensure the centre manager has access to a panel of consistent, available relief staff.</p>	<p>Leave has not been granted to staff at this level since the inspection and was an oversight in planning when the centre was first opened. The centre policy relating to leave requests will be amended to allow for 80 hours of annual leave to be used per week therefore a maximum of two staff will be granted leave any one time.</p> <p>The relief list is reviewed every 3 months, staff not taking shifts in any centre are regularly removed from the list.</p>	<p>As we begin the new year annual leave planning will be more effective and staff will be required to book annual leave with four weeks' notice. Annual leave will not be granted, unless in exceptional circumstances (authorised by Area Manager/Directors), if it exceeds the 80 hours (2 staff members) per week.</p> <p>The centre manager will endeavour where possible to ensure that consistent relief are used within the centre to minimise any</p>

		Recruitment for the relief panel is ongoing throughout the year.	impact on the young people.
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