



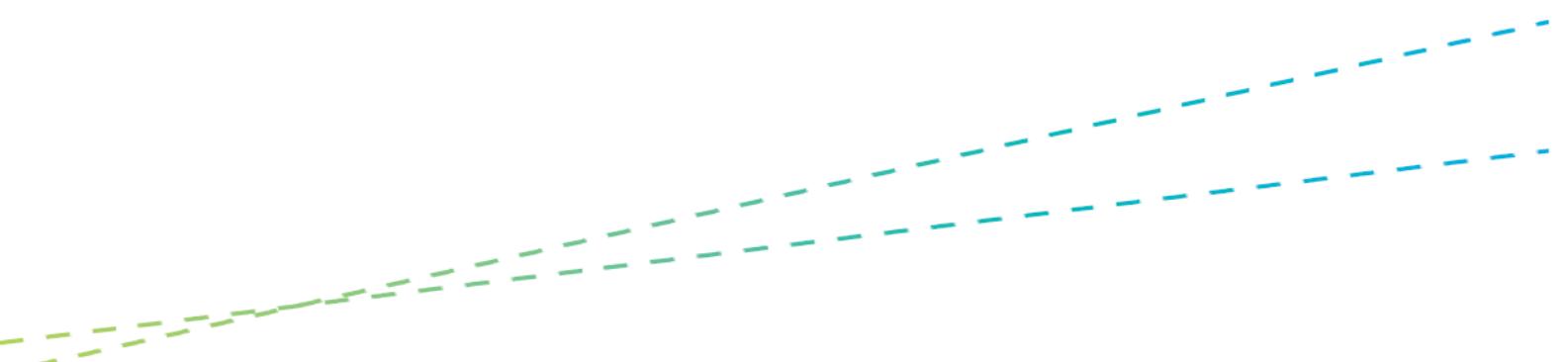
An Gníomhaireacht um
Leanáí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 265

Year: 2025



Inspection Report

Year:	2025
Name of Organisation:	Solis DMC Children's Service
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	13th & 14th May 2025
Registration Status:	Registered from 15th of November 2024 to 15th of November 2027
Inspection Team:	Lisa Tobin Eileen Woods
Date Report Issued:	15th August 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 15th of November 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 15th of November 2024 to 15th of November 2027.

The centre was registered to provide care for multiple occupancy to six young people aged sixteen to seventeen on admission. The centre supports young people who come under the care status of separated children seeking international protection (SCSIP). The centre promotes care and support to ensure the wellbeing of the children in a stable, caring and nurturing environment where the children are valued and supported to achieve their potential. There were six children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

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 the children. 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 24th of July 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 1st of August 2025. 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: 265 without attached conditions from the 15th of November 2024 to the 15th of November 2027 to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

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.

The organisation had policies in place identifying children's rights and outlining the different legislation in place such as the UN Convention on the Rights of the Child, the Child Care Act 1991, and the Children First Act 2015. During interviews with staff, they were aware of the different rights related to the young people. Inspectors found evidence of the young people being informed of their rights at their admission meeting and noted further evidence while reviewing their care records. Key working had been undertaken with the young people around the complaints process and Tusla's Tell Us complaints was explained to the young people.

Interpreters were used for the admission process and for the young people's meetings, which took place weekly. There was time allocated to each young person post young people's meetings with the interpreter if they felt they wanted to discuss any other issues/concerns and to have their voice heard. Information was provided to the young people in their native language to ensure they understood what the service was and what was expected of them in the centre regarding rules, curfews, pocket monies and other relevant information. In reviewing the young people's admission records, inspectors recommend that safety in the community becomes part of the process to ensure they are informed of any potential risks. There needs to be a clearer system in place for the permissions or consents for young people signed by the social work department or link worker given the current care status of the young people.

Digital translation tools were used by the young people and staff as needed during daily interactions. The young people were generally happy with the house, they were

facilitated with lifts to sports, local bus stops, to school and to the shops. They received supports for their education as required. The main issue raised to inspectors when speaking with the young people was the Wi-Fi connection which affects their education and leisure. They were aware centre management were trying to respond to this and resolve the issue. Another area raised by the young people in their questionnaires was them not knowing where they would be going after they turn eighteen. This was relayed to the centre manager and area manager of the organisation as part of the inspection process, and they stated they would follow up with more information on this with the young people. The young people were aware they could speak with the centre manager and the staff if they had any issues or complaints.

There was evidence of the young people being supported in their diversity, decision making and in their freedom of expression. They were supported with their meal choices and were facilitated with shopping in specialist shops where they bought foods from their home countries. They were supported with their religious beliefs and any other social aspect of their lives such as involvement with local sporting clubs. The young people were aware of their right to access their records which some of them chose to read.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16 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

- No actions required.

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.**

There were a number of policies relating to the safe care and support of young people. This included policies on the definitions of child abuse, bullying and peer abuse, online safety, the role of mandated persons and child sexual exploitation to name some of the guiding policies in place.

In reviewing the training matrix, inspectors found that staff had completed Children First online training however the staff's knowledge of centre policy required improvement around child protection as they struggled to identify certain procedures and policies during their interviews. The Child Safeguarding Statement (CSS) required updating to include the correct details of the centre; this was completed during the inspection process. The contents of the CSS need to be reviewed with the staff to ensure they have awareness of the identified risks within this document and to include the potential risk for child sexual exploitation.

Bullying was currently not identified as an issue in the centre to inspectors however, a number of young people had made complaints about their peers in relation to their behaviour on two occasions to date in February and April 2025. The records of how complaint forms were completed required review as it was difficult for inspectors to see how these complaints were resolved. Inspectors reviewed the significant events (SEN) register and found that complaints had not been recorded or reported as SEN's. The centre policy outlined that complaints or bullying were named as issues that would be reported as SEN's. Staff had an awareness of their responsibility in reporting child protection concerns and knew how to report through the portal and that they were mandated persons.

Inspectors found that where there were safety concerns present this was reflected in the young people's care files. Safety plans were noted for family visits abroad or to other parts of the country in conjunction with the social work department.

Discussions around safety online and friendships were evident in the key working undertaken with the young people. Inspectors also saw that staff discussed the Irish law regarding sharing images and reasons for not sharing the centre

address/location. Inspectors recommend that a discussion highlighting safety in the community is undertaken with the young people and to ensure that the young people were aware of what they are to do if they feel unsafe when out of the centre.

The areas of vulnerability for these young people were named by staff given the potential trauma coming from a war zone country, being away from their families, integrating into a new society and the language barrier with others. Inspectors saw evidence of the staff supporting the young people in their communication with their family members, discussing their feelings about being here and using language apps to help communicate effectively. The young people were made aware of other support services available to them should they require them. The social work department was responsible for informing parents/guardians of any incident that occurred.

There was a policy on protected disclosures in place, and it required review with the staff team as there was some uncertainty about its content during staff interviews.

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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must review the child protection policies and the contents of the Child Safeguarding Statement with the staff to ensure they have understanding, and knowledge of the procedures and risks outlined.
- The centre manager must ensure that complaints are reported in line with centre policy and recorded in the relevant registers.

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.

Leadership was demonstrated by the centre manager and deputy manager in the centre through their oversight of the young people, supporting staff's development and through the supervision of staff. This was a new centre, and staffing additions had been made to the team since it opened. Staff reported this as beneficial and that each staff member brought their own skills and experience to the team. Staff named in interview how they felt supported by management through supervisions and during handovers. In particular staff highlighted the support regarding their own professional development and how this occurred on a constant basis.

There were clearly defined governance arrangements and structures in place and inspectors found that staff were aware of these and knew who they could speak to if they had a concern. Staff were aware of their roles, and they had received relevant training for extra tasks or roles undertaken.

This centre was added to the current service level agreement (SLA) in place for the organisation. Arrangements were in place where the social work department was updated weekly by the centre manager of the numbers of young people in the centre. One of the social workers that spoke with inspectors stated they requested further information on the young people for their records. Inspectors gave this feedback to the centre manager and regional manager as part of the inspection. A report outlining updates on the young people was created.

The centre manager was identified as the person in charge and held overall accountability for the delivery of service. It was difficult for inspectors to see the oversight from the management team on the online recording system regarding management commentary or sign off. Hard copies of care files reviewed by inspectors were signed off by management. Inspectors found that there was poor attention to detail and oversight by management on the quality of the records. Inspectors found incorrect names were on care files, there were inconsistencies on

the young people's absent management plans (AMP's) and ensuring there was relevant evidence of the work undertaken with the young people would be beneficial. Further clarity was required in the written paperwork such as the daily logs and the placement plans to show that staff were capturing relevant information about the young people, finding out who they were and that staff were identifying new things about the young people to ensure they were meeting their needs. There was no record of the night staff duties or their observations through the night across the young people's care files.

All the young people did not have their Tusla section five placement plan in place. The social worker informed inspectors that some of these were waiting to be signed off by social work team leader. The centre placement plans were on file for the young people, some had not been updated, others were on their second placement plan. Inspectors found there was minimal information on some of the placement plans. It would be beneficial to include goals identified by the young people for tracking and ensuring they were completed. Inspectors found goals were identified as completed or ongoing. Some of these included dates where the goals had been achieved and other placement plans did not have dates attached outlining if the goals were completed or ongoing. A review of the report writing in the daily logs was required to ensure sufficient information was recorded. A review of the placement plans was required to ensure that there were clear goals outlined, detailing how and when they were to be completed.

The centre manager informed inspectors that a new risk management system was being prepared for pilot use. All risks identified for the young people were not in the risk assessment folder, some were on their individual online files. The main risk assessments noted were regarding travelling to the city centre and self-administration of medication. Inspectors did not see risk assessments in place for a young person who had identified low moods, this must be implemented to guide staff on how they are to respond to the needs of this young person should they see a change in their behaviour. This was not named in the young person's personal safety plan either and that they were attending external support services to help with this and a previous assault that occurred.

Policies and procedures were in place however they did not fully align with the current purpose and function of the centre. Centre and regional manager informed inspectors that a review was currently being undertaken to updates this centre's policies and procedures.

When the centre manager is absent the deputy manager steps up in their absence. Delegation of tasks was in place for the deputy manager as the centre manager was due to take leave. There were officer roles in place for some members of the team.

Compliance with Regulation	
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 review the report writing within the daily logs and placement plans to ensure there is clarity, consistency and detailing evidence of work undertaken regarding the young people's goals.
- The centre manager and regional manager must ensure all relevant risk assessment are in place for the young people and where safety plans are required, that these are created as needed to support the needs of the young people.
- The registered proprietor must ensure that the centre policies and procedures are updated to reflect the purpose and function of 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 child protection policies and the contents of the Child Safeguarding Statement with the staff to ensure they have understanding, and knowledge of the procedures and risks outlined.	To ensure all staff have a robust and current understanding of their child protection responsibilities, the PIC will initiate a formal review process beginning on 06/08/2025. This comprehensive process will include a dedicated session to review the Child Safeguarding Statement and associated child protection Policies.	To reinforce understanding and clarify responsibilities, Child Protection and Safeguarding will become an agenda item for team meetings and individual supervision sessions.
	The centre manager must ensure that complaints are reported in line with centre policy and recorded in the relevant registers.	On 29/05/2025, the centre manager contacted the assigned social worker via email and phone to discuss outstanding and historical complaints. All complaints have been resolved and documented in the relevant registers.	The Centre Manager will ensure that the assigned social worker is notified of all complaints in line with the centre's policy. Depending on the nature of the complaint, a Significant Event Notification (SEN) may be completed alongside the complaint form. A step-by-step guide outlining the centre's complaints policy was circulated to all staff on 30/07/2025. This guide will be reviewed quarterly at staff team meetings

			<p>to ensure ongoing understanding and compliance with the complaint's procedure.</p>
5	<p>The centre manager must review the report writing within the daily logs and placement plans to ensure there is clarity, consistency and detailing evidence of work undertaken regarding the young people's goals.</p>	<p>A mandatory report writing workshop will be held for all staff on 20/08/2025. The session is designed to improve the clarity, consistency, and quality of our daily logs and placement plans, with a specific focus on evidencing the work undertaken to achieve the young people's goals.</p>	<p>The management team will continue daily reviews of daily logs and placement plans, in addition to this the PIC will conduct a monthly review of daily logs and placement plans. This process is supported by a newly implemented individual work schedule, which ensures that work related to each young person's goals is planned, completed, and recorded. Findings from these reviews will be used to provide direct feedback to staff, with trends and areas for improvement addressed during monthly team meetings.</p>
	<p>The centre manager and regional manager must ensure all relevant risk assessments are in place for the young people and where safety plans are required, that these are created as needed to support the needs of the</p>	<p>All young people's risks have been reviewed and updated. Safety plans will be developed and implemented as required to support the needs of the young people, Placement support plans will be updated to reflect same.</p>	<p>A live, centralised risk register has now been implemented for the centre. This will track all identified risks, the status of corresponding risk assessments, and required safety plans, ensuring a clear overview for management. All staff have</p>

<p>young people.</p> <p>The registered proprietor must ensure that the centre has relevant policies and procedures are updated to reflect the purpose and function of the centre.</p>	<p>The Registered Proprietor confirms that all organisational policies and procedures are currently undergoing a full review. This process will ensure every policy accurately reflects the centre's specific purpose and function. The review is a key agenda item for the upcoming regional managers' meeting on 11/08/2025, and we have set a target to have all updated policies formally approved and implemented by the end of September 2025.</p>	<p>been trained in this new risk management system 03/07/2025. Centre management will liaise with the assigned social worker when developing or approving any safety plans to maintain continuity, Placement Support plans will also be circulated for Social Workers approval.</p> <p>Once approved, the updated policies and Procedures will be formally announced to all staff in a dedicated team meeting. Digital copies will be uploaded to the shared server, and hard copies will be placed in the office. Policy and Procedure review will remain an agenda item at all regional managers meetings going forward, to ensure they are aligned with best practices.</p>
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