



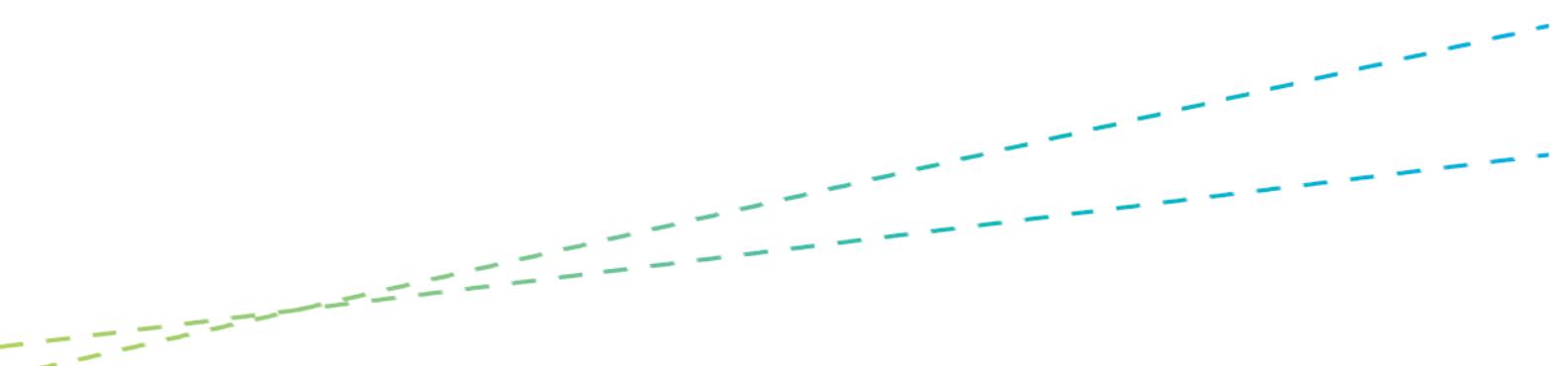
An Gníomhaireacht um
Leanáí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 266

Year: 2025



Inspection Report

Year:	2025
Name of Organisation:	Solis GMC
Registered Capacity:	16 Young People
Type of Inspection:	Announced Inspection
Date of inspection:	3rd, 4th & 5th June
Registration Status:	Registered from 22nd November 2024 to 22nd November 2027
Inspection Team:	Lorna Wogan Paschal McMahon Sinead Tierney
Date Report Issued:	11th 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 22nd 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 22nd November 2024 to the 22nd November 2027.

The centre was registered to provide a multiple occupancy service for up to sixteen separated young people from Ukraine ranging in age between 16 years and 17 years on admission. The aim of the centre is to provide a high-quality standard of care that is responsive to the individual needs of children, within a child-centred, supportive and safe open environment. There were fifteen 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 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 25th July 2025.

There were no issues requiring action identified in this inspection and report therefore no corrective and preventive actions (CAPA) was required.

The findings of this report 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: 266 without attached conditions from the 22nd November 2024 to the 22nd November 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

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.

There were a range of policies and procedures in place to ensure the rights of young people were upheld for example policies on their access to information, to make complaints, consultation and participation in their care and right to education and health care.

The inspectors found the young people were provided with child-centred care which protected and promoted their rights. The right to safety, choice, respect and involvement in decision-making was practiced in the centre. Young people were afforded opportunities for growth and development, relevant to their needs, through active engagement in community services, extra-curricular activities, education and through individual work carried out by key workers. The inspectors found, through conversations with the young people, a review of centre documentation and observations made during the inspection, that the residents had to date received good supports from the staff team and the service managers. The young people who met with the inspector's expressed satisfaction with the supports and assistance they received and spoke highly of the staff team and the managers. Inspectors observed the interactions between staff, management and the young people to be relaxed and respectful. They liked the fact they could cook their own food of choice in line with their cultural needs. Each young person received a weekly budget to which allowed them to buy groceries from local shops and supermarkets. The inspectors observed the young people cooking their meals and they had full access to the kitchen in their respective apartments. The apartments viewed by

the inspectors were homely, well maintained, well-furnished were and modern and bright in appearance. One young person was happy to show the inspectors the layout of their apartment and including their bedroom space. The inspectors observed that the bedroom was personalised and provided adequate space for personal belongings. In communal areas the walls were decorated with pictures and there was a large map of their country of origin. The centre was located on the outskirts of a city and had easy access to public transport links. The young people had access to shops, amenities and community activities in the locality.

The rights of children as prescribed in the United Nations (UN) Convention was available in written format to the young people in their first language and staff members had explained these rights to them. Young people told inspectors they were provided with information about the centre when they came to live there, including information about the staffing arrangements, house rules and expectations, and young people's meetings. The inspector's observed that written information for the young people about the centre and expectations while living there which was translated into their first language. Where the young people had not a proficient level of English translators were booked for them for example for doctor appointments or meetings where more complex issues were discussed. The inspectors found that translators were not provided for the young people who required them at their initial admission meeting, where a wide range of information was provided to the young people in relation to their placement in the centre. The inspectors recommend that the centre manager ensures that there are appropriate arrangements for translation in place at the admission meeting for the young people who are not proficient in English, rather than use phone translation applications which are not a reliable form of translation. In addition, the inspectors recommend that the admission checklist is reviewed to ensure that all aspects of the checklist are relevant to the cohort of young people being cared for at the centre and include their requirement or not for a translator at their admission meeting.

The six young people interviewed by the inspectors listed some of their rights they were familiar with, and stated they understood the complaints process and their right to make a complaint if unhappy with their care. They were introduced to an advocacy service following their admission. There was information displayed in communal areas to inform the residents about various advocacy and support services available to them. The young people were informed that staff maintained written records about their care, and they had the right to access these records. There was evidence that the young people were offered the opportunity to read the records however in most instances the young

people declined the offer. Young people were consulted about decisions in their lives and were engaged in their placement planning process and in their plans for moving on from the centre. The daily living arrangements respected the young people's privacy, and they had opportunities to be alone or undisturbed. Staff members managed issues relating to sexual orientation and cultural identity in a sensitive and supportive manner.

The inspectors observed that residents were self-sufficient and independent in terms of decision making around their routines and lives in general and this was respected and promoted by the staff. The young people were supported to live independently, and they stated they felt this was respected by the managers and the staff team. They were facilitated in the pursuit of interests appropriate to their age, talents and interests. They were facilitated choice across a range of daily living skills, for example buying clothes, use of pocket money, menus, furnishings. They were also consulted and facilitated to practice their religion, and this was noted in key working records. All young people had access to a general practitioner in the local area. The young people interviewed by the inspectors said they felt safe living in the centre and had not experienced any form of bullying.

The staff members were proactive in terms of meeting the educational needs of the young people. Several young people were observed studying to complete the State exams in their country of origin and they were provided with desks and appropriate quiet spaces and access to online education.

Through observations of daily life over the two-day inspection and interactions with staff it was evident the centre was a supportive space where the staff team were available as required to the young people. The managers and team demonstrated a commitment to delivering a service which was of a high standard and managers were readily available to the young people. The inspectors found that overall, the staff adopted a human rights and person-centred approach to the delivery of care.

The young people were supported and facilitated to maintain personal and family relationships. The young people had access to personal mobile phones and were provided with phone credit to support them to maintain independent contact with families. The views of parent were considered where parents were involved in the young people's placement and young people were facilitated to visit relatives living in the country with appropriate risk assessments undertaken and safeguarding measures identified.

The centre had formal arrangements in place to actively seek the views of the young people about their weekly routines and their care. House meetings were conducted on a weekly basis. The young people interviewed stated they found them to be repetitious in terms of content and structure, and they did not place much value on them. The centre manager must consult with the young people on how the meetings could be improved and be more tailored to their needs. Topics such as meal choice and complaints procedures were revisited repeatedly on several occasions. The records of the meetings were reviewed by the inspectors and the quality of the meeting records were poor, some had little content while others were found to be repetitious in content.

The inspectors found that care records were maintained appropriately by the centre managers and staff in relation to the young people placed there.

Compliance with Regulations	
Regulation met	Regulation 5 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

- None identified

Regulation 5: Care Practices and Operational Policies**Regulation 16: Notification of Significant Events****Theme 3: Safe Care and Support****Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

Safeguarding policies and procedures were understood and implemented by staff and management in line with Children First (2017). The centre managers reviewed the child protection and safeguarding procedures with staff members in team meetings and in individual supervision. Staff were familiar with the reporting procedures in line with Children First (2017) and were assisted by the manager through a joint reporting procedure in such instances. The inspectors reviewed training records and found that staff had received appropriate training to meet the needs of the young people and to promote safeguarding in the centre. Training in Children First was completed by all staff members and a training database was maintained by the centre manager. This was evidenced in the staff training database with training certificates verified on the personnel files. The centre had a child safeguarding statement (CSS) that was up to date. The CSS was displayed in the centre and staff were familiar with the statement. At the time of the inspection the team were working on how they could involve young people in their child safeguarding measures and were updating their child safeguarding statement in this regard. A list of all mandated persons was maintained in the staff office. The staff were familiar with the role of the designated liaison person (DLP) under Children First (2017) and the centre had appointed a deputy DLP in the absence of the DLP. The manager maintained a register of all child safeguarding and protection concerns and liaised with the principal social worker in relation to the status and outcome of all reported concerns. There was regular communication and collaboration with the allocated worker from the placing team to ensure the care and welfare of each young person was protected and promoted in the centre. Child safeguarding concerns were also discussed at each team meeting and in individual supervision. Child protection concerns were found to be reported appropriately in line with Children First (2017).

Monthly safeguarding visits were undertaken by the separated children's team. The allocated worker undertook monthly visits to the centre and met the young people in private. They provided relevant feedback to the centre manager following these visits. The allocated worker was satisfied that a good standard of care was provided to the

young people. They confirmed that the principal social worker on the team received notifications of any significant events that occurred in the centre or in respect to the individual young people.

There were no required restrictions on the young people in relation to access to the internet. Some of the young people spent a considerable amount of time gaming online with peers from their country of origin and the inspectors found that staff made good efforts to encourage them to engage in alternative activities, however this was an ongoing challenge for staff. Guidance in relation to use of social media and the internet was recently undertaken with the young people at a house meeting. However, the needs of the individual young people for additional guidance and education around sensitive topics such as sharing inappropriate images online, consent, sexual health was not evident. The manager indicated that the many of the staff members may not feel fully competent to address these conversations and would benefit from some additional training in this area. The inspectors recommend the centre manager sources additional training for the staff team to build their competencies to address sensitive topics such as sex education, sexual orientation, consent and sexual health matters with young people as required.

There was a low level of incidents in the centre. Significant incidents that occurred were managed and reviewed in line with policy. There were systems in place to review significant events across the service and the feedback following a review of two incidents that occurred in this centre indicated they were well managed. Safeguarding concerns were appropriately recorded. Safeguarding and child protection concerns were reported to the placing authority. The centre staff were not responsible to inform parents of such concerns. This was the responsibility of the placing authority where they had contact details for parents. There was one incident of potential bullying of a young person living in the centre. The key worker undertook an individual piece of work with them around the incident and issue was resolved. The manager outlined the vulnerabilities of some of the young people and there was evidence that they advocated and promoted services and supports in the local community to assist the young people as required. Three staff members attended specific training in relation to separated children who have experienced trauma.

The practices for the safe recruitment of staff members in the centre were robust and effective. The inspectors found that all staff had a valid Garda vetting disclosure and staff who had resided outside of the country for a period of six months or more had

international police check in place. The service provider ensured that accurate personnel files were held securely and included role profiles and terms and conditions of employment for each staff member.

Security arrangements were in place and there were adequate checks of people entering the building. Closed-circuit television (CCTV) (visual) was in place on the exit points internally and on external areas of the centre, and its use was informed by data protection legislation and the centre policy. There were no unnecessary restrictive practices in the centre.

There was a policy and procedure on protected disclosures. Staff members signed a memo from the registered provider in relation to the centres protected disclosure/whistleblowing policy and procedure, and this was evidenced in their supervision files. All staff interviewed were familiar with this policy and to whom they could report such concerns. They were also able to identify the external agencies to whom they could report identified wrongdoings. The centre manager confirmed there were no reported concerns in relation to staff practice to date.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

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

Actions required

- None identified

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The service provider had a clear governance structure in place. The centre had leadership, governance and management systems in place with clear lines of accountability, which promoted the safeguarding needs of the young people. The centre was managed daily by the centre manager and deputy manager who worked office hours. The centre managers reported to the quality assurance manager. Clear lines of accountability and responsibility were evident from a review of management meetings with tasks appropriately delegated. Young people who spoke with inspectors were aware of the different roles staff had.

Communication systems in the centre were effectively used to ensure safe and effective care for each young person for example fortnightly team meetings and daily handover meetings. Inspectors reviewed management meetings covering the period since commencement of operations. Regional management meetings were undertaken on a quarterly basis and a record of these meetings was maintained. Monthly internal governance reports were completed by the centre manager and submitted to the external manager. The external line manager visited the centre on a weekly basis and participated in team meetings and there was evidence the registered proprietor had visited the centre on several occasions since commencement of operations and had attended a staff team meeting to acknowledge the work undertaken by staff.

Quality assurance and compliance audits were undertaken by the centres external line manager. Three audits were completed at the time of the inspection. The findings of these audits were outlined in the compliance reports which evidenced actions to be taken to achieve compliance and the person/s responsible for the required action. The required actions were colour coded to evidence if they were completed, in progress or outstanding. The centre manager confirmed they reviewed the action plan in supervision with their manager.

Policies and procedures were developed to guide staff in their work. At the commencement of operation, the suite of policies and procedures was adapted from other services within the wider organisation. The centre manager stated that the management team were currently undertaking a review of the suite of policies to update them in line with the care needs of the cohort of young people they cater for. The inspectors found that some of the policies were not aligned to the purpose and function of the centre therefore concur that several policies and procedures required amendments and updates in this regard. There were systems in place to ensure staff were familiar with the centre policies and procedures through induction training, team meetings and supervision. The managers stated they periodically asked staff to discuss policies and procedures, and this was confirmed by staff who spoke with the inspectors.

The service provider had a risk framework in place and staff were familiar with the risk management systems in place to assess, monitor and identify appropriate control measures to provide a safe service and safe care for the young people. Where individual risk assessments were required, these were evidenced on the individual care records and found to be appropriately identified, assessed and reviewed. The centre manager maintained a centre risk register that was reviewed and updated every three weeks and the corporate risk register was maintained by the registered proprietor. The centre manager confirmed that staffing deficits were identified on the corporate risk register. The centre manager was responsible for the oversight of all the centre's registers, including complaints, child protection, risk, significant events and any information which needed to be escalated to external managers for further review. The centre registers were up to date including the register of admissions and discharges.

The registered provider was contracted by the separated children's team within Tusla to provide the service. The provider was required to submit data to Tusla on a weekly basis in relation to admissions, discharges and occupancy levels within the centre.

The current team consisted of nine social care workers and two support workers. The centre had access to two relief staff however the inspectors found that staffing resources were stretched in previous months, and this had impacted on staff morale. The centre manager was required at times to cover the staff rota which diverted them from their management duties. The inspectors found that improvements were required on the managers sign off on placement plans and individual work undertaken by staff. At the time of the inspection additional staff had been recruited and the registered proprietor

informed the inspectors that recruiting was ongoing, and they were committed to securing four additional staff members to the team.

The inspectors found that the internal management structure was not aligned to their statement of purpose as there were no social care leaders in post at the time of the inspection. The registered provider informed the inspectors that they had recruited four social care leaders who were due to commence in post in July 2025. The centre manager stated this would strengthen the internal leadership and support for staff across the roster both during the week and at weekends.

The centre manager was appropriately qualified, skilled and experienced to ensure the delivery of safe, high-quality, child-centred care. Staff interviewed were satisfied with the support they received from their managers and stated they were accessible to them for guidance, direction and support. When the centre manager is absent from the centre the deputy manager undertakes the managers role and responsibilities. The centre manager maintained a record of all delegated management tasks.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.2
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