An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 046

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Solis GMC Children's Services**
Registered Capacity:	**Three young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**13th,14th & 23rd February 2023**
Registration Status:	**Registered from 30th June 2022 to 30th June 2025**
Inspection Team:	**Paschal McMahon** **Joanne Cogley**
Date Report Issued:	**23rd May 2023**

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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 30th of June 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 30th June 2022 to 30th June 2025.

The centre was registered as a multi-occupancy service. It aimed to provide emergency accommodation for young people for up to a maximum period of 21 days. It was registered to provide accommodation to three young people from age twelve to seventeen years on admission. Their model of care was described as being based on Erik K. Laursen's Seven Habits of Reclaiming Relationships. The centre aimed to build relationships through an activity-based programme. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
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 relevant social work departments on the 4th April 2023. 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 18th April 2023. The CAPA returned was used to inform the registration decision. After further communication and subsequent information was provided by the organisation in respect of the CAPA, it 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: 046 without attached conditions from the 30th June 2022 to 30th June 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

The centres statement of purpose was to provide emergency accommodation, up to 7 / 14 days for emergency bridging placements or up to a maximum of 21 days for three young people aged between 12 - 17 years who have been assessed as being in crisis and for various reasons cannot be maintained at home or in their current living arrangement. There were two young people in residence at the time of inspection, both of whom were in the centre for periods in excess of the statement of purpose time frames. One young person was residing in the centre for an eight month period and the second young person was residing in the centre for nearly three months. Both young people had complex needs and the allocated social workers informed inspectors that they continued to reside in the centre due to the lack of availability of suitable follow on residential placements. Centre management and staff in interviews highlighted the fact that the centre was providing an emergency service and the centre was unable to meet the needs of the young people. There was evidence on file that the centre manager and senior management in the organisation were in ongoing contact with the relevant social work departments and Tusla's National Private Placement Team requesting that alternative placements were sourced for the young people. Inspectors were informed post inspection that a follow on placement had been identified for one of the young people.

While there were statutory care plans on file for both young people, there was no effective care planning due to the lack of identified follow on placements. This impacted on the level of support services available to the young people as many actions and specialist services identified in the care plans were put on hold due to the lack of stable placements. Both young people attended their care plan reviews and

made their views known in relation to their frustration and the lack of clarity in relation to their future care. One of the young people told inspectors that they were extremely frustrated at the length of time they were living in the centre and the lack of support services available to them due to not having a stable placement. The young person had written to Tusla and the Ombudsman for Children to outline their concerns and was also being supported by EPIC in their efforts to access a suitable follow-on placement.

The centre's placement plans in accordance with the centre's statement of purpose as an emergency / short term service were focused on engaging the young people in activities and individual work identified on admission with the allocated social worker. Given the length of time young people were residing in the centre the inspectors found that these placement plans were not fit for purpose or in line with care plans as they were activity focussed and based on a short term stay. As a result the young people's needs identified in their care plans and issues that arose during their care were not being addressed appropriately. In response to this the director informed inspectors that the centre was in the process of developing placement plans to accommodate the needs of residents who remained in the centre beyond the maximum 21 day period and a draft placement plan had been developed.

There was evidence on file that the young people were engaging with staff and there was individual work being completed with them, the majority of which was opportunity led and in line with guidance provided by social workers. The allocated social worker for one of the young people told inspectors that the centre had liaised with them in relation to identifying specific pieces of individual work to be completed with the young person after the individual work identified on admission had been completed. The Guardian Ad litem for another young person spoke of the centre's proactiveness in terms of accessing resources and seeking additional support and guidance to assist them in working with the young person.

The young people did not have access to all their identified specialist supports. There was evidence of external specialists in attendance at care plans meetings and strategy meetings and evidence of ongoing oversight by medical professionals. While there were some support services in place, as highlighted previously a number of specialists supports and access to services identified in the young people's care plans were put on hold until appropriate follow on placements were sourced.

There was evidence on care records that staff were in regular contact with the young peoples' allocated social workers. Social workers informed inspectors that they were

satisfied that there was effective communication with the management and staff and they were in regular contact with them in relation to the young people's progress, plans and any issues or concerns. The allocated social workers and Guardian Ad Litem's for both young people were all very satisfied with the level of care provided by the centre and commended the management and staff for the level of commitment and dedication shown to the young people. The centre was also praised by external professionals for the resilience shown in caring for the young people despite the complexity of the young people's needs and the lack of required specialist supports.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was a two-storey building located in a rural setting. The house was detached and set in its own grounds with large gardens. The layout and design of the centre was suitable for providing accommodation for up to three young people. Each young person had their own bedroom with an ensuite bathroom and adequate storage for their personal belongings. Both young people in interview and in their questionnaires stated that they were happy with their bedrooms. The centre provided enough space for young people to relax and engage in recreational activities with a range of books, games and art materials. One of the current residents had been involved in decorating and purchasing items for the house and this was facilitated and encouraged by staff. Staff also encouraged the young people to engage in activities of their choice and to be creative which was evident in the appealing artwork on display completed by past and present residents.

The inspectors conducted a walkthrough of the premises and found that the centre was not well maintained and in need of upgrading. The inspectors identified a number of maintenance and repair requirements. The following issues were noted:

- Broken electrical sockets in the hall and landing
- Broken fridge handle
- Electrical cables and leads not secured
- Toilet in spare bedroom not working.

Several of the rooms including the bathrooms needed repainting and the sofas in the sitting rooms were worn. Inspectors also observed that the heating in the centre was not working on six occasions in the previous year and was an ongoing issue. Externally, there were potholes in the driveway which was a recurring issue and staff expressed concerns in relation to the potential damage to their cars. Efforts had been made to address this issue and the driveway had been repaired on previous occasions

but it remained an ongoing concern. In addition, the oil tank at the rear of the premises needed to be secured and a section of the fence at the front of the house also needed repair.

Inspectors reviewed the centre's fire register and found evidence that a fire safety company carried out the required service checks on the fire alarm, smoke alarms and emergency lighting. Inspectors identified a number of issues in relation to fire doors that required immediate attention at the time of inspection. This was brought to the attention of the centre manager who subsequently arranged for a fire safety company to address these issues. The manager was identified as the fire representative for the centre however this was not recorded in the fire register along with the names of staff trained in fire safety and needs to be amended to include this information. There was evidence that fire drills were undertaken with the centre residents.

Inspectors found the centre had a health and safety policy and a health and safety statement along with procedures in place to manage risks related to the health and safety of staff, young people and visitors. The inspectors reviewed the centre's maintenance book and found that the majority of issues identified in the inspectors walkthrough of the premises highlighted above were not identified or recorded in the maintenance book. Similarly, while health and safety audits were undertaken monthly, these issues were not identified and recorded in the audits as requiring action. In addition, inspectors found limited evidence of oversight of health and safety and fire safety by internal and external management on centre records and audits and this is addressed in more detail under section 5.2 of this report.

Inspectors reviewed staff training records and noted that there had been a number of staff recruited in the year prior to inspection. While all staff were trained in fire safety there were a number of staff that did not have the required mandatory training in first aid, manual handling and this must be scheduled without delay.

The centre maintained a record of any accidents/injuries sustained by staff and/or young people and there was evidence that actions were taken to prevent further accidents. Inspectors observed that cleaning products and young people's medication were stored securely.

There were two vehicles onsite to transport the young people. Inspectors viewed the vehicles during the inspection and these were found to be roadworthy, insured, taxed and driven by staff who were legally licenced to drive the vehicles. Each vehicle contained a first aid kit and breakdown triangle. The centre's transport policy states

that staff on occasion may use their own vehicles for work related duties when it is not possible to use vehicles belonging to the centre. Only staff members who have their insurance policies indemnified against the employer are permitted to use their own private vehicles. Inspectors found that there were a number of staff who did not have required letters of indemnity from insurance companies on file. The centre recorded all vehicle maintenance checks and repairs and there were systems in place to undertake weekly cleaning and checks on the centre vehicles.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 15** **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 2.2** **Standard 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required:

- The director must provide inspectors with a schedule of work that addresses the deficits in the premises.
- The director must ensure that maintenance is carried out in the centre in a timely manner.
- The director must ensure that all staff complete the required mandatory training without delay.
- The director must ensure that letters of indemnity are on file for all staff members who use their own private vehicles.

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 internal management structure in the centre comprised of a manager, deputy manager and two social care leaders. The manager was in post since May 2018 and there was evidence that the manager provided leadership and supported the staff team to manage the care of young people. Staff members interviewed stated that the manager was approachable and accessible. At the time of the last inspection the centre did not have a sufficient number of staff and were using a number of agency staff. Since then, the centre had recruited additional staff and had made submissions to the registration and inspection service outlining their actions taken to recruit suitably qualified staff to address the staff qualification balance of 50% social care qualified staff to meet with the requirements of the Child Care (Standards in Children's Residential centres) Regulations 1996 Part III Article 7: Staffing.

There was a governance structure in place whereby the centre manager reported to a regional coordinator who in turn reported to a director. At the time of inspection, the regional coordinator post was vacant and the manager reported directly to the director. Inspectors found that during the period from August 2022 when the regional coordinator left their post until December 2022 that there were not effective governance and oversight systems in place. Inspectors found that during this period operational managers meetings, regional managers meetings and external audits had not taken place on a regular basis in accordance with the timeframes outlined in the centre's policies and procedures. A review of centre records also highlighted a lack of adequate oversight which was evident in the fact that the majority of issues requiring action in this inspection were not identified by external and internal managers or in the centre's auditing systems. This included the issues in relation to the premises and fire safety concerns outlined previously in the report along with deficits in the completion of child protection report forms, recording and handling of complaints and risk management. Inspectors were informed by the director at the time of inspection that that there were new governance arrangements in place which included a new internal governance report / self-auditing system which was in the

process of being implemented. In addition, a new external auditing process had commenced in December 2022 and there were plans to appoint a regional coordinator within a three to six month period.

There was a service level agreement in place with the national private placement team and there was evidence on file that the centre and senior management in the organisation were in regular contact in relation to the status of placements and compliance with regulations and national standards.

The centre had policies and procedures in place in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and other relevant legislation. Staff interviewed stated that they were made aware of policies and procedures on induction and policies were reviewed at team meetings.

The centre had a risk management framework in place that consisted of a corporate risk register, centre specific risk assessments, individual risk assessments and plans related to the safety of young people. The centre operated on an emergency placement basis and therefore in most cases there was a limited amount of referral information available when young people were admitted. Initial pre-admission risk assessments were completed based on referral information provided by the referring social worker. Inspectors recommend that in cases where young people have been living in the centre for an extended period that impact risk assessments are also conducted when considering new admissions.

Inspectors found as with the previous inspection of the service in March 2022 , that there were deficits in relation risk management and not all risks in relation to the young people and the service were identified, assessed and managed appropriately. In interviews there was a lack of clarity and knowledge in relation to risk management at all levels of the organisation. An example of this was in a number of the centres significant event reports where there was no evidence of risk assessments being developed after incidents took place. In another instance a safeguard identified in a preadmission risk assessment was for a staff member with training on suicide awareness and prevention to be rostered on shift each day in the centre which was not considered in the rosters viewed by inspectors. Social workers and Guardian Ad Litem's interviewed confirmed risk formed part of ongoing discussions with the centre manager and they were satisfied overall with how the centre was managing the risk related to young people on a day-to-day basis. However, one Guardian Ad Litem expressed concern in relation to the centre's policy of not following young people who abscond from the centre in an effort to get them to return and instead report young

people missing in care to the Gardaí. This in one case led to a young person engaging in high-risk behaviours before the Gardaí returned the young person to the centre. Inspectors also found that the corporate risk register needed to be reviewed as it was primarily focussed on the risks posed by the covid pandemic and did not reference current issues such as the centre operating outside their purpose and function and the lack of staff training.

The centre had an internal management structure in place appropriate to the size and purpose and function of the centre. There was a deputy manager in post who assumed responsibility for the centre in the managers absence. Two social care leaders had been appointed in January 2023 and inspectors were informed at the time of inspection that the centre was in the process of recruiting a third social care leader.

The inspectors were provided with a written record of managerial duties delegated to members of staff detailing their responsibilities and designated tasks. The organisation had an on call system in place to support staff at all times to manage incidents and risks in the centre.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all aspects of this theme were reviewed**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all aspects of this theme were reviewed**

Actions required:

- The director must ensure that there are robust governance and oversight mechanisms in place in accordance with the National Standards for Childrens Residential Centres (HIQA) 2018.
- The director must ensure that management and staff at all levels of the organisation are aware and understand the centres risk management framework to ensure that they can effectively identify, record and manage risk.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	The director must provide inspectors with a schedule of work that addresses the deficits in the premises.	The centre has sourced quotations for replacement of some furnishings. An engineering company has been contacted and a quotation for oil tank cage enclosure is pending. Fire door recommendations have been addressed. Electrical repairs have been arranged. Completion of all painting and furnishings to take place by June 2023.	Inspections and walkaround visual checks to be undertaken by centre manager on a monthly basis as part of health and safety audits.
	The director must ensure that maintenance is carried out in the centre in a timely manner.	Issues raised through health and safety audits and / or raised by staff via main maintenance logs to be brought promptly to the Service Manager for remedial works. The centre manager will also undertake visual checks in addition to the health and safety audits.	The centre manager will have authority to engage contractors on an emergency basis to address immediate health & safety concerns.

	The director must ensure that all staff complete the required mandatory training without delay. The director must ensure that letters of indemnity are on file for all staff members who use their own private vehicles.	Training in First Aid and TCI Training is scheduled for May 2023. Manual handling training is also being scheduled. Two centre vehicles are available for staff use at all times. Letters of Indemnity are on file for staff permitted to use their private cars while on duty.	Training matrix to be updated monthly identifying training deficits It is company policy that only those staff who have indemnity in place are permitted to drive their private vehicles for work relate business.
5	The director must ensure that there are robust governance and oversight mechanisms in place in accordance with the National Standards for Childrens Residential Centres (HIQA) 2018. The director must ensure that management and staff at all levels of	A new regional co-ordinator post will be advertised In May 2023 with governance and quality auditing function a core responsibility. In the interim, the service manager will maintain oversight by visiting the centre monthly commencing on the 8th May 2023 to review care folders, attend team meetings and validate monthly managers governance returns. The Service manager and centre manager will review the risk management	New appointment will be made in due course once successful applicant has been shortlisted and interviewed. Risk management training to form part of new staff induction programme. The

	the organisation are aware and understand the centres risk management framework to ensure that they can effectively identify, record and manage risk.	framework and facilitate a staff training exercise on its completion, scoring rationale, implementation of and review of risks; understanding early identification of emerging risks and appropriate escalation of said risk to key stakeholders. This will be completed in May 2023.	corporate risk management will be updated as significant new risks present.