



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 138

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Solis EMC
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	17th, 18th, 19th, April 2023
Registration Status:	Registered from 20th July 2021 to 20th July 2024
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	24th 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 20th of July 2018. At the time of this inspection the centre was in its second registration and was in year two of the cycle.

The centre was registered as a multi-occupancy service to accommodate four young people from age thirteen to seventeen years on admission. The centre provided medium to long term care placements. Their person-centred model of care was described as building therapeutic relationships with young people through the adaptation of ‘The Seven Habits of Reclaiming Relationships’ (Erik K. Laursen) to enable young people to feel supported, cared for, safe and respected. The centre aimed to provide an individualised programme of care to assist each young person to develop resiliency through the medium of positive and caring relationships. The centre provided young people with the opportunity to develop positive relationships with caring adults who model appropriate ways of dealing with emotions and life challenges. There were four 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
1: Child-centred Care and Support	1.3
3: Safe Care and Support	3.1
6: Responsive Workforce	6.2

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

At the time of this inspection the centre was registered from 20th July 2021 to 20th July 2024. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 15th of May 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 17th of May 2023. 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: 138 without attached conditions from the 20th July 2021 to 20th July 2024 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 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The inspectors found there was a range of policies and systems in place to promote young people's rights and it was evident that there was a focus on what was important from the perspective of young people. Their experience of the care they received was considered by the staff team and management and informed both planning and service improvements.

From interviews with staff and review of the young peoples' and centre records, inspectors found that they were included in their own care planning and their voices were represented at every level within the organisation. The management and team were creative in ensuring they received feedback from all young people about their experience of the care provided. The young people completed a feedback questionnaire on a bi-monthly basis and the centre records evidenced follow-up with the young people to matters or issues raised by them. If it was not possible to facilitate requests made by the young people, follow up meetings were undertaken to explain the rationale, especially where decisions related to their safety and wellbeing. This was in line with the stated model of care where participation of young people was valued. There were also individual follow up meetings between young people and the centre manager if a pattern of dissatisfaction emerged. In such instances this was managed through the centre's complaints procedure and was brought to a conclusion with the input of young people.

It was evident from review of team and management meeting records that consultation with young people was a priority and they had a say in day to day living, meal planning, the physical premises and monthly planning. The managers and team advocated for young people to be involved in their statutory child in care review meetings and other planning meetings. Young people who spoke to inspectors could

see the benefits of their participation in these meetings. They were supported to advocate for themselves when they requested additional family access or free time and were encouraged by staff to be involved in risk management planning so this could be facilitated safely.

There was evidence that the team worked hard to build trusting relationships with young people. This was an important part of supporting two of the young people towards aftercare planning. There was good engagement and involvement of young people in their admission to the centre. The young person who moved in most recently described how they were included in the transition and admission process and how they were afforded the opportunity to have their views heard and make choices.

Staff were also aware of their responsibility to inform young people of independent external supports available to them. They were informed of all the systems in place for advocacy including Empowering People in Care (EPIC) and the Ombudsman for Children's Office. There were also systems in place to hear the views of young people through regular house meetings, this was mostly a group forum with all young people participating. Every second week there was a group activity organised for the young people to promote a positive group dynamic and build on relationships between the staff and young people.

Two young people spoke with the inspectors and stated they were happy with the care they received and that they had a say in their care. Two young people completed questionnaires with equally positive sentiments.

Inspectors found that key people in the lives of the young people were updated regularly and included in planning. This was confirmed in interviews with three parents and three social workers. All commended the team's commitment to the young people and said they '*could not do enough to support them*'. Parents stated that if they brought issues to the attention of staff that they were addressed promptly. Parents interviewed outlined how their children had benefitted from living in the centre.

There was a policy in relation to key working and staff interviewed were clear about the responsibilities of this role. They explained that that young people could have a say if they were not happy with the key working relationship and that other options would be explored with them.

Inspectors found there was robust management and oversight of the key working role by the centre manager and deputy manager to ensure key working tasks were completed. Staff confirmed in interview that management were both supportive and challenging in respect of the key work role and held them accountable for assigned tasks. A review of team meeting and supervision records evidenced in-depth discussions where staff were perhaps struggling to meet the objectives of the placement plan or keywork schedule. Additionally, the deputy manager and social care leaders met regularly to review the needs of the young people, their goals and keep track of assigned work and review the outcomes of work undertaken.

On admission young people were provided with information about the centre and other relevant documentation. The inspectors found that information on centre documentation and templates were formulated using plain English to support and facilitate maximum participation by the young people.

There was evidence across centre records that the team made efforts to ensure that young people were aware of what records were maintained by staff on file. The young people interviewed confirmed they could have access to what was written about them by staff.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 11 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.3
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed

Actions required:

- None

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.

Inspectors found that the centre was operating in line with the relevant legislation and complied with reporting procedures set out in Children First: National Guidance for the Protection and Welfare of Children, 2017 and in line with the requirements of the Children First Act, 2015. The organisation had a range of policies and procedures in place for safeguarding young people, reporting, and managing concerns in line with Children First. These included a recruitment policy, the code of conduct, child protection and safeguarding, bullying and whistleblowing policies amongst others. There was evidence that policies were updated across the organisation following recommendations made in previous inspections within the wider service.

There was a written Child Safeguarding Statement (CSS) displayed in the centre as required. The statement set out the potential risks of harm or abuse for young people living in the centre, as defined under the Children First Act, 2015, along with measures in place to mitigate against the identified risks. While staff interviewed by the inspectors were familiar with the CSS and where it was displayed in centre, they struggled to identify the potential risk of harm and abuse for young people living in the centre as defined under the Children First Act 2015. Inspectors recommend this is revisited at team level to ensure absolute clarity in relation to the potential risk of abuse and harm for children living in care.

Staff interviewed were aware of their responsibility as mandated persons to report child protection and welfare concerns through the Tusla Child and Family Agency portal. They were familiar with the appointed designated liaison person (DLP) and Deputy DLP and their specific roles to be a resource to the team. The centre manager and deputy manager held these roles and they had received specific training regarding their responsibilities. The centre manager provided a list of all mandated persons that was maintained in the centre.

All staff working in the centre had received training in the organisation's child protection policy as part of a comprehensive induction process. They had also completed the Tusla E-learning module: *Induction to Children's First* and some staff

had completed additional modules in Children First training. All staff completed online training in respect of their role as mandated persons and training on awareness of child sexual exploitation and the relevant reporting mechanism. All visits to the centre were recorded in a visitor's log.

The centre manager maintained a child protection and welfare register and while no reports had been made in the previous 12 months inspectors found there were clear systems in place for recording, reporting, and tracking the status of mandated reports and child protection concerns. There was evidence that child protection was a priority item at management and team meetings, and it was also evident in monthly governance checks, centre audits and in the 2022 annual review of compliance.

Staff in interview provided different answers in respect of the procedure in place to inform parents/guardians of child welfare and protection concerns. Inspectors recommend that further clarity is provided to the team about the procedure in place.

Staff and management within the centre demonstrated an understanding of their roles and responsibilities regarding the safeguarding of the young people in the centre. Notwithstanding this, they did not identify all known vulnerabilities for the young people and the risk assessments or work that was undertaken to reduce any risks to their safety.

Staff reported no incidents of bullying between young people but they were alert to the possibility of an emerging dynamic of peer pressure and this must be closely monitored. Inspectors found that two incidents where group behaviour could impact negatively on young people were not adequately reported or followed up with them.

At the time of inspection, the management team had highlighted a lack of clarity among staff as to what constituted a significant event and work was undertaken with the team in the weeks prior to inspection to ensure all events were recorded and notified appropriately.

Pre-admission and impact risk assessments were undertaken to ensure that individual and potential risks within the resident group were considered on admission of each young person. Appropriate control measures were identified on the risk assessments and implemented in practice.

The organisation had a written policy and procedure in place to report and respond to protected disclosures. Staff interviewed were familiar with the policy and

identified people they could bring concerns to if required. Staff and management described a culture of reflective practice and were confident in interview that they could challenge practice of colleagues and be supported in supervision to address any issues arising. There were no reported protected disclosures since the last inspection in February 2022.

There was evidence that the centre adhered to the organisations recruitment policy in respect of safe recruitment of staff. This is further discussed under standard 6.2.

The centre's child safeguarding statement outlined the risks relating to phone and internet use, although for one young person it was not risk assessed in practice for the requirement to monitor access to the internet in line with best practice based on individual vulnerability. The centre must assess with the supervising social work department any safety concerns regarding unlimited and unsupervised access to the internet.

A review of the young people's care records-evidenced there was collaborative work with multi-disciplinary communication and planning in support of safe care with the social work teams and other professionals. This was confirmed in interviews with supervising social workers and a Guardian ad Litem. They confirmed that the team had the skills and competencies to keep young people safe and that they were alert to issues of risk. Child in care reviews generally took place in line with regulations and updated care plans were provided to the centre and supplementary strategy meetings took place where risk was identified. Inspectors noted that young people were placed close to families of origin and that there were tangible benefits to this in terms of planning, family access and access to social work supports.

Each young person had a placement plan that included supporting them to develop knowledge around self-care and protection. Inspectors found that key work identified for one of the young people in their care plan was not included in the placement plan. The manager confirmed this work was completed however it was not evidenced on the key working records or in the monthly individual work schedule. Additionally, the behaviour support plan was not updated following a requirement for a safety plan for this young person.

Each young person had behaviour support plans (BSPs) and Individual Crisis Support Plans (ICSPs) on file. From a sample of key working reviewed, it was generally evident that identified work was taking place with young people in relation to keeping themselves safe and to develop an awareness of self-care and protection.

Notwithstanding this, inspectors found that some vulnerabilities in respect of the current group of young people required more robust recording and monitoring.

The inspectors met with two of the young people while on site. They stated they felt safe living in the centre and were positive about relationships with the staff team. They said they had assigned key workers who they trusted and that they would speak up if they felt unsafe.

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 were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards were assessed

Actions required.

- The centre manager must ensure that all staff are familiar with the risks of abuse set out in the Child Safeguarding Statement.
- The centre must assess with the supervising social work department any safety concerns regarding unlimited and unsupervised access to the internet.
- The centre manager must ensure that the goals of care plans are transferred to placement plans and key working schedules and that completed work is evident on young people's files.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe, and effective care and support.

There were policies and procedures in place to ensure robust and safe recruitment practices. The organisation sought advice from an external company to ensure these were in line with relevant Irish and European legislation.

At the time of inspection, the staffing complement consisted of the centre manager, deputy manager, three social care leaders, and ten social care workers. All staff had the necessary qualifications with a social care or related and relevant qualification. More than 50% of the team held a social care degree as required. There was a comprehensive induction process, a period of probation with additional supports, monitoring, and training. Staff appraisals took place annually.

Inspectors found that there were three evenings across the weekly roster where there were only two staff on from 8pm. Thus, when one staff went out to collect young people from free time or family access this resulted in one staff lone working with the other three young people. While no incidents were reported during this time, Inspectors recommend that the roster is reviewed to ensure adequate cover in the evenings seven days a week taking the needs of the group into account and to minimise any potential risk.

Inspectors reviewed samples of team meetings and supervision records and found that there were systems in place to ensure that staff were supported to reflect on their practice and develop professionally to provide safe and effective care to young people.

The social care manager held an appropriate qualification and had many years practice and management experience. Governance reports, management meetings and the 2022 annual review report provided evidence that they worked effectively alongside the deputy manager to meet the stated purpose, aims and objectives of the centre. This was confirmed by professionals and parents who said the centre was well managed and that communication was effective.

All staff in the centre had written job descriptions that were up to date. Each staff member was provided with an employee handbook and a copy of their terms and conditions of employment. Inspectors reviewed supervision records and found evidence that staff were made aware of their job description, the code of conduct and their role as keyworkers. This was verified during inspection interviews. Inspectors found that there were systems in place to ensure that new recruits were brought up to a good level of competency in a timely manner. There was a training needs analysis in place and robust systems in place to monitor and track staff training.

Inspectors sampled the files of seven staff members new to the centre when staffing increased due to an increase in capacity and there were a number of internal staff transfers due to promotional opportunities. Appropriate police checks were on file for staff members working within the centre. Qualifications and references were checked and verified as required and any gaps in CVs were explored. There was evidence of centre and organisational oversight of personnel files. Inspectors found they were secure, well maintained and easy to access.

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 were assessed
Practices met the required standard in some respects only	Standard 6.2
Practices did not meet the required standard	Not all standards were assessed

Actions required.

- The centre manager must review the staff roster to ensure adequate cover and taking the needs of the group into account and to minimise any potential risk.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
3	<p>The centre manager must ensure that all staff are familiar with the risks of abuse set out in the Child Safeguarding Statement.</p> <p>The centre must assess with the supervising social work department any safety concerns regarding unlimited and unsupervised access to the internet.</p> <p>The centre manager must ensure that the goals of care plans are transferred to placement plans and key working schedules and that completed work is evident on young people's files.</p>	<p>The Child Safeguarding Statement was reviewed comprehensively at a team meeting on the 26th April and also refreshed via supervision dates from the 19th April 2023.</p> <p>Consultation with social worker took place on 15th May 2023 and evidence is on file to confirm arrangements for a monitoring device in respect of access to the internet.</p> <p>The relevant placement plan was updated on 19th April 2023. Following CICR's the placement plan will remain in draft form until the formal care plan has been received and robust screening will occur to ensure that all identified need is clearly reflective within the final placement plan.</p>	<p>Revisit twice yearly at team meetings.</p> <p>Ongoing review and consultation that will ensure safe usage and access to the internet.</p> <p>DPIC and key workers to review monthly at Governance meetings to ensure all completed work is evident and on file. Monthly review during centre manager monthly audit.</p>

6	The centre manager must review the staff roster to ensure adequate cover and taking the needs of the group into account and to minimise any potential risk.	Reviewed with service directors and the staff team on 16 th May 2023, to ensure maximum usage of staff into the latter part of the evening: thus minimising any potential risk. The roster will have adequate evening cover across the entire week. Effective from 22 nd May 2023.	Review twice yearly, or when required.
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