



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 011

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Solis MMC Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	08th & 09th February 2022
Registration Status:	Centre closed on 06/05/2022
Inspection Team:	Lisa Tobin Eileen Woods
Date Report Issued:	10th May 2022

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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 in May 2010. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 10th May 2019 to 10th May 2022.

The centre was registered as a multi-occupancy service. It aimed to provide medium to long term care for four young people (boys and girls) aged between thirteen and seventeen years. The statement of purpose outlined that the centre provided an individualised programme of care that aimed to assist young people in developing physically, socially, morally, emotionally, cognitively, and educationally. It described that the model of care was a relationship-based model which was adapted and underpinned by Erik K Larsen's, '*7 Habits of Reclaiming Relationships*'. There was one young person 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	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 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. This inspection was a blended inspection with a combination of on-site file review and interviews over MS Teams.

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 6th April 2022. 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 7th April 2022. Prior to issuing the final report the organisation decided to close this centre. As such this centre was removed from the national register of centres held by the Alternative Care Inspection and Monitoring Service on 6th May 2022.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors reviewed documentation that showed how the young people's voices were reflected in many ways. Daily log books, young people meeting minutes, key working and individual work all showed times where the young people discussed their living arrangements and decisions about their care. The centre policy stated that young people's meetings were held weekly however in practice the inspectors found that they were occurring fortnightly. Inspectors reviewed young people's meetings minutes and found that some of these meetings didn't have an agenda or were used to remind the young person of expectations which went against the centre's own policy guidance. This system required review to ensure compliance with the centre's own policy on young people's meetings.

The young people were provided with leaflets about the centre and an information booklet about their rights. The parents and guardians were also given a leaflet about the centre. The booklets were child friendly and gave details about the centre and what to expect while living there. There was information about the complaints process and about external advocacy agencies such as Empowering Young People in Care (EPIC) and the Ombudsman for Children (OCO) however, there was no information about Tusla's feedback and complaints system "Tell Us", despite being utilised by the young people on a number of occasions. The young people were informed of their rights and the complaints procedures available to them during their admission process and were reminded of their options within the company when an issue arose.

Staff reported during interview that they used their relationship with the young people to create a culture of openness and transparency while completing individual work and key working with the young people. Inspectors were informed by staff and family members that regular communication had allowed for ease of feedback and discussion between both if any issues arose. As an outcome from another inspection

within the organisation, the centre had created a feedback form for family members and social workers which has helped the centre with ensuring all parties were satisfied with the care practices and communication in the centre.

There was a complaints policy in place and the staff were aware of the procedures for receiving a complaint and the responsibility of the manager in responding to any complaint within the appropriate timelines. Staff gave an example of how they managed a complaint with a young person around their access with their family and used Tusla's 'Tell Us' in supporting the young person. Staff were able to identify learnings when questioned by inspectors about going through the Tusla portal complaints process.

Complaint registers were reviewed by inspectors for both 2021 and 2022 and required review by the centre manager and senior management due to a number of omissions noted by inspectors regarding the level of detail. There were five entries on the complaints register for 2021 with one identified as ongoing. The complaints practices required review by management and senior management ensuring that they have oversight, address trends and develop any learning actions required from the complaints made.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The acting manager must ensure details are available for the young people in the young people's booklet about Tusla's "Tell Us".
- The acting centre manager and senior management must ensure they review the complaints practices to have oversight of complaints made, address trends and develop any learning actions required from the complaints.

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 was a suite of policies relating to the self-care and support of the young people which included policies for Guidelines for Recognition of Abuse, Child Safeguarding Statement policy, Online Safety, DLP / DDLP and Mandated Person Roles and Responsibilities and Disclosures of Abuse: Action to take and reporting procedure. All the staff had completed three Tusla E-Learning modules: Introduction to Children's First, Children's First in Action: Tusla's response to Child Protect and Welfare Concern and Implementing Children's First. The team had recently completed inhouse child protection training which incorporated the centre's own child protection policies and procedures. There was a safeguarding statement in place which was available in the office along with a letter from the Tusla Child Safeguarding Statement Compliance Unit (CSSCU). The safeguarding statement identified six risks associated with the centre and the relevant information about the Designated Liaison Person (DLP) and the Deputy Designated Liaison Person. The Child Safeguarding Statement had been updated on 21st August 2021 and was due for review on the 20th August 2022 or sooner if any changes were required.

There was a bullying policy in place in the centre which the staff were aware of when questioned during interview. Bullying had not been a current issue in the centre due to single occupancy but even when there were other residents in the centre, bullying had not been identified as an issue for some time. There were centre policies around internet use and social media in place and inspectors saw pieces of individual work completed with the young person around internet safety.

Staff were aware of the safeguarding policies and procedures in place to ensure the welfare and protection of the young people. Staff identified their responsibility as a mandated person and the use of the Tusla portal to report any disclosures of abuse. There was a child protection register in place and there were currently three open concerns, two of these related to an ex-resident. Inspectors noted emails on file to the relevant social work department requesting a closure letter for the child protection concern for this centre as the young person no longer resided there. Inspectors noted there had been a delay in sending out a significant event relating to

a child protection concern. This had been identified during the quality audit report and was sent retrospectively to the social worker six weeks later. Inspectors noted that one child protection welfare report form (CPWRF) was closed by the acting manager and social worker due to it being historical information, however it wasn't evident how this information came about as the register did not give sufficient details around this issue. The parents and the social worker stated they were made aware of any incident or allegations if/when they occurred and they were promptly updated by phone and email. The delay with one significant event was acknowledged by the social worker which was rectified immediately.

The centre management, staff, social worker, family members and other relevant professionals worked cohesively attending strategy meetings for the young person every six to eight weeks. The young person's safety and wellbeing was discussed on each occasion and documented in the meeting minutes. The parents of the young person reported that they were happy with their involvement in the care planning and with the communication with the centre.

The staff completed work with the young person around keeping safe. In particular, staff focused on the young person's work experience and in general for day-to-day experiences. Inspectors saw individual works completed around independent living skills, sexual health and hygiene. The family members gave feedback to inspectors highlighting that the staff were addressing all areas of safety with the young person. The specific area of self-care and protection of young people was identified in the placement plan and was addressed by key workers and staff through individual work documents.

The young person's vulnerabilities were identified on their placement plans, care plans, through individual works, progress reports and on the placement support plan. Inspectors noted that a number of external clinical and specialist supports were available and utilised by the young person. Inspectors saw written works completed with the young person around their identified vulnerabilities. Individual risk assessments were in place when needed for any of the vulnerabilities mentioned.

There was a whistle-blowers policy in place and the staff were aware of the content when asked in interview. The staff stated they did not have a need to utilise it to date but said they felt confident in using it should they need to. They were aware of the appropriate people they could speak to if they had a protected disclosure. Inspectors saw that this policy had been discussed at the team meeting.

Compliance with regulations	
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 acting manager must ensure that the CPWRF register has sufficient information around reports that are closed and evidence how this occurred.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The young person's care plan which was dated October 2021 identified their health needs. The next care plan review was due to occur in March 2022. There were several interventions identified in the care plan that had all been looked at by the centre. Both the staff and the young person were continuing to link with specialist services and these appointments were facilitated by both the family and the staff.

Full medical history and information was supplied by the family and social worker of the young person. The current young person had continued to link with the previous family general practitioner which allowed for continued oversight.

There was discussion with centre management, family, social work and specialist services around further assessments required and a medication review for the young person. A medical review and dental appointments had not occurred for the young person due to the young person continuously refusing to attend these appointments.

The staff completed individual work with the young person around the importance of a check-up with the doctor and dentist and a number of appointments had been made for the young person. Inspectors were informed the young person attended the medical into care after the onsite inspection occurred.

The staff reported that the social worker worked well with the staff in addressing the needs of the young person, in particular around the specialist services required. These issues were discussed openly at the strategy meetings with all professionals and family present which allowed everyone involved to have an awareness of how things were progressing for the young person. The young person had been invited to attend the strategy meetings but chose not to attend. The young person's views were presented by staff and family members at these meetings.

There was a policy in place regarding administering medication and staff had completed training in safe administration of medication (SAMS).

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
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

- No actions required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The acting manager must ensure details are available for the young people in the young people's booklet about Tulsa's "Tell Us".</p> <p>The acting centre manager and senior management must ensure they review the complaints practices to have oversight of complaints made, address trends and develop any learning actions required from the complaints.</p>	<p>The TUSLA Tell Us system is explained to each young during their admission meeting. Keywork is carried out within the first week of placement to reiterate the importance of the Tell Us System to ensure the young person is fully aware of the process of complaints. The young person is provided with an information leaflet on the Tell Us system.</p> <p>Centre Manager to ensure that the complaints register is completed in full to reflect that all complaints have been addressed and closed.</p>	<p>Centre Manager to ensure that the young person receives an informational copy of the Tell Us system on admission and that a signed copy of this leaflet is placed on the young person's file immediately.</p> <p>Organisation Quality Auditor to ensure that the young person informational leaflet outlines the TUSLA Tell Us system. Centre Manager and Service Manager to have full oversight.</p> <p>Service Manager and Centre Manager to have full oversight on any complaints to ensure they are reviewed at all Team Meetings and Regional Management meetings to develop any learning actions required and to identify any trends developing.</p>

3	The acting manager must ensure that the CPWRF register has sufficient information around reports that are closed and evidence how this occurred.	Centre Manager to ensure all relevant information is recorded on the CPWRF register to include noting how historical information is known to the service	Centre Manager to ensure that all correspondence in relation to CPWRF is evidenced on file. Ongoing staff training on child protection welfare procedures, child protection policies and record keeping. Full oversight from Service Manager.
4	No actions required.		