



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis GMC Children's Services
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	11th & 12th March 2024
Registration Status:	Registered from 30th June 2022 to 30th June 2025
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	24th June 2024

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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 two 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 three 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
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

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 07th May 2024. 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 16th May 2024. Following review by inspectors the CAPA was returned to the provider as they were not satisfied that all actions were being adequately addressed. After consultation with the centre manager and senior management the provider returned a satisfactory CAPA on the 05th June 2024. 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: 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 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 had policies and procedures in place to protect children from abuse and neglect and was operating in compliance with their statutory obligations as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and The Children First Act, 2015.

All the team had received training in the Tusla e-learning module: Introduction to Children First, 2017 and the centre's child protection and safeguarding policies. A number of staff had also received additional online training in child sexual exploitation. There was evidence in team meetings and in staff supervision records that child protection was discussed and reviewed. Staff and managers interviewed were familiar with the procedure around handling a disclosure.

The centre had a child safeguarding statement on display which was deemed compliant by the Tusla child safeguarding statement compliance unit. The centre manager was the designated DLP and the deputy manager was the deputy DLP and both had received training in the roles. Inspectors noted at the time of inspection that the child safeguarding statement was subject for review in January 2024. The centre must ensure that the statement is updated and reviewed periodically as not all staff in interview were clear in terms of the risks identified in the statement. In addition, there was some confusion in relation to the identity of the Designated Liaison Person due to the fact that there had been a number of management changes in the year prior to inspection.

The centre's child protection policy outlined the centre's approach to managing any incidents of bullying or peer abuse. The possibility of a young person being bullied or engaging in bullying behaviour was assessed on admission and inspectors found no evidence of bullying in the centre at the time of inspection. There was evidence that individual work had been undertaken with the young people in relation to

appropriate phone and internet use and risk assessments and safeguards put in place when required.

The centre maintained a record of child protection concerns. Inspectors reviewed the child protection and welfare report forms (CPWRFs) on file and found that with the exception of one case they had all been reported appropriately to Tusla. In this case the name of the staff member who received the information from the young person was not noted on the CPWRF as a reporter along with the centre manager. Inspectors also found that not all staff were registered on the Tusla portal. Inspectors strongly advise that centre management ensures that all staff are registered on the Tusla portal so they can submit child protection concerns independently in their own right or jointly with the centre management. The centre had arrangements in place with the supervising social workers for informing them of any incident or allegation of abuse.

Inspectors found that improvements were required in the internal recording and administrative practices in relation to reported concerns. Inspectors observed from reviewing the child protection concerns reported to Tusla that the documentation in relation to these concerns was stored in a number of locations. Inspectors recommend that CPWRFs are stored on file along with the corresponding significant event notification form (SEN). Records of communication to social workers in relation to the status of the reported concerns should also be filed together with the CPWRFs for tracking purposes and to evidence outcome of the reported concern. The centre manager must review all child welfare and child protection documentation to ensure that all relevant documentation relating to child protection concerns is stored in the one location on the individual care records.

The inspectors spoke with one of the young peoples allocated social workers and they were satisfied that the centre worked in partnership with them to promote the safety and wellbeing of the young person. Individual areas of vulnerability were identified and there were safety plans on file. Inspectors found that a safety measure identified at one young person's admission meeting set out the requirement for a staff member with training in safe talk/ ASIST to be identified on each shift. However, this was not implemented in practice due to an insufficient number of the team with the required training. There was also some confusion in interviews and records as to whether the young person had a safety plan and the appropriate responses to be taken. Centre managers must ensure that safety plans are accessible and staff are clear in terms of the agreed strategies and supports in place.

Despite the short-term nature of some of the placements there was evidence that the team made efforts to engage the young people in individual work in relation to expressing their feelings, keeping themselves safe, as well as healthy and positive peer interactions. Inspectors reviewed individual risk assessments and found that improvements were required in terms of the centres understanding of what constitutes risk in regard to the activities being undertaken by the young people. Some of the risks assessments on file did not identify the appropriate risks and this was outlined to centre managers during the inspection.

The centre had a whistleblowing policy in place in relation to protected disclosures which all those interviewed were aware of. Supervision files reviewed during the inspection contained a memorandum from the registered provider issued in July 2023 to all staff to remind them and reinforce the whistleblowing policy detailing persons to contact both inside and outside the organisation if they had a concern.

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 registered provider must ensure that the centres child safeguarding statement is updated and reviewed periodically with the staff team so they are aware of its content.
- The centre manager must ensure that when submitting a joint report on the Tusla portal that the Child and Welfare Report Form includes the name of the staff member who received the child protection concern in accordance with Childrens First reporting procedures.
- The centre manager must review all child welfare and child protection documentation to ensure that all relevant documentation relating to child protection concerns is stored in the one location on the individual care records.

- The centre manager must ensure that young people's safety plans are accessible and staff are clear in terms of the agreed strategies and supports in place.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were a range of internal systems in place to monitor the quality and safety of care in the centre. The centre manager and the deputy manager were present in the centre on a daily basis and there was evidence of practice being reviewed. Inspectors found that a new centre manager had been appointed in October 2023 but the registered provider had failed to report this to the Alternative Care Inspection and Monitoring Service at the time in accordance with the regulations. The centre managers read and signed off on the young people's daily logs, significant event notifications and all other care records generated by staff. Inspectors were of the view that there was improvement required in the accessibility of records. Inspectors found throughout the inspection that related information was stored in a number of different locations as highlighted previously in standard 3.1 of this report. Inspectors recommend that the centre management reviews the organisation and storage of the young people's records to allow for easier access to information for staff and for external oversight and tracking purposes. Inspectors were informed by the services manager that the centre had plans in place to implement an online cloud-based recording system in the near future.

The manager reported to a service director. The service director monitored the quality of care through receipt of monthly governance reports from the centre manager, regular visits to the centre, periodic attendance at team meetings and supervision of the centre manager. During their visits they had also signed off on some centre records, conducted a number of audits and met with the members of the team and young people. There was evidence on file of regular communication and meetings with social workers to review the progress of the young people and of the centre seeking updates on the status of follow on placements. The social worker

interviewed during the inspection process was satisfied with the quality, safety and continuity of care being provided to the young person.

In the year prior to the inspection there had been a number of both internal and external audits to assess the safety and quality of care in the centre against the National Standards for Children's Residential Centres, 2018 (HIQA) conducted by a number of individuals including the registered provider, the service director and an external consultant. Staff in interview stated that they were made aware of the findings of these audits at team meetings and there was evidence on file that appropriate actions had been taken in a timely manner in response to any identified deficits. At the time of inspection there was a lack of clarity in relation to the auditing plan for the coming year. The service director informed inspectors that they were assuming responsibility for the auditing function and an auditing plan was being developed which may include an external auditing element. The registered provider must ensure that there is a clear plan in place as to how they are going to assess the quality of care in line with the National Standards going forward.

There was evidence that when young people were admitted they were made aware of the centre complaints process and given information on their rights including information on the Tusla “Tell Us” feedback and complaints procedure and on Empowering People in Care (EPIC) the children’s advocacy service. Inspectors noted from a review of the centre’s complaint register that there were no complaints on file in the fifteen months prior to the inspection other than complaints made by young people in relation to Tusla using the “Tell Us” complaints process. While there was evidence in individual work records of young people’s voices being heard the sample of team meetings provided to inspectors did not contain a record of any discussion or review of young people’s complaints. During the inspection, inspectors reviewed the young people’s daily logs files and found some issues were identified that could be categorised as complaints or dissatisfactions and a complaint was logged during the inspection while inspectors were in the centre. The centre management must ensure that the centre is more proactive in ensuring that all young people are encouraged to use the complaints process to promote service improvement.

Inspectors were satisfied that that information in relation to incidents were being recorded and monitored, acted on and analysed. This was evidenced in minutes from supervision records, team meetings, management meetings and significant event review group meetings.

Inspectors were informed that an annual review of compliance with the centre's objectives had not taken place in the year prior to inspection. The inspectors recommend that senior management develops a tool to annually review compliance with the centres objectives and that timely action is taken to promote improvements in work practices to achieve better outcomes for children.

compliance with regulations	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The registered provider must ensure that there is a clear plan in place to assess the quality of care provided in the centre against the National Standards for Childrens Residential Centres 2018 (HIQA).
- The centre management must ensure that the centre is more proactive in ensuring that all young people are encouraged to use the complaints process to promote service improvement.
- The registered provider must ensure that they conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

All staff interviewed understood their roles and responsibilities and the reporting arrangements in place in the centre and their own lines of accountability within the management structure. Team meeting minutes and supervision records evidenced that accountability and professional judgement were encouraged and supported. There was evidence across the centre's records that the team were informed of the policies that directed their care practices. Inspectors observed that they had been discussed at induction, team meetings and in supervision.

At the time of inspection, the centre was short staffed and required an additional three posts. In the interim the centre was using staff from one of the organisations other centres in the area which was temporarily closed to fill gaps in the staff roster. Inspectors were informed that there was ongoing recruitment in an effort to secure additional staff. There were procedures in place to protect staff and minimise the risk to staff safety including a lone working policy which staff referenced in interview. All staff had received training in child protection and behaviour management and there were individual and environmental risk assessments in place to promote staff safety.

Inspectors were satisfied from a review of training records that there was a culture of learning and development in the centre. A number of the team had availed of extra training opportunities in addition to the required mandatory training. It was evident that the centre management were making efforts to build a team-based approach to caring for the young people. When issues arose in relation to team dynamics these were addressed by management in team meetings, mediation and in supervision. The centres policy on team meetings was for fortnightly meetings to take place. However, in practice team meetings were taking place on a monthly basis. There was a good level of attendance and engagement by staff at these meetings and the services manager was in attendance on a regular basis.

The centre had a supervision policy which stated that individual supervision was provided once every six weeks for all full-time staff. Supervision was provided by the manager and deputy manager, both of whom had received supervision training. The inspectors examined a sample of staff supervision files and observed that signed supervision contracts were in place and that overall supervision had taken place at regular intervals in line with the organisation's policy. There was evidence of discussions around planning for young people, policy review, review of the national standards, team dynamics, feedback on performance and reflective practice.

At the time of inspection, inspectors were provided with evidence that a formal staff appraisal system was in place. Inspectors found that performance appraisals were being reviewed with staff in supervision records.

The team in interview stated that they felt there were appropriate supports in place to manage the impact of working in the centre including debriefing following significant incidents from management. The team had also availed of group supervision facilitated by an external psychologist in the period prior to the inspection to support them following a particularly difficult period. Staff stated that the external psychologist was also available to support them in providing independent counselling where necessary and considered appropriate.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Standard 6.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	The registered provider must ensure that the centres child safeguarding statement is updated and reviewed periodically with the staff team so they are aware of its content.	Child Safeguarding Statement to be corrected as an internal typing error was made. The Statement was updated on 13/10/2023 and now has the correct date.	The Child Safeguarding Statement will be reviewed by centre management annually as well as the staff team in staff supervisions & team meetings. It will be reviewed again by the Child Safeguarding Statement Compliance Unit on 13/10/2025.
	The centre manager must ensure that when submitting a joint report on the Tusla portal that the Child and Welfare Report Form includes the name of the staff member who received the child protection concern in accordance with Childrens First reporting procedures.	On the 4/6/24 the Child Protection and Welfare Report Form referred to in the report was submitted to include the name of the joint reporter. The centre manager contacted the Social Work Team Leader and the Significant Event Notification team to inform them of this resubmission.	All joint reporting on the TUSLA portal will include the name of the staff member who received the disclosure and will also include the name of the DLP/ DDLP. Both names will be recorded in the Child Protection and Welfare Register.
	The centre manager must review all child welfare and child protection documentation to ensure that all relevant documentation relating to child protection concerns is stored in	As per CAPA review, the centre manager and deputy manager reviewed all child welfare and child protection documentation for the year and this is now included in a CPWRF register. All	All relevant Child Protection and Child Welfare documentation will be stored in one section of individual care records. This will be reviewed by the centre manager /deputy manager weekly.

	<p>the one location on the individual care records.</p> <p>The centre manager must ensure that young people's safety plans are accessible and staff are clear in terms of the agreed strategies and supports in place.</p>	<p>documentation in relation to each CPWRF is attached to this register. The young person's individual care folder now includes the CPWRF with the attached SEN.</p> <p>Management have now identified a designated location for all safety plans which is easily accessible to all staff members. On the 15/05/24 the centre manager informed staff during a scheduled team meeting that all safety plans were now located in the staff office and discussed the contents of each current safety plan in depth with all staff.</p>	<p>All safety plans will continue to be discussed at handover and will be added to team meeting agendas. The centre manager advised staff that any time a new safety plan was developed for a young person the PSP was required to be updated.</p>
5	<p>The registered provider must ensure that there is a clear plan in place as to how they are going to assess the quality of care provided in the centre against the National Standards for Childrens Residential Centres 2018 (HIQA).</p> <p>The centre management must ensure that the centre is more proactive in ensuring that all young people are</p>	<p>All internal audits will be carried out on a quarterly basis against the National Standards for Childrens Residential Centres 2018 (HIQA) focusing on specific theme.</p> <p>At admission, young people are informed of the complaints process both internal and external and are also encouraged to</p>	<p>All audits will be completed on a quarterly basis and reviewed quarterly. All actions will be verified as completed or otherwise by the Service Co-ordinator. See attached template.</p> <p>As of June 2024, the complaints heading will be included in the team meeting agenda along with young person's</p>

	<p>encouraged to use the complaints process to promote service improvement.</p> <p>The registered provider must ensure that they conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people.</p>	<p>meet with EPIC representatives. Young people are encouraged to make complaints about any aspect of their care. Young persons' participation has now been added to the team meeting where all young people will be asked prior to the meeting if they have any complaints.</p> <p>The centre's objectives and records will be audited quarterly by the Service Co-ordinator against National Standards for Childrens Residential Centres 2018 (HIQA). The first audit is due to be conducted by 30/06/24.</p>	<p>participation. Each young person will now be discussed in a more thorough manner including any complaints, dissatisfactions or grievances that they voiced.</p> <p>The Service Co-Ordinator will complete a quarterly audit and conduct an annual review based on these quarterly audits to complete an annual compliance report before 31st December each year.</p>
6	N/A		