



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 233

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC Children's Services
Registered Capacity:	6 young people
Type of Inspection:	Announced
Date of inspection:	29th and 30th July 2024
Registration Status:	Registered from the 21st November 2023 to the 21st November 2024
Inspection Team:	Anne McEvoy Linda McGuinness
Date Report Issued:	12th September 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 21st November 2023. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 21st November 2023 to the 21st November 2024.

The centre was registered to provide accommodation for six young people aged 16 and 17 years who present in the country as separated children seeking international protection. This service was initially established to provide care to unaccompanied young people from Ukraine who were in receipt of temporary protection orders. On the 12th February 2024, the directive was issued to expand the care offered by centres dedicated to the provision of residential support to Ukrainian young people to offering care and support for all separated children seeking international protection, regardless of nationality. Referrals were received through the Separated Children Seeking International Protection (SCSIP) department within Tusla who determine the suitability of referrals to the service.

The function of the service was to provide a high-quality standard of care that was responsive to the individual needs of young people, within a child-centered, supportive, and safe environment. The care provided was to encompass supporting the young people to develop the necessary independent living skills to prepare them for their living situation post 18 years. The statement of purpose set out the objectives of meeting the physical, social, moral, educational, emotional, and cognitive needs of each young person residing within the centre, underpinned by Laursen's Seven Habits of Reclaiming Relationships.

There were five 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	1.6
4: Health, Wellbeing and Development	4.2
5: Leadership, Governance and Management	5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 15th August 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 27th August 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: 233 without attached conditions from the 21st November 2023 to the 21st November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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.

The young people living in the centre at the time of the inspection had a good understanding of the English language and were effective in communicating their views to inspectors. In interviews with four of the young people, they stated that their voice was heard and their views were taken into consideration in relation to daily living arrangements, including the presentation of the home, their bedrooms, menu planning and food shopping. Each young person was facilitated to buy and cook food significant to their respective culture.

Inspectors found that at the point of admission to the centre, each young person was advised of their rights, both through a welcome booklet in their native language and in verbal communication, through Google Translate, if required. Where translation services were required for medical and official appointments, they were made available to the young people. Care staff met with the young people regularly and feedback on the care provision experienced by each young person was sought on a bi-monthly (every two months) basis. Inspectors reviewed the bi-monthly feedback forms and found that the young people were encouraged to provide feedback and assured that the care team wished for them to identify any issues that would make their experience of living in the centre better. Young people were made aware of their right to make a complaint, their right to have access to external advocacy services such as the Children's Rights Alliance, Empowering People in Care (EPIC) and the Ombudsman for Children. Inspectors reviewed individual care records and found that a representative from EPIC had been to the centre and had met with young people who were there.

The centre had a complaints process embedded in their policies and procedures and inspectors found that this was in line with relevant legislation, regulations and best practice guidelines. Complaints management training was provided to care staff on their induction to the centre and a refresher training module was provided in May 2024, due to identified gaps. Despite this, in interview, care staff still remained

unfamiliar with aspects of the complaints policy and process and inspectors recommend that complaint management be reviewed with care staff on an ongoing basis.

The centre maintained a centre register detailing complaints made. Relevant documents, including the complaint record, significant conversations and resolutions, were retained on the young person's care file in an easily accessible format. Inspectors found that the complaint record did not document the outcome of the complaint and despite having an identified space for the young person to sign and indicate their satisfaction, this was not always utilised. The centre manager must ensure that the complaint record details the outcome of the complaint to aid tracking and analysis and that the young person signs the record, if agreeable, to indicate their satisfaction with the resolution. Inspectors reviewed centre records and found that complaints were reviewed and discussed at both team meetings and in senior management meetings. There was evidence to support that learning was shared with all centres in the organisation in these fora and in interview care staff noted learning that had come from one of the complaints raised. Inspectors found that there were no mechanisms in place for each young person to provide feedback on the complaints procedure once a complaint was made. The centre manager must ensure that a process for seeking feedback from young people on the effectiveness of the complaints process is implemented.

The allocated social care workers from the Separated Children Seeking International Protection Social Work Team responsible for the young people indicated that they were satisfied that the voices of the young people were heard and that complaints were managed in an efficient and fair manner. They stated that they received regular updates on each young person's progress in the centre and these included details of any 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 centre manager must ensure that the complaint record details the outcome of the complaint to aid tracking and analysis and that the young person signs the record, if agreeable, to indicate their satisfaction.
- The centre manager must ensure that a process for seeking feedback from young people on the effectiveness of the complaints process is implemented.

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.

Inspectors reviewed each young person's medication file, along with centre records and found good evidence that each young person was being supported to meet identified health and development needs. The centre management team and care staff were proactive in seeking out medical records and vaccination records for each young person, however given the traumatic nature of their arrival in the country, these records were not always accessible. The vaccination record for one young person was present on their file in their native language and inspectors recommend that all medical documentation is translated into English to support medical professionals being fully aware of the young person's history.

Each young person was registered to a General Practitioner (GP) in the local area and this was credited to the determination of centre management in contacting and visiting local GP practices to advocate on behalf of the young people. On admission, where an application for a medical card had not already been made by the social work department, this action was completed by the centre care staff. At the time of the inspection, four of the five young people had received their medical card.

Inspectors reviewed each young person's medication folder and found that they were facilitated to attend medical, ophthalmic, dental and specialist services as appropriate. There was individual work completed with young people highlighting the importance of their physical, mental and emotional health. Inspectors observed that the centre had sufficient healthy food and snacks available. Each young person was encouraged to add their favourite food items to the weekly shopping list and inspectors observed an openness from the care team to learn about different foods

and recipes from the young people's cultures. A number of young people were observed to cook some of their own meals during the days of the inspection. Four of the five young people met with the inspectors and all five completed a questionnaire on care provision in the centre. They were all complimentary of the food provision in the house and those that met with the inspectors advised that their medical needs were well taken care of.

The centre had a medications management policy in place and each member of the care staff team had received training in the safe administration of medication (SAM). The centre had two large medication storage boxes to facilitate the storage of prescribed and over the counter medication for each young person on their own dedicated shelf. The young people did not self-administer medication and given the age range of the young people living in the centre, inspectors recommend that the centre manager review this issue and undertake risk assessments to determine if they could administer their own medication.

Inspectors noted that there had been a number of medication incident forms completed in the two weeks prior to inspection. The majority of the incidents occurred over a short timeframe and related to one young person refusing a prescribed cream. These incidents were appropriately challenged by the centre manager at the first available team meeting and a comprehensive plan to address the identified deficits was implemented. This action plan included the facilitation of a medication management workshop in the week following the inspection to strengthen care staff's knowledge and skills in medication management, as well as peer learning initiatives supported by a social care leader from another centre. In addition, specific guidance and procedures were to be introduced immediately, such as the introduction of a medication lead on each shift which inspectors observed to be implemented at handover meeting during the inspection. To further enhance their course of action, inspectors recommend that the centre manager review the medication incident forms to analyse and ensure that the identified learning is sufficiently clear for all care staff reading the forms.

Compliance with Regulation	
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

- None identified.

Regulation 5: Care Practices and Operational Policies

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.

In the six months prior to the inspection, the organisation had implemented additional layers of management in the form of two area managers – these were introduced in November 2023 and a new quality assurance officer which was introduced four weeks prior to the inspection commencing. The QA officer had undertaken one audit prior to the inspection. This audit was thematic and based on three standards of the National Standards for Children’s Residential Centres (2018) HIQA. Inspectors found that this audit identified most of the deficits identified by inspectors with regards to care provision within the centre. The deficit identified by inspectors regarding staff knowledge around the complaints process was not highlighted in the audit but was identified by centre management and was being addressed at local level. Inspectors acknowledge that the QA officer role was a new role and there will be a period of time required for the new auditing structure to be fully embedded and for the new QA officer to audit the centre against all standards in the National Standards for Children’s Residential Centres (2018) HIQA.

In addition to the QA officer, the centre manager undertook monthly governance reports and there was evidence that these reports were shared with care team members and individuals were assigned to remedy deficits and improve service provision. Inspectors found evidence that the service directors visited the centre at least monthly and had oversight of centre records, young people’s records and supervisions undertaken. A directors governance report was generated as a result. Inspectors found that action plans were devised subsequent to the service directors visit, the QA audit and the centre manager governance reports. At the time of this inspection there were no outstanding actions to be implemented.

Inspectors reviewed centre records and found that there were 15 significant events notified since the centre began operations. While senior management meetings and centre team meetings held a focus on shared learning, specifically around complaints and significant events, this was not readily evident in interview with care team members. Care staff were unfamiliar with the significant event review process and how learning was shared across the organisation. Inspectors acknowledged that the care team is relatively inexperienced with residential care settings with only one staff member having more than six months experience in residential care. Inspectors further noted that while the centre management was proactive in team meetings and supervision to mentor, challenge and support care team members, this will need to continue to assist all care team members in recognising and embedding learning into care practice. Inspectors recommend that members of the care team are facilitated to attend significant event review group meetings to further enhance their understanding of the process and how improvements can be made.

The centre opened in November 2023 and despite only being five months in operation, a compliance review was undertaken by the service directors, area managers and centre management in March 2024. The purpose of this review was to assess the centres practice against the statement of purpose and function and to inform improvements that were needed. As a result of this compliance review, additional information was sought for each new admission thereafter to assist the centre in assessing risk when a new young person arrives in the centre.

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

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

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that the complaint record details the outcome of the complaint to aid tracking and analysis and that the young person signs the record, if agreeable, to indicate their satisfaction.</p> <p>The centre manager must ensure that a process for seeking feedback from young people on the effectiveness of the complaints process is implemented.</p>	<p>The complaint register has been updated to specify the resolution of each complaint, facilitating better tracking and analysis. Additionally, the complaint timeline record now includes a section to document the satisfaction of the young person and the outcome of the complaint, if the complaint was upheld and to explore the young person's feedback on the complaints process. (How easy it was to make a complaint, whether they felt their complaint was valued and listened to). Both documents will be used for all future complaints handled within the centre.</p> <p>Our bimonthly feedback document has also been updated to provide the young person an opportunity to highlight if they feel their complaints have been listened to and dealt with appropriately.</p>	<p>The new update to the current proformas will ensure that the outcome and young person's satisfaction of the complaints are easily identifiable and accessible.</p>

		Our exit feedback form has been updated to provide the young person the opportunity to voice their experience with the complaints process and whether it was easy to make a complaint.	
4	None identified		
5	None identified		