



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 043

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Smyly Trust
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	26th & 27th September 2023
Registration Status:	Registered from the 31st of December 2022 to the 31st of December 2025
Inspection Team:	Eileen Woods Sharon McLoughlin
Date Report Issued:	2nd November 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 31st of December 2001. At the time of this inspection the centre was in its eight cycle of registration and was in year one of the cycle. The centre was registered without attached conditions from the 31st of December 2022 to the 31st of December 2025.

The centre was registered as a multi-occupancy service. It aimed to provide medium to long term care for up to five young people aged twelve to eighteen. The centre operated as a Therapeutic Community with a model of psychodynamic informed care principles. This model of care was informed and guided by training, supervision and consultation in the core principles of attachment, containment, communication, citizenship, reflection, education, agency and community. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
2: Effective Care and Support	2.2
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 on the 17th of October 2023 and to the relevant social work departments on the 17th of October 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 19th of October 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:043 without attached conditions from the 31st of December 2022 to the 31st of December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Inspectors found that in policy, centre literature and training in the therapeutic community model that family and significant others were a central pillar of the work at the centre. The role of family and carers was recognised and respected. This was evidenced through the care teams communications with family, the advocating for the young people with regard to seeing family and important others. There were access plans in place that allowed for overnight and longer stays with family and others. Family members and significant people in the young peoples lives such as foster carers were invited to the house which had ample private areas for family to come and spend time together including sharing food and relaxing together in an unhurried manner. Families have done and continue to visit the centre and were regularly invited to do if they had not visited for a period of time, support was offered in doing so. A young person told inspectors that the only thing they would change would be to move the centre closer to where their family lived.

Alongside these family visit options the centre held yearly seasonal events for family and friends, past and present, which were reported to be well attended. There were family contact logs that recorded regular updates to relevant significant people. The contact logs and reporting also highlighted that appropriate safeguarding took place around visits and contact. Parents and carers were made aware of school matters, meetings, incidents and of a young persons wish to see them. They were invited to visit the house and were provided with leaflets about the service upon the young person's admission. The young peoples access plans were maintained as part of their placement plan document and recorded on the daily and weekly planners.

Where a young person had moved from their home area there was support for regular family visits there however schools had to be moved in order to ensure a positive education experience was established where possible. Overall, the young people did not live a significant distance from their home areas as this was a regional service. Where a young people requested visits with siblings this was advocated for with the social worker. A social worker confirmed that this was the case and that they were working with other social workers and professionals to reach a balanced outcome. A guardian ad litem interviewed by inspectors was also happy with the care provided by the centre and agreed with the advocacy efforts undertaken regarding family contact.

Inspectors found evidence of after school activities, clubs and sports offered in line with young peoples wishes. A young person told inspectors about trips and activities they had with they had shared with everyone at the centre and about one they wished to take before leaving care. There were activities and shared outings as well as a once off trip of a lifetime offered and taken by the some of the older young people. Inspectors saw plans for birthdays, graduations, leaving care and other major life events being discussed by the team. There were memory boxes, symbolic gifts and other items given to those moving out of the centre.

The young people had access to a private phone for calls and had internet access through their phones. They did not have access to the centre wifi generally but did have it for age-appropriate gaming and they had access to it at the education room set up at the house which was staffed with the teacher for afterschool support four days a week. The young people completed a social skills group programme on Digital Citizenship before accessing the centres wifi.

The centre had a process in place for seeking feedback from parents and from young people who had left the service and from the records shared this had been mainly positive and constructive. This information was taken on board by the team for learning and included in the annual reports by the director.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	Not all standards under this theme have been examined
Practices did not meet the required standard	Not all standards under this theme have been examined

Actions Required

None identified

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

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

The young people at the centre had statutory care plan meetings held in accordance with their length of time in placement and their age. One young person had the documents from the monthly child in care reviews on file, they had attended some of the meetings and had contributed if not attending. Their social worker also completed monthly visits to the centre. Another young person had not attended their child in care review held at the beginning of 2023, an updated copy of their care plan had not been provided to the centre. There was evidence of follow up and escalation by the centre manager to the social work department in pursuit of a copy for the file. There was an aftercare plan on file although this document read as completed in conjunction with the young person, they did not recall this when giving feedback to inspectors. The Tusla aftercare worker must continue efforts to engage with and involve the young person in this plan and ensure that the young person has a copy.

The centre had some short notes of actions from the child in care review for this young person. A social worker was satisfied with the evidence of actions being completed with the young person and with the level of collaborative work and leadership shown by the team.

The centre had a placement planning document containing five separate sections of which one was a traditional placement plan style document and another the therapeutic plan with the therapeutic task set out for the young person and staff. Inspectors were informed that the placement plan was formally reviewed yearly with rolling updates in the interim. Twice yearly key work progress reports were also completed and sent to social workers. The current planning policy does not specify time frames or connection to updating in line with statutory reviews and should be updated to include such details once reviewed.

Within this placement plan structure there was no formal mechanism as such for updating the placement plans in line with the statutory child in care reviews unless those reviews were now yearly. Inspectors found evidence that the placement plans were not in all aspects as up to date a document as they should be due to the system in place. There was ample evidence elsewhere through complimentary systems like the weekly team meeting, handovers, communications books, daily logs and young people's community and other meetings that there was action in a range of areas inclusive of the social, emotional, family, education and other needs. A young person gave feedback that they were relatively happy or neutral with how things were going for them. Inspectors found that the practices by the team evidenced that they worked in the present and that the team were well informed but did not have a central dynamic location to collate this information.

The placement plan suite contained family histories some of which was information that had yet to be shared with the young people due to age, preference or readiness. The director explained that this was to inform the work of the team, but inspectors found as this was a stable and well led team who met weekly that this information should be contained elsewhere within the care records. Inspectors also noted that there was limited use of child centred or child friendly language on the placement plan and that a realignment of the placement plan structure should promote a review of how young people are included or consulted about their plans.

Inspectors found that the placement plan must be more reflective of the work at the centre and of the decisions of the child in care reviews and aftercare plans. Inspectors recommend that the management and staff look at a more representative

way of reflecting the work including the key work, one to one time and the social skills group as well as the community meetings which all contributed to the lives of the young people in the house.

The social skills group was a programme run throughout the year for all young people, some topics could be attended together, and others were divided up in terms of age. The social skills programme formed a core part of the team's demonstration of supportive developmental work derived from the placement plan and care plans for example safe use of the internet, sexual health and development, life skills, access to children's rights information through children in care advocacy group Empowering Young People in Care/EPIC and the Ombudsman for Children Office. This programme ran for selected months of each year with a pause in holiday times. Inspectors saw evidence of the programme being refreshed and reviewed with new topics and new information added.

The young people were found to be progressing individually and one told inspectors directly about feeling safe and cared for there. Another young person also greeted inspectors and had been involved in a busy school day with afterschool activities. Where a young person was not progressing well this was named and addressed while focusing on the centre as a place of safety and a place of respect. A social worker named that the centre was positive for the young person and that the model was the most appropriate for their needs.

The team informed inspectors that a core source of information about the young people and their lives would be contained within the daily logs. These were hardback notebooks completed in a narrative style that was aimed to capture the young person's day and any events, conversations, key work, activities and so forth but inspectors found that in the main the daily logs did not achieve the goal of capturing a rounded sense of the young people's day to day lives there.

The young people had access to external professional supports that they required. There was a good working relationship between the centre and these other professionals with regular collaboration and communication. Young people had assessments completed or commenced, were referred to either ongoing psychology or teen counselling with attendance varying depending on the young person. There was expertise on the team through their skills in the therapeutic community work, advised by a consultant and trainer and guided day to day by the centre manager.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme have been examined
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme have been examined

Actions required.

- The centre management team and staff must review the placement planning suite through a child friendly focus and remove sensitive information to more suitable areas of the file.
- The centre management team and staff must devise a way in which the placement plans can reflect the care plans and the ongoing work more effectively.
- The staff team must ensure that the key working records improve and relate to the areas of focus as set out in the placement plans, team meeting decisions and consultation sessions.

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.

The staff team and their management at this centre had clearly defined areas of practice with a shared community approach around the upholding of the therapeutic community in practice. The therapeutic community was supported through centre manager leadership, inductions, supervision, training days throughout the year, monthly consultation sessions, a staff process group and peer assessment through an international community of communities group that they belong to.

The staff team had tasks and assigned social care roles that they completed in key working, health and safety, training and social skills groups amongst others. They were accountable for these areas of practice through the team meetings, handovers, in supervision and the probation system. There was evidence of oversight and collective responsibility for safe practices. There were internal monthly audits with external quarterly audits by the director. The deputy manager and the centre manager collaborated well on maintaining tracking and development around staff roles, knowledge and guidance.

There was a training officer for the centre and they along with another staff member who was soon to qualify had completed train the trainer, becoming certified trainers for the service in their behaviour management model. There was a twice-yearly education and training group meeting which evidenced training needs analysis for the coming months. There was a range of core and complementary training sessions completed for example anti bullying, complaints and bullying in the workplace. There was an up-to-date staff handbook that addressed the measures in place to protect staff and minimise risk. There was also a range of employee assistance options available to the team. The centre manager ensured that all staff were informed as to the options available externally as well as providing monthly supervision, supplementary supervision and debriefing at the centre. The staff interviewed were happy with the support provided and identified a high standard of support for good practice with children, through reflective practice, team meetings, consultation sessions and training.

There was monthly supervision on file for all staff, with natural gaps for different types of leave. The centre manager supervised the whole team and there were records maintained of all sessions. The centre manager reported to the director through a monthly governance report which accounted for supervision rates. The director reviewed these notes from time to time. The centre manager was supervised by the director monthly. They also met at a monthly managers meeting, the director attended at the centre for some team or professionals' meetings and the centre manager and director participated with other managers in strategic planning sessions. The centre manager commenced a yearly appraisal in January that was reviewed for all at the six-month mark. It also included any staff that started working at the centre after that time and ran alongside probations.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.3
Practices met the required standard in some respects only	Not all standards under this theme have been examined
Practices did not meet the required standard	Not all standards under this theme have been examined

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	None identified.		
2	<p>The centre management team and staff must review the placement planning suite through a child friendly focus and remove sensitive information to more suitable areas of the file.</p> <p>The centre management team and staff must devise a way in which the placement plans can reflect the care plans and the ongoing work more effectively.</p> <p>The staff team must ensure that the key working records improve and relate to the areas of focus as set out in the placement plans, team meeting decisions and consultation sessions.</p>	<p>Manager and director are looking at other formats for the placement plan. The aim is to make the document more user-friendly. Sensitive information will be removed and stored in the main file of the y/p.</p> <p>Placement plan will be reviewed bi monthly but also after each child in care review, in order to reflect changes and to keep in line with plans and decisions made at the statutory review.</p> <p>Key working sessions and all one to one opportunity led sessions are now recorded in separate file notes and crossed referenced in the y/p journal.</p>	<p>Placement plans will form part of the over all policy review system . This is an on going systematic review of all policies and procedures.</p> <p>Manager will be responsible for ensuring this review of placement plan will take place and will be overseen by director of services. A review will be held every six months with the key worker and manager to ascertain the effectiveness of the placement plan and to ensure work carried out is addressing the needs of the child and the care plan. This will be calendared in at the beginning of the year in with key workers. Manager will be responsible for ensuring this review of placement plan will take place and will be overseen by director</p>

			<p>of services.</p> <p>A review of all policies and procedures will incorporate this work practice of key work sessions and the recording of same . A review will also take place with the key worker and the manager of the system and the content of sessions to ensure needs are being addressed in sessions. This will be incorporated in to the task orientated side of supervision. Manager will be responsible for ensuring this review will take place and will be overseen by director of services.</p>
6	None identified.		