



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: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Smyly Trust</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Type of Inspection:</b>	<b>CAPA Review</b>
<b>Date of inspection:</b>	<b>15<sup>th</sup>, 16<sup>th</sup> &amp; 18<sup>th</sup> October 2024</b>
<b>Registration Status:</b>	<b>Registered from the 31<sup>st</sup> of December 2022 to the 31<sup>st</sup> of December 2025</b>
<b>Inspection Team:</b>	<b>Lisa Tobin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>20<sup>th</sup> December 2024</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 1: Effective Care and Support	

# 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.



## 1.1 Centre Description

This inspection report sets out the findings of a corrective actions and preventative actions (CAPA) review 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 31<sup>st</sup> of December 2001. At the time of this CAPA review the centre was in its eight registration and was in year two of the cycle. The centre was registered without attached conditions from 31<sup>st</sup> of December 2022 to the 31<sup>st</sup> of December 2025.

The centre was registered to provide multiple occupancy care. It aimed to provide medium to long term care for up to four 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 children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 26<sup>th</sup> & 27<sup>th</sup> September 2023. Inspectors completed an onsite visit to the centre, an interview with the centre manager and completed a documentation review relevant to the CAPA response.

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 19<sup>th</sup> of November 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have fully implemented the required actions and therefore 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 31<sup>st</sup> December 2022 to 31<sup>st</sup> December 2025 pursuant to Part VIII, and 1991 Child Care Act.

### 3. Inspection Findings

#### 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.**

#### Issue Requiring Action:

- 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.

#### Corrective Actions:

- 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 young person.
- Placement plans will form part of the overall policy review system. This is an ongoing systematic review of all policies and procedures.
- Placement plan will be reviewed bimonthly 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.
- 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 with key workers. Manager will be responsible for



ensuring this review of placement plan will take place and will be overseen by director of services.

- 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 into 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.
- Key working sessions and all one-to-one opportunity led sessions are now recorded in separate file notes and crossed referenced in the young person's journal.
- The manager will sign off on all one to one's. Goals of placement plans will be discussed in supervisions and handovers and at team meetings for the purpose of providing support to achieve goals.

### **Review Findings:**

The policy for placement planning was reviewed and updated by a policy review group after the last inspection in September 2023. The director, managers, deputy managers and some social care leaders were part of the policy review group. Staff were also consulted on the policy before the final was approved. Inspectors found that the placement plans had been updated and were more child focused with input from the young people noted for both young people based on their current ability. Sensitive information was now stored within the main file, however there was some information on one young person's placement plan in August 2024 relating to their therapeutic task which read like a behaviour guidance document and would not be suitable for the young person to see or read. This would benefit from oversight as it was not noted on any other placement plan for either young person.

Inspectors found that the placement plans were discussed with key workers during supervision which included conversation around attempting to reduce the volume of information in the placement plan. Inspectors found that the majority of actions identified in the placement plan referred to their status as ongoing. Inspectors found this was not an accurate status based on the level of work that had been completed with the young people and did not appropriately reflect the different sessions that had been undertaken. As the placement plan is due for review before 2025, inspectors recommend this is considered during that review process to ensure that the work undertaken with the young people is reflected in the placement plans.

It was evident to inspectors that the placement plans were capturing a range of areas of work to be undertaken with the young people based on their presenting and developing needs. The care plan actions were linked with the placement plan goals and any other actions that were created from other professional meetings were also captured within the placement plan. It was noted for one young person that some of the discussions within their care plan had not materialised into care plan actions but had been picked up by the centre and added into their placement plan, which was good oversight evident by the team.

There was a needs assessment completed for each young person, and this was used to show if goals were met/unmet/required further work. This needs assessment was then used as a comparison document to show how the young person had progressed and to outline what else needed to be focused on. There was evidence of the young people giving their opinions on what goals they wanted added to their placement plan and the staff documented when the young people were participating in conversations relating to their placement plan.

The centre manager had oversight of the placement plans through discussion at team meetings and during supervisions with key workers around the changes to the policy and of key working being child led and child friendly. Inspectors saw that both the centre manager and the director of service signed off on relevant documentation relating to placement planning and key working. This gave them the knowledge and oversight that the placement plans were reflective of the care plans and aligned with the identified goals.

The policies for key working and consultation with young people were reviewed and updated as part of the policy review. The key working reports and one to one reports were reviewed by inspectors and were found to be child friendly and relevant to the overall plan of work with the young people. Inspectors saw the manager and staff signed off on their work with the young people.

Inspectors asked the centre manager during interview if there had been any feedback on how they had been doing the key working and placement plans since the last inspection. The centre manager stated that this information was gathered during supervision and that the feedback from the staff was positive. The staff stated they could see the importance of having the child led the processes, focusing on their needs and showing them that the team were there to support them in achieving them.

The team meeting minutes identified that the team had regularly discussed placement planning, key working, identified goals and where further work was required. It was also noted where staff were given direction to ensure the placement plans evidenced the young people's voice and participation.

#### **Further Actions Required:**

No further actions as CAPA implementation was in progress and ACIMS were satisfied with timeframes.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>