



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 071**

**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>Announced</b>
<b>Date of inspection:</b>	<b>5<sup>th</sup> &amp; 6<sup>th</sup> of November 2024</b>
<b>Registration Status:</b>	<b>Registered 30<sup>th</sup> April 2023 to 30<sup>th</sup> April 2026</b>
<b>Inspection Team:</b>	<b>Mark McGuire Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>20<sup>th</sup> December 2024</b>

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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 2002. At the time of this inspection the centre was in its eighth registration and was in year two of the cycle. The centre was registered without attached conditions from 30<sup>th</sup> April 2023 to the 30<sup>th</sup> of April 2026.

The centre is registered to provide medium to long-term, multi-occupancy care for up to four young people, aged twelve to seventeen upon admission. The model of care follows a therapeutic community approach aimed at meeting the emotional and developmental needs of the young people within a supportive and stable environment. This model is based on five core principles: attachment, containment, communication, citizenship, and reflection. Goals are pursued through a combination of individual work, group work, and family involvement. At the time of inspection, four young people were residing in the centre.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.1

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 10<sup>th</sup> of December 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 director of services returned the report with a CAPA on the 13<sup>th</sup> of December 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report 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: 071 without attached conditions from the 30<sup>th</sup> of April 2023 to the 30<sup>th</sup> of April 2026 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 3.2 Each Child Experiences Care and Support that Promotes Positive Behaviour.**

Inspectors found that the centre operated under a therapeutic community model, emphasising humanistic and trauma-informed values to support the positive management of behaviours that challenge. They noted that several policies were in place promoting positive behaviour support and observed a strong commitment from the care team to the young people in their care. During an informal conversation, one young person told inspectors they felt supported and cared for by the team and highlighted the progress they felt they had made while living in the centre. Two other young people shared similar feedback in informal discussions, which was further corroborated by responses to questionnaires completed by young people and by social workers interviewed during the inspection.

However, with a number of new team members in place, inspectors noted the need for a consistent understanding and application of the therapeutic community model across all staff. Through interviews conducted as part of the inspection, inspectors observed differences in familiarity with and commitment to the model of care between new and experienced team members. Given that the model of care, coupled with a recognised behaviour management training programme, underpins the behaviour management approach, it is essential that all staff receive thorough and timely training.

Subsequently, inspectors identified some inconsistencies in staff responses to young people in distress, particularly in how they approached entering a young person's bedroom during such times. During an interview with inspectors, the social worker for one of these young people emphasised during periods of dysregulation the young person required a lot of staff attention to help them drain off their emotions and return to baseline. Inspectors did not observe this in practice and received mixed responses from the care team as to whether they would carry out this approach, with some noting the young person would be left alone, quoting that to approach them would heighten them further. To address this and to help ensure a consistent team



approach, inspectors recommend that clearer guidance on handling such situations be incorporated into the young person's behaviour management plans.

Following the inspection, the director of services provided inspectors with a detailed training plan to address the identified gaps related to the model of care; however, an exact date for its delivery had yet to be finalised. They explained that the therapeutic consultant, who plays a key role in leading the therapeutic community model, had been on an unexpected extended leave but was expected to return soon. The director of services noted that the consultant's consistent presence would support staff in integrating the model's principles and enhance the consistency of its application in care and behaviour management practices. They also highlighted the planned minimum quarterly engagement sessions with the consultant, aiming to strengthen the service's implementation of the therapeutic model.

While inspectors observed many positive instances of engagement and support during the inspection, they also identified complex and challenging behaviours that significantly disrupted the therapeutic community environment. Although these behaviours were being addressed through therapeutic supports and specific guidance from the centre's therapeutic consultants, inspectors found that this focus may have overshadowed the underlying needs of the youngest resident, particularly regarding how these behaviours affected their sense of safety. It is essential that this impact receives equal attention to ensure the young person's sense of security is maintained, consistent with the centre's stated purpose and function. Inspectors noted inconsistencies in the support provided to this young person in line with their safety plan, and their allocated social worker was unaware of the extent to which another resident's behaviour was impacting the centre's environment and their allocated young person. Inspectors recommend that the young person's safety plan be reviewed in collaboration with their social worker and the centre's external therapeutic consultants. An updated group impact risk assessment should also be undertaken with all relevant parties to address the group dynamics within the centre. Inspectors noted evidence of a complaint relating to the group impact on this young person being sent as a significant event notification (SEN) by the care team through the Tusla SEN portal and to social work. However, the identified follow-ups, such as the completion of a group impact risk assessment, must be addressed by all parties to ensure an effective and cohesive response.

The complaint review form related to the safety concerns outlined above, documented in a report by the director of services, highlighted delays in the centre management's response to the complaint. It also emphasised the need for targeted

positive behaviour support work with the young person whose behaviour was causing these concerns. Inspectors observed evidence that this issue was being addressed, with positive behaviour support measures implemented for the young person. Interviews with the care team and social workers confirmed that the behaviours of concern had reduced in recent weeks. However, as previously noted in this report, inspectors recommend the development of more robust safety plans and an updated group impact risk assessment to ensure a proactive approach should these behaviours reoccur. Inspectors spoke with the social worker assigned to the young person who made the complaint. They confirmed that they had discussed the issue with the young person and acknowledged the extensive work undertaken by the care team to address the behaviours of concern. While the social worker indicated that the behaviours were no longer an active concern, they agreed with the inspectors' recommendations for enhanced safety planning and group impact risk assessments and committed to collaborating with the centre to develop these measures.

Inspectors observed that there had been incidents involving significant property damage in the centre, which had impacted the centre's positive therapeutic community environment. While a considerable amount of repair work had been completed, several areas still required attention. Outstanding projects included painting and decorating door frames and walls following repairs and heating system upgrades. Additionally, the utility room, kitchen, and hallway had areas still in need of repair and redecoration. Inspectors highlighted these issues and the impact they had on the centre's overall therapeutic atmosphere and its efforts to maintain a homely environment. The director of services acknowledged these concerns, explaining that delays in funding approval had hindered progress. However, they informed inspectors during the inspection that the concerns raised had been escalated, resulting in expedited funding approval. The remaining decorative works were reported to be scheduled for completion by the end of November 2024.

Inspectors found that staff demonstrated a general understanding of mental health concerns and the impact of bullying and harassment. Positive, targeted individual work was being conducted on sensitive topics, including behaviours that challenge for the most part. However, additional work specifically focused on the youngest resident's sense of safety and further individualised support for the young person mentioned previous was recommended to address their specific difficulties.

Inspectors reviewed the centres training log and found that the majority of the care team had completed training in a recognised model of behaviour management, with plans in place to address training gaps for newer staff members. Inspectors

recommend that these gaps, including completion of Tusla's An Introduction to Children First, be addressed without delay. Further consideration should also be given to providing the full team with additional training in a recognised approach to managing issues related to suicide, self-harm, and child sexual exploitation, given the specific presentations within the centre. Despite these gaps, staff demonstrated to inspectors a good understanding of how to identify the underlying causes of behaviours displayed by young people. They also outlined how they could seek advice and support from the centre's consultant child and adolescent psychotherapist to address the needs of young people in their care.

The centre's audit and follow-up plan for managing behaviours that challenge was under review but had not yet been fully implemented. Inspectors noted that routine audits of the centre's behaviour management approach, particularly in light of the recent crisis and its impact on the therapeutic environment, would be beneficial to support ongoing improvements. The director of services shared an external audit report conducted in March 2024, which focused on other themes from the National Standards for Children's Residential Centres (HIQA, 2018) and included associated action and performance improvement plans. Inspectors reviewed the report and observed that areas for improvement had been identified, particularly in relation to governance and oversight. The director of services had overseen notable progress in these areas. However, the external audit highlighted the need for ongoing support for centre management in delivering the therapeutic community model, including input from a sister centre manager. Given the complex group dynamics observed during the inspection, inspectors recommend that robust director-level oversight be maintained and that a targeted audit focusing on this standard for managing behaviours that challenge be conducted to ensure continued progress.

Individual crisis support plans (ICSPs) and absence management plans (AMPs) were on file; however, the templates in use were outdated. Inspectors recommended an update to align with current requirements, as older templates (including those from the HSE) were observed in use. Senior management acknowledged this and agreed to request more up to date templates for use in the centre. Frequency of significant event review groups (SERGs) was high, reflecting a positive focus on incident management.

Inspectors reviewed the centre's restrictive practices log and noted challenges in its readability and the tracking of interventions. While the restrictive practices in use were proportionate and implemented as a last resort to manage safety concerns for young people, the daily repetition of ongoing restrictive practices within the log was

unnecessary. Inspectors recommended that each intervention include clear beginning and end dates, with regular reviews documented. Centre and senior management, along with the care team, informed inspectors that restrictive practices were routinely reviewed during handovers, team meetings, and management meetings. However, upon reviewing these records, inspectors could not find sufficient evidence of these discussions or decisions being documented. To address this, inspectors recommended that the restrictive practices log be further developed to capture the content of these reviews in a centralised and accessible format. During the inspection process, centre and senior management engaged proactively with this recommendation and developed a new template. Inspectors reviewed this template and noted that, if implemented as described, it should address the issue going forward.

Inspectors also identified a need for additional training and guidance, as some staff expressed a lack of clarity regarding the restrictive practice policy and procedures during interviews. Furthermore, the impact of restrictive practices on other young people, such as incidents where the kitchen was locked for health and safety reasons, should be reviewed and documented in management records. While inspectors observed discussions about restrictive practices in team meeting minutes—for example, the restrictive practice concerning the kitchen—the corresponding practice was not recorded in the log. Centre management must ensure that all restrictive practices are accurately captured in the updated log to provide a complete and transparent record.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- Centre management must ensure that all staff receive thorough and timely training in the therapeutic community model, behaviour management, and issues related to suicide, self-harm, and childhood sexual exploitation to

address inconsistencies in understanding, application, and specific presentations within the centre.

- Centre management must ensure that guidance for managing young people in distress is clearly documented in the centre's risk management and behaviour management plans, and ensure a consistent approach is conducted by the staff team.
- The registered proprietor must ensure robust director-level oversight continues, including targeted audits and support for the centre's management, particularly to address complex group dynamics and the management of behaviours that challenge.
- Centre management must collaboratively review and update safety plans and group impact risk assessments with relevant social workers and external therapeutic consultants, to address the impact of group dynamics and ensure a sense of safety for young people.
- Centre management must ensure that all restrictive practices are recorded with clear start and end dates, reviewed regularly, and documented in a centralised log, including their impact on other residents and discussions from team or management meetings.
- Centre management must ensure that restrictive practices, particularly those affecting shared spaces like the kitchen, are evaluated for their impact on other residents and documented accordingly in management records.
- Centre management must ensure that outstanding property repairs and decorations are completed within the timeline provided to maintain the centre's therapeutic environment and homely feel.

#### **Regulation 10: Health Care**

#### **Regulation 12: Provision of Food and Cooking Facilities**

### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.**

Inspectors found that the care team engaged in significant, focused work to support the health, development, and well-being of the young people in the centre. Positive efforts were evident in areas such as smoking cessation, sensitive medical care, and educational support. Social workers interviewed by inspectors spoke highly of the team's responsiveness and caring approach in addressing young people's medical

needs. They highlighted the prompt coordination of admission medicals and hospital visits for two residents, noting that these supports were provided in a compassionate manner that benefited the young people during stressful times.

The key working system was well-structured and emphasised the importance of key workers forming central, supportive relationships with young people to foster a sense of attachment and security. Through informal conversations and feedback forms, the young people spoke positively about their key workers and the support they received. Inspectors also observed evidence of effective collaboration between the care team and external agencies, such as CAMHS and NIAP which contributed positively to the young people's development and well-being.

Inspectors noted adequate food provision, with the young people actively contributing to meal planning. Their preferences were accommodated in a balanced manner, reflecting their involvement in daily routines. During a shared meal, inspectors observed staff encouraging young people to participate in meal preparation. The young people reported enjoying mealtimes, both in questionnaires and during discussions, and inspectors observed positive engagement between staff and young people during these times. The centre's approach to shared mealtimes aligned with its therapeutic community model, emphasising structure, social interaction, and engagement. Inspectors also noted the practice of requesting young people to refrain from using phones during meals to promote interaction, which was seen as a positive initiative.

Aftercare planning was underway for the eldest resident, who was due to transition to adulthood in two months. During informal discussions with this young person, they spoke positively about their experience in the centre, citing the educational opportunities and personal growth they had achieved during their time there. They also expressed feeling cared for and supported by the care team and centre management.

While inspectors noted progress, the young person's aftercare planning was behind schedule due to personal circumstances and prior refusal to engage. However, inspectors observed that their engagement with the aftercare process had improved, and they recommended additional focus on independent living skills to prepare for the transition to adulthood. The young person's allocated social worker described the centre's efforts as highly supportive, particularly in maintaining a consistent approach despite the young person's initial reluctance to engage. The social worker

also praised the young person's commitment to education, noting their regular attendance and aspirations to pursue a third-level degree.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.1</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>

#### **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	<p>Centre management must ensure that all staff receive thorough and timely training in the therapeutic community model, behaviour management, and issues related to suicide, self-harm, and childhood sexual exploitation to address inconsistencies in understanding, application, and specific presentations within the centre.</p> <p>Centre management must ensure that guidance for managing young people in distress is clearly documented in the centre's risk management and behaviour management plans, and ensure a consistent approach is conducted by the staff team.</p>	<p>Centre management have organised training in the Therapeutic Community Model of Care for January 2025. One of the services therapeutic consultants will conduct four training/consultation days in 2025 . The care team will complete training on suicide, self-harm and child sexual exploitation online, the plan is to have this completed in quarter 1 of 2025.</p> <p>Centre management have reviewed the risk and behaviour management plans to ensure guidance for managing young people in distress is clearly documented and will review these plans at a team meeting in the second week of January to ensure they are understood by all.</p>	<p>The director of services will ensure that the organisation continues to support the training needs of its care teams. Training logs will be reviewed at minimum twice per annum and any gaps addressed.</p> <p>The director of services will deliver further training for the management teams on risk management in January 2025. The director of services will also present the risk management and behaviour management policy at a management meeting scheduled for January 2025.</p>



	<p>The registered proprietor must ensure robust director-level oversight continues, including targeted audits and support for the centre's management, particularly to address complex group dynamics and the management of behaviours that challenge.</p> <p>Centre management must collaboratively review and update safety plans and group impact risk assessments with relevant social workers and external therapeutic consultants, to address the impact of group dynamics and ensure a sense of safety for young people.</p> <p>Centre management must ensure that all restrictive practices are recorded with clear start and end dates, reviewed regularly, and documented in a centralised log, including their impact</p>	<p>This director of services will continue the schedule of quarterly targeted audits to ensure robust oversight. These audits will target themes to improve understanding and management of behaviours and group dynamics. Training in complex group dynamics is also being pursued by centre management. A review of actions from previous audits will happen in February 2025 also.</p> <p>The centre manager will review safety plans with social workers and the services therapeutic consultant to assess the impact of group dynamics on all young people. This will happen in January 2025. Centre management will also ensure that the SEN system is used to report any group or individual impact on the young people.</p> <p>The centre management have developed a new template to record and review restrictive practices which will be implemented from the 1<sup>st</sup> of January 2025. This template will be discussed with the full care team at the first team meeting in</p>	<p>The director of services will provide a high-level support with understanding of complex group dynamics and challenging behaviour in supervision. This will also be delivered by regular centre visits, through direct training with centre management and through the quarterly audit process.</p> <p>The director of services will provide oversight of the safety plan review in January 2025 and continuously monitor any impact on young people during their centre visits and through the quarterly audit process.</p> <p>Restrictive practices will be reviewed by the director of services at a minimum of a quarterly basis starting in March 2025. The director of services will also review the use of, and recording of, restrictive practices</p>
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	<p>on other residents and discussions from team or management meetings.</p> <p>Centre management must ensure that restrictive practices, particularly those affecting shared spaces like the kitchen, are evaluated for their impact on other residents and documented accordingly in management records.</p> <p>Centre management must ensure that outstanding property repairs and decorations are completed within the timeline provided to maintain the centre's therapeutic environment and homely feel.</p>	<p>January 2025 to ensure they understand its use and are capturing all details of restrictive practices.</p> <p>Centre management have developed a new template to review restrictive practices used in the centre. This will ensure the impact of restrictive practices on other young people is being reviewed and documented. This will be implemented from the 1<sup>st</sup> of January 2025.</p> <p>All outstanding work was completed on the 4<sup>th</sup> of December 2024.</p>	<p>through their regular centre visits and regular attendance at handovers and team meetings.</p> <p>The implementation of this template will be reviewed by the director of services at a minimum of a quarterly basis starting in March 2025. The director of services will also review the use of and recording of restrictive practices through their regular centre visits and regular attendance at handovers and team meetings.</p> <p>The director of services will continue to ensure that the organisation promotes a warm welcoming home environment for young people.</p>
4	None identified		