



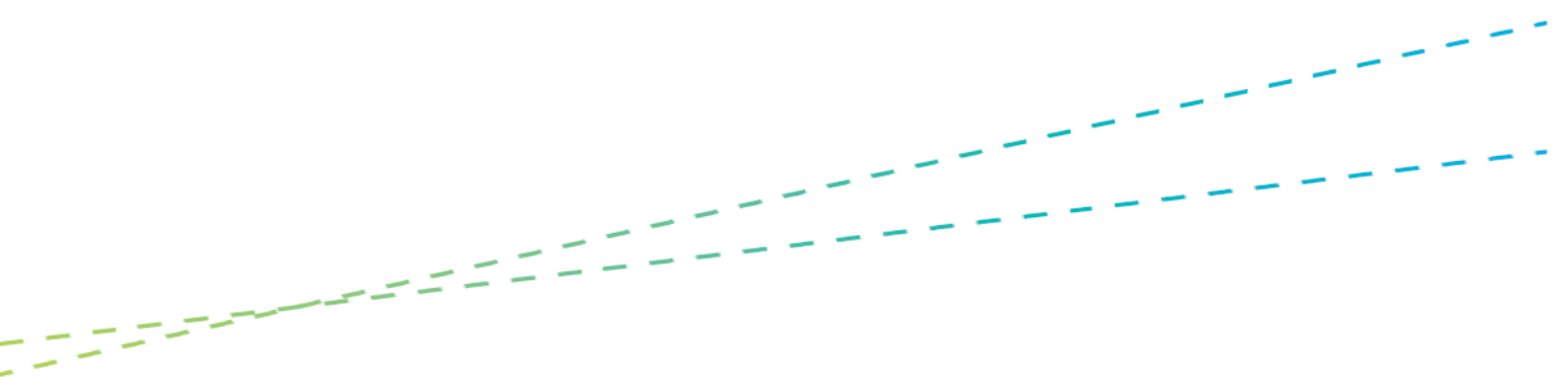
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 043

Year: 2019

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Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Smyly Trust Services
Registered Capacity:	Five young people
Dates of Inspection:	11th and 12th June 2019
Registration Status:	Registered from 31st December 2019 to 31st December 2022
Inspection Team:	Cora Kelly Lorraine Egan Anne McEvoy
Date Report Issued:	30th July 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2001. At the time of this inspection the centre were in their sixth registration and were in year three of the cycle. At the time of the inspection the centre was registered without attached conditions from the 31st December 2016 to the 31st December 2019.

The centre's purpose and function was to accommodate six young people of both genders from age ten to seventeen years on admission on a medium to long term basis. Their model of care was based on the seven working principles of a therapeutic community that included hearing the voice of the young people, empowering young people to be active in their lives and to assist young people's development through this ultimately healing process. Four young people were resident in the centre at the time of this inspection.

The inspectors examined standard 6 'care of the young people' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 11th and 12th of June 2019.

1.2 Methodology

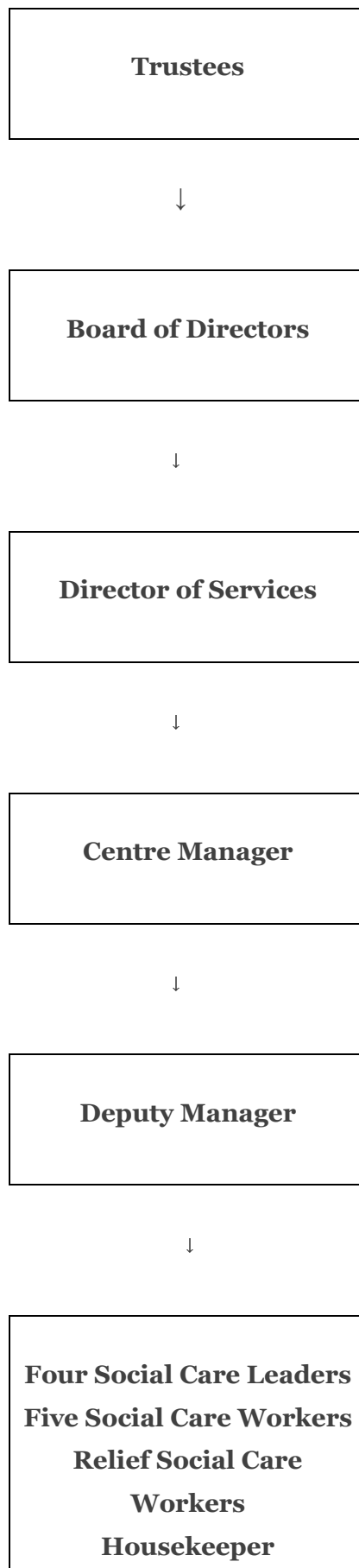
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) 11 of the care staff
 - b) Three young people residing in the centre
 - c) The director of services
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
 - Centre records
 - Care files
 - Team meetings and management team meetings
 - Handover book
 - Maintenance log
 - Health and safety documentation
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) Three of the care staff
 - c) One of the young people
 - d) The director of services
 - e) Two social workers allocated to three of the young people
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 12th July 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 17th July 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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 December 2019 to 31st December 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

Upon admission and as outlined in centre policy, young people were allocated key workers. Keyworkers were tasked with special responsibility to ensure that the young person's individual needs were met in line with their care plan and placement plan. These were implemented using the centre's model of care framework. All young people had keyworkers at the time of the inspection. Over the course of the inspection process it was clear to the inspectors that the needs of the young people were met individually and they were supported in living in a group environment. This was evident through interviews with centre management, staff, one of the young people, from the care file review and the inspector's observations. Individual placement plan reports and key work progress reports evidenced staff encouraging young people in areas of identity, activities, hobbies and interests, promoting and supporting family access and in the areas of emotional and psychological development. The individual needs of the young people were also discussed with the centres external clinical consultant. The review of the consultation log evidenced that following discussions on the young people, clinical input and guidance was provided to staff on how to work with young people. The review of care files found that clinical input was tracked so that attainable goals could be met by the young people in their development.

The inspectors review of young people's daily journals found that they were being listened to, staff were available to support them and help them to understand what was going on for them on an individual basis and in a therapeutic manner. The daily journal was reflective of the lives of the young people that included their participation in activities, family access, school attendance, outings with centre staff and other residents and of young people's feelings on a given day.

An array of age appropriate internal and external recreational activities was available to the young people that included walks, learning a musical instrument, swimming, youth clubs, cinema, day outings, holidays, GAA, boxing. Interests and talents were part of young people's placement plans and young people's participation in activities was evident in their daily journals. Birthdays and other life events such as school graduation were found to have been celebrated with parties, cakes and presents. Such celebrations were found to have been young people led. A social skills programme was also implemented in the centre on a monthly basis. A staff member held responsibility for co-ordinating the programme and secured external professionals to inform and update the young people on various topics. The aim of the programme was to empower young people by teaching them better care skills and to support them in communicating their needs. A sample of topics that formed part of the social skills programme over the previous 12 months included bullying, sex education, aftercare and healthy eating.

The centre also facilitated a two-part independence programme to prepare young people for leaving care. At the time of the inspection one young person had been identified as a candidate for participating in the independence programme in a needs led manner.

Provision of food and cooking facilities

The centre had a large domestic style kitchen and dining room with a separate food pantry and storage area. Young people had opportunities to participate in the weekly food shop, assist in compiling the weekly menus and in meal preparation. The availability of a cook four days per week ensured that a variety of nutritious food was available to the young people. The occurrence of regular meal times on a daily basis was viewed by management and staff as positive social experiences for staff and young people. The inspectors had an opportunity to observe this during the inspection process. In line with policy, staff utilised the centres model of care in their approach to providing food and creating positive environments during meal times.

Race, culture, religion, gender and disability

The centre had an anti-racism policy that was found to have included both staff and centre management's commitment to ensuring incidents of racism are challenged and that supports in promoting anti-racism can be accessed if required. The centres model of care ensured that young people were supported on an ongoing basis by staff and also through community meetings where young people's opinions and behaviours were appropriately challenged by each other and staff in a learning

capacity. The social skills programme, key working and individual work with young people were named forums used by staff in addressing discrimination.

The centre was found to have placed importance on the role of family in addressing identity and family work with young people. This was led by young people's care plans that informed centre placement plans, the latter was tracked with regard to addressing and promoting family relationships in an age appropriate and developmental manner with the wishes of the young people being heard.

Managing behaviour

The centre had policies on managing behaviour, bullying and sanctions. With regard to managing behaviour, the centre operated from their model of care that was informed by psychodynamic principles within the therapeutic concept. Staff had regularly received training in a recognised model of for the de-escalation of behaviours and physical intervention. In the day-to-day management of the young people's behaviours it was found during the young person's file review that efforts were made by staff to identify the causes of behaviour and that responses were planned in an age appropriate manner to support the young people in managing their behaviour. This work was found to have been undertaken by staff on an individual basis with young people and at community meetings. Individual crisis management plans, risk assessments and safety plans were in place for the young people with the latter in place due to the serious concerns arising from the presenting behaviours by a young person in the centre at the time of the inspection. They were found to have been updated regularly and were signed by the centre manager and each young person's keyworker and social worker. From interviews with both centre management and staff and from the review of paperwork it was evident that the implementation, monitoring and updating of these safety tools along with centre manager planning and overall care practices, that the young person's behaviours were not impacting on the other young people.

It was clear from interviews with centre staff and from the review of young people files that young people were aware of the behaviour expected from them and that the staff team's implementation of the centres model of care and relationships with the young people enabled this.

The centre had a policy on bullying. With respect to the young people residing in the centre at the time of the inspection, bullying had been an issue with one young person displaying bullying behaviours towards a peer resident. Staff in interview stated that the issue was actively being addressed and that the behaviour had

lessened. Staff named in questionnaires and through interview, the ways in which bullying was addressed in the centre. These included challenging the young people who engaged in the negative behaviour, discussing same at community meetings and staff team meetings, in one-to-one work with keyworkers, consulting with the centres clinical consultant, maintaining appropriate staff supervision levels and implementing individual daily plans and schedules for young people. During the inspection itself an external facilitator had conducted a social skills session that focused on bullying and there was good attendance by the young people at this.

For one young person the bullying behaviours was named in their care plan, placement plan and individual crisis management plan. From the review of the young people's files the centres practice for responding to the bullying issue included supporting the young person in developing and maintaining positive peer relationships and friendships with young people inside and outside of the centre. Also, staff named that their use of the relationship approach facilitated their efforts in addressing the issue of bullying. In interview the social worker for both young people was satisfied that the centre was addressing the bullying behaviour. However, upon review of the young people's care files the inspectors were unable to evidence definitively the ways that the bullying issues were being managed and recorded. It is important that the centre records the actions taken by staff to address bullying in the centre. The inspectors recommend that the centre places more focus in the recording of actions taken by staff in addressing bullying in the centre.

With regard to sanctions the centre operated from a natural consequences system when addressing misbehaviour by young people. The non-punitive approach was viewed by staff as providing learning opportunities for young people and for the young people to be in more control of their behaviours. The inspectors viewed the consequences log on file for each of the young people. The consequences applied were found to have been age appropriate and the consequence matched the behaviour presented by the young people. There was evidence of positive behaviours being rewarded.

Restraint

There had been no use of physical interventions in the centre since the last inspection. Staff were regularly trained in a recognised model of behaviour management. Each young person had individual crisis management plans on file which were found to have been updated regularly with the process including social worker consultation.

Absence without authority

The centre had a policy on absences without authority and a policy and procedure for missing in care. Each young person had an up-to-date absence management plan on file. From the young person's file review, they were found to have been agreed and signed by social workers. A number of absences and missing child in care incidences were observed for one young person. As per policy, the centre were following the Children missing from care: a joint protocol between An Garda Síochána and the Health Services Executive Children and Family services, 2012 in managing these incidents. At the time of the inspection the centre was actively engaging with the young person, their family and social worker in managing the absences and missing child in care incidents. This was being done namely through individual discussions with the young person, professionals meetings, strategy meetings and child in care review meetings. The young person's social worker confirmed this in interview with the inspectors.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre was located in the South Dublin area with good access to community amenities, transport, schools and shops. The centre itself was large in size with a large garden area. The garden was nicely maintained with recreational activities available to the young people. At the time of the inspection the external walls of the centre were being painted. This renovation task was then scheduled to proceed to the interior of the centre. The three floor centre was comprised of a large kitchen and dining area, a sitting room, various recreation and play rooms, a therapy room, a homework room and plenty of storage facilities. There were also adequate laundry facilities that the young people could access. Young people had their own bedrooms with space for their own personal belongings. Young people had opportunities to choose colours for their bedrooms and were consulted on renovations in the centre. Shared bathrooms were located across two floors of the centre. It was observed from questionnaires that the young people liked the garden area and their bedrooms. A self-contained flat that included a kitchen, sitting room and bedroom with a separate bathroom was also located in the house. There was ample space for young people to meet with family, friends or social workers in private and participate in many activities. Given its size the centre was found to be homely, adequately lit, ventilated, furnished and decorated nicely and there was a nice ambience throughout it.

The inspectors viewed the centres insurance policy and it was deemed to be in compliance with the relevant legislation.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

Due to the departure of the centres maintenance person, the trust had recently recruited a maintenance person who was tasked with attending to ongoing repair work identified by the health and safety representative and centre manager. A

gardening service tended to ongoing gardening maintenance work. The centre's maintenance log was reviewed by the inspectors. There was no section in the maintenance log that outlined when repair work was completed. Also, for some entries the dates of when repair work was initially requested was not recorded. Due to this the inspectors were unable to verify if repairs were dealt with promptly. The inspectors recommend that an extra section is added to the maintenance log book that tracks when repairs have been completed and also that entry dates of repairs are recorded.

Safety

Health and safety arrangements for the centre included a health and safety statement, the appointing of a health and safety committee, health and safety representatives and the completion of risk assessments. All related documentation was found to have been recorded in the 'health and safety folder'.

The health and safety statement, updated in June 2019, comprised of five sections: statement of intent, duties and responsibilities, safe working documentation, employee welfare and hazard identification and control measures. All staff employed in the centre had confirmed by signature having read the health and safety statement.

Monthly health and safety audits and quarterly risk assessments were completed by the health and safety representatives with all rooms in the centre being audited. It was found during the inspector's review of a sample of the audits and assessments that with regard to tasks/ hazards that required action there was no indication of when actions were to be completed by or by whom. From this tool alone this deficit prevented the inspectors from determining if health and safety hazards were dealt with promptly. The inspectors did observe that areas that required action were found to have been entered into the centre's maintenance log for follow up by the maintenance person. However, as stated under 'maintenance and repairs' above the inspectors were unable to determine the promptness of repair work.

The centre's health and safety committee comprised of the two health and safety representatives one of whom was the trained and experienced housekeeper and the second a member of the staff team, and the director of safety who was charged with overall responsibility for health and safety matters. As per policy the committee met on a quarterly basis. The inspectors viewed the minutes of the previous three meetings and found deficits in the recording of discussions as per agenda and actions reached. Time-frames for the completion of actions or follow up was also found to not have been included. Centre management must develop further all health and safety

related templates in use to include greater detail on action areas identified and insert agreed time-frames for the completion of tasks.

The centre had recently purchased a new car that all staff were licenced to drive. The inspectors viewed a sample of the staff team driving licences and car insurance documentation. All were found to have been in order. The centres first aid box was securely located in the staff office. All staff had up-to-date first aid training. Centre staff had recently participated in up-to-date ‘administration of medication’ training and centre management were at the time of the inspection in the process of implementing new processes for the management of same.

Fire Safety

The centre had written confirmation from a qualified architect that all statutory requirements relating to fire safety and building control had been complied with. The centre maintained a general fire register and the inspectors viewed this and the centre’s fire maintenance certificate as part of the inspection. The fire register contained the dates fire safety systems in the centre were serviced namely the fire alarm system, emergency lighting and fire extinguishers. All three measures were shown to have been serviced in line with the appropriate regulations. All fire escape routes were found to have been marked and sufficient.

The inspectors viewed the certificates of the staff who participated in site specific fire safety training in September 2017. Relief staff who commenced work in the centre after this time had not participated in fire safety training. Centre management must ensure that all staff partake in site specific fire prevention and evacuation training due in September 2019. The centre manager advised in interview that fire drills take place on a quarterly basis and the review of related documentation verified this. The fire drill records did not state the times the fire drills took place or include the names of the young people and staff that participated in the fire drill. Centre management must ensure that fire drill records are properly recorded.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children’s Residential Centres) Regulations 1996, -Part III, Article 8, Accommodation -Part III, Article 9, Access Arrangements (Privacy)*

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- Centre management must develop further all health and safety related templates in use to include greater detail on action areas identified and insert agreed time-frames for the completion of tasks.
- Centre management must ensure that all staff partake in site specific fire prevention and evacuation training due in September 2019.
- Centre management must ensure that fire drill records are properly recorded.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.10</p>	<p>Centre management must develop further all health and safety related templates in use to include greater detail on action areas identified and insert agreed time-frames for the completion of tasks.</p>	<p>We are in the process of drawing up a new set of reporting forms regarding all H& S issues that need to be addressed, the time the issue was reported and time frames for expected resolution of same. Completion of this task is end of July/ beginning of August 2019</p>	<p>Forms should catch all time-frames. Health and Safety is addressed at team meetings and at handovers, with new forms little should escape our knowledge.</p>
	<p>Centre management must ensure that all staff partake in site specific fire prevention and evacuation training due in September 2019.</p>	<p>All staff will be placed on rota to facilitate their attendance at training scheduled to take place on the 15TH October 2019.</p>	<p>Centre manager will ensure that this training will be booked in advance for every two years. All staff will attend.</p>
	<p>Centre management must ensure that fire drill records are properly recorded.</p>	<p>More detail will be recorded in the fire drill record book: names, dates, persons in the building, reason alarm was sounded, and details of evacuation procedures. In-house training will take place on 6th August 2019.</p>	<p>The H&S officer will attend a staff meeting in August and will explain what is to be recorded when fire drills are undertaken so all staff have a greater understanding on what information is to be included in recording of fire drills and procedures. A new book for recording such events has</p>

			been ordered which will capture all relevant information. Centre manager will oversee same.
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