



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Smyly Trust
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	25th & 26th October 2022
Registration Status:	Registered from the 31st of December 2022 to the 31st of December 2025
Inspection Team:	Eileen Woods Lisa Tobin
Date Report Issued:	13th December 2022

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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 seventh cycle of registration and was in year three of the cycle. The centre was registered without attached conditions from the 31st of December 2019 to the 31st of December 2022.

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 a model of psychodynamic informed care principles inclusive of a therapeutic community approach. This model of care was informed and guided by knowledge of attachment, containment, communication, citizenship, reflection, education, agency and community. Children under the age of twelve were admitted to the service through a derogation process administered by the Tusla Alternative Care Inspection and Monitoring Service. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
4: Health, Wellbeing and Development	4.3

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 24th of November 2022 and to the relevant social work departments on the 24th of November 2022. The registered provider was required to submit any factual inaccuracies noted as there were no identified issues for action in the standards examined. One factual inaccuracy was identified and corrected by the 1st of December 2022.

The findings of this report and assessment of the submitted application for registration 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 operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

The therapeutic community model in operation at the centre maintained a commitment to holding community meetings with the young people. These can be daily and can be called by young people but mainly were called by staff. There were records maintained of the community meetings held and these kept a clear account of what was discussed and who spoke. The community meetings were a place for addressing and resolving issues coming up in the community and that will be discussed below in how they related to complaints.

Inspectors found that other community meetings related to plans for the day, the evening, upcoming events or trips out for example. There were different styles apparent in how some community meetings were led and the team discussed how to stay non leading, non-judgemental and non-combative in their approach. The social workers were aware of the unique aspect and role of the community meetings in the life of the centre. They had spoken with their allocated young person, the key workers and the management and were satisfied overall with how the young people were heard, the balance of fairness and room to voice personal choice. One young person described to inspectors that the meetings were good but could be hard as you might have to voice something that was on your mind but that overall you were supported to speak up. The community meeting records in the main evidenced a culture of respect, promoting the voice of young people and learning in group living and how that can be supported to be as safe and positive as can be.

Inspectors found evidence that the young people were encouraged to express themselves and there was lots of time spent together with the core staff on activities, outings and helping with their day to day life. There was key working and one to one work being completed. The young people stated that some of the best things were holidays, the staff, outings and music in the house, along with the help with education and with other things in your life if you needed support. Also being able to have friends or family over to visit was a positive factor. They said some of the hard things were the rules and being encouraged to address things sometimes that were

uncomfortable. The three older young people said they had people on the team they could and would talk to and who help them. The youngest and newest child stated to inspectors that they were happy and had monthly visits with their social worker and others who helped them to settle into the centre. Inspectors found that the reasons why decisions around specific rules were in place was explained and revisited from time to time. There was a high level of observance of the rules by the young people and a strong sense of ownership by the older young people, inspectors did not find the rules to be unduly strict.

There was a high level of connection, communication and awareness of family dynamics and their impacts both positive and challenging on young people's progress.

There was a complaints policy which was reviewed in 2021 and was due to be further updated by management following a decision to streamline the terminology. This will involve the inclusion of all complaints under one register and title, that being 'complaints' and not have separate recording systems for what have been known up to now as locally resolved complaints and formal complaints.

Inspectors found that the current procedures contained within the policy and the practices aligned and were adhered to by staff. The social workers stated that they were aware of any complaints including those resolved locally at the centre and a social worker confirmed that the centre referred a complaint for social work investigation without delay. The social workers were familiar with the procedure of the community meetings being an opportunity for direct resolving of grievances between young people and some social workers had engaged with issues that had come up within that realm. Social workers noted that the centre engaged in open and transparent reporting of events and discussions and were open to queries from the social workers to clarify work completed.

The social workers and the centre worked in collaboration and the social workers had been invited to, and some had, read the records at the centre and engaged with the team following this. The young people were meeting their social workers and other professionals and had been made aware of advocacy organisations such as EPIC who have attended group meetings at the centre also.

There was monthly governance reporting from the centre manager on all types of complaints with an ongoing focus on good recording and transparency was evident in the centre management records. There was evidence of internal monitoring of how locally resolved complaints were addressed, recorded and reported along with how the policy was applied. The main approach as stated was to use local resolution and mediation and one complaint had been escalated to the social worker to address once

a young person was unsatisfied with the process at centre level. All complaints should be notified to a social worker once known and inspectors advise that young people are reminded at that first point that they can involve their social worker as their support or to investigate the complaint should they wish so.

There was experience demonstrated in the team in taking on issues between young people, like bullying or derogatory attitudes and solutions were sought in the first instance internally and agreed with the young people themselves. These were tracked thereafter with the young people, the staff, management and the relevant social workers.

Inspectors found that the director of services should evidence more, in written records, of their role, responses and views regarding the complaints process and how they as Director connected with young people to ascertain their views after complaints. They were tracking and commenting on internal audits as well as completing director audits but these contained no overall view of outcomes or learning gleaned. The director outlined that an annual summary report for 2022's trends and themes, in order to inform future practice, would be completed soon and that actions and commentary would be generated from same.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

None identified

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was based in a period property that was large in scale with substantial gardens and grounds around it. The centre was well presented and well maintained with works done in the last two years including, but not limited to, new carpets in the main areas, an updated kitchen and work tops and decorative additions to the walls that reflected memories of the previous two years. The house had flexible areas within it including a music room, a games room, play or art room and a learning centre as well and dedicated areas for independent living skills development. Inspectors found that each area of the house was clean, in good repair and was homely particularly in the bedrooms and main living spaces. The house had suitable laundry and cooking facilities, plenty of storage and cleaning equipment. There was good lighting and heating.

There were two bathrooms and two toilets in the bedroom area for the young people to share, inspectors raised that the current configuration should be reviewed to ensure that they remain the best and most up to date option that supports privacy. The director and social care manager agreed to review these and report to their Board about any recommended improvements. The young people all stated that they liked the house and all the things available there, one young person showed us their room which had been done up with them with their age and stage of development in mind. It was clear from other records and in conversation that the rooms of the other young people had works and decoration completed on a regular basis. In fact, young people who wished to, had been able to build some of the furniture as a project with the maintenance person. They told inspectors that doing that was really enjoyable. Two young people mentioned that they would like new sofas for the main living room and the social care manager and the director were happy to look into that suggestion.

The condition of the property and its upkeep and any improvements required, including health and safety systems, was led by a dedicated staff member who occupied a unique role within the centre. They were trained in health and safety, they

oversaw the food budgets, shopping, menus and most of the cooking. They held a key role for the young people who talked to inspectors about one of their favourite aspects being “having the best chef in the world”. The person in this role worked in co-operation with the social care manager to report on budgets and submitted monthly health and safety ‘hazard’ audits. Inspectors found that the social care manager included the outcomes from these in their monthly governance reports to the Director and in the monthly reports to the Board. Health and safety was also an agenda item at each managers meeting and team meeting. A health and safety committee for the Trust met quarterly with the final audit of each year to include a Directors walk through of the property. Records of all aspects of the health and safety systems were available for review by inspectors and complied with the centre’s health and safety statement. The health and safety statement was reviewed yearly and accidents were reported to the Director who maintained a record of same. Adequate insurance was in place and renewed yearly as was car insurance for the one centre car.

The monthly hazard audits once completed informed the maintenance log and a review of those records displayed rapid attention to items possible to repair locally. Larger items, for example boiler replacement or windows followed financial rules for seeking quotes and works being booked. There was a current action being taken regarding windows and an exterior door and the need for some to be replaced and general age-related wear and tear.

In the grounds inspectors found that the large older trees had been reviewed by a tree specialist and one had been removed from the front area. There was some play equipment in the garden that had been safely installed several years ago and one item decades ago. There was oversight of the condition of the play equipment and discussion regarding a restoration project for the older piece of play equipment. Inspectors viewed the items and saw that they were securely anchored and the maintenance and health and safety person along with the manager kept them under review. There was a built in barbeque area and alongside one off use there was an annual BBQ party held for past and present members of the community and their families. The young people also referenced this as a special event in their year along with the summer outings and holiday that they had.

The centre complied with the requirements of fire safety legislation and relevant building regulations. The staff completed fire safety training onsite every two years and a risk assessment had been completed when incidents of fire setting had been found. There was evidence of fire drills being completed with a comprehensive record of which fire exits were used. There were two main exterior fire stairs from the upper floors and break glasses with keys maintained at both of those, these exit

options were used during drills and were in good condition. There was an additional fire ladder in a small flat roof area with a single story rising either side and this was being reviewed with the fire safety specialists. Any faults and accidental triggering of the alarm were noted and people's actions in leaving the premises and how they left were recorded. There was service contracts in place for yearly and ad hoc fire extinguisher maintenance and for the fire panel. All emergency exit signs were operational and lighting and all areas that required it had a fire blanket present.

There was a seven seater centre car and this was monitored for servicing and cleaning. There were enough drivers available in line with the centres insurance stipulations and the centre was beside several bus and train routes.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

None identified

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Each of the young people had their educational needs identified in their care plan and this was thereafter reflected in their placement plan at the centre. Where an up to date copy of a care plan was pending delivery to the centre inspectors confirmed with the social workers that the education actions assigned to the team had been attended to. Inspectors found that all four young people were in education and all were happy with their current arrangements. Each in their different ways were active participants in finding the right setting or option within a setting.

Inspectors found excellence across all aspects of this standard in how the centre approached education and training for the young people. There was a practical and consultative approach as well as a centre culture of the right to access the best opportunities to suit each young person. The key workers for the young people communicated with the schools for meetings and co-operation if things were not going well. A recent example of good collaborative work was school staff visiting a young person at the centre to help them feel safe enough to start at the school and they duly started to attend. The education files had the necessary school information and the team were signed up to the relevant school apps for timetables, communication, news and finances. The handover records and team meeting records evidenced planning and preparation for school returns and everyday school times and events. Where some independence can be given to young people they can travel on their own or get a lift, for example in bad weather. Inspectors observed calls and communications between schools, staff and family members to verify and support school activities.

The staff and family attended special events where they occurred at schools. The team supported education daily and at the house a learning centre had been established over many years. A tutor was present four afternoons a week in this dedicated space to support and augment homework and study for primary and secondary level inclusive of state exam years. Three of the four young people spoke about their education directly and/or in questionnaires too and they were very happy with their schools and their options at that school and in the centre.

The team considered all the aspects of their programme in particular the social skills programme, the independent living skills programme and all of the young people's extracurricular activities as part of their education and development. There was a high expectation of compliance with attending some form of education or training and where one option was not suitable others were found and supported equally. Where persistent problems existed there was communication with education professionals, families and social workers as required.

Where young people were approaching the end of their second level education there was discussion and planning about what the next steps might be individual to their

talents and abilities. Each of the older three young people had been supported to find part time jobs which all told inspectors they enjoyed doing. A young person approaching eighteen and in full time education will be supported to remain at the centre until they have completed their final state exams and have established a plan for their next steps.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

None identified