



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: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</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>Unannounced</b>
<b>Date of inspection:</b>	<b>12<sup>th</sup>,13<sup>th</sup> &amp; 14<sup>th</sup> October 2021</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> April 2020 to 30<sup>th</sup> April 2023</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> December, 2021</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 Assurance 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 their first registration in 2002. At the time of this inspection the centre were in their seventh registration and were in year two of the cycle. The centre was registered without attached conditions from 30<sup>th</sup> April 2020 to 30<sup>th</sup> April 2023.

The centre was registered to provide medium to long term care for up to four young people of both genders from age twelve to seventeen years on admission. Their model of care was described as providing residential childcare for young people using a therapeutic community approach to meet their emotional and developmental needs within a caring and stable structure. The model was based on five principles of attachment, containment, communication, citizenship and reflection. The goals were to be attained through individual work, group work, and family involvement. There were three young people living in the centre at the time of this inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff and the allocated social workers. Inspectors also consulted with children. 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. The inspection was a blended inspection where inspectors spent time onsite and also completed a number of the interviews via MS Teams.

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 8<sup>th</sup> November 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 16<sup>th</sup> November 2021. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 071 without attached conditions from the 30<sup>th</sup> April 2020 to 30<sup>th</sup> April 2023 pursuant to Part VIII, 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 personal development.

Inspectors found evidence that there was good quality care and support provided to children in the centre and their best interests were the main consideration for staff in decisions that were being made about their care. Experienced staff worked well with other professionals and with families and guardians to ensure that children's individual needs were being responded to effectively. In general, children described positive relationships with staff, and they identified members of the team that they could talk to if they needed to discuss issues or problems. One child said that "they feel like they have a proper home to come back to". Inspectors observed engagement between staff and children during the inspection process that was open and relaxed and seemed to encourage consistent relationships and positive experiences for children while living there.

There were statutory care plans on file for two out of three children in placement and these were reviewed in line with regulatory requirements. The third child had yet to have a child in care review despite having moved to the centre almost six weeks prior to the inspection. There was no scheduled date provided by the social work department for this to take place and the allocated social worker told inspectors that a time had not yet been decided as there were certain factors holding this up which they didn't specify. Social workers for each of the three children stated that there was a high level of care provision in the centre, and they were satisfied with the prompt responses by the team to the children's changing complex needs. They described a good working relationship with individual staff that they communicated with and said that the centre provided them with regular updates including progress reports and significant event notifications. In addition, records showed that ancillary planning and strategy meetings were routinely undertaken between the centre, the social work department and other professionals to support one child's specific challenges. Some of the children told inspectors that they attended their child in care reviews and had opportunities for input by setting out their views to social workers in advance of the meeting.



Placement plans were on file for each child and were based on their care plans, pre-admission risk assessments and professional meetings. However, they varied in quality and had a strong focus on achieving goals that addressed specific high risks, vulnerabilities and safety issues experienced by children at the time. One of the placing social workers stated that this type of plan was appropriate for meeting the child's immediate needs and was put in place as a response to professional guidance from external supports the child was receiving. Where there was a comprehensive plan in place for one child, it detailed the day-to-day care required and outlined the supports to be provided that were reflective of their assessed needs.

Placement plans were robustly linked with the centre's risk management framework which included safety plans, absence management plans, risk assessments and individual crisis management plans. They were developed by key workers with identified actions mostly undertaken by them. Inspectors recommend that these tasks are shared amongst team members rather than assigned to keyworkers only. Furthermore, there were lengthy timelines assigned for the conclusion of actions with the majority stating that they were on-going, and it was not clear to inspectors if goals were being reviewed and updated as part of the placement plan process. Dates indicating the completion of current plans were not accurate. At interview, staff were not familiar with the goals identified in children's placement plans and told inspectors that they found the template cumbersome and not very user-friendly. While children's current needs, risks and issues were being discussed at team meetings, there was no evidence of placement planning review taking place there or at other forums. The acting centre manager must ensure that placement plans are regularly reviewed and updated so that outcomes for each child can be tracked. Staff must be familiar with each child's goals based on their assessed needs and discussions taking place in this regard should be clearly recorded.

Children were included in placement planning through key working and relationship building. The staff team engaged with them at their pace, and it was evident that children's views and preferences were central to strategies and interventions in place. This work should be documented within the placement plan for each child along with reflecting the regular consultation that was taking place with family members (where appropriate).

Children were facilitated to access specialist services in line with their care plans and any advice and guidance provided by these supports was clearly integrated into individual planning for children and discussed and considered by staff at team

meetings. Some of the external supports included YoDA, CAMHS and the Treehouse Project.

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

### **Actions required**

- The acting centre manager must ensure that placement plans are regularly reviewed and updated so that outcomes for each child can be tracked. Staff must be familiar with each child's goals based on their assessed needs and discussions taking place in this regard should be clearly recorded.
- The acting centre manager must ensure that work being conducted with children on their input to interventions and strategies should be documented within the placement plan for each child along with reflecting the regular consultation taking place with family members.

## **Regulation 5: Care Practices and Operational Policies Regulation 6: Person in Charge**

### **Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

At the time of the inspection, the person in charge of the centre was in an acting social care manager capacity. They had previously been in a deputy manager role and had stepped-up to replace the centre manager when they went on leave and

subsequently resigned their position in July 2021. The acting manager had worked within the organisation for eight years, four of which were in the centre, both as a full-time social care worker and more recently as a deputy manager. They had the relevant qualifications required for a social care manager role. The acting manager worked 9 a.m. to 5 p.m. Monday to Friday and attended handovers, weekly team meetings, managers' meetings, significant event reviews, policy and procedures meetings, board of management meetings, professionals' meetings and child in care reviews. They also provided supervision for the complete staff team and shared the on-call rota with the director of services.

While governance arrangements for the centre were clearly defined regarding accountability and decision-making at senior management level, deficits existed at centre management and staff team level. As the centre manager's post had become vacant unexpectedly, the acting manager had no advance period of preparation for taking on the managerial duties and responsibilities and they had not deputised for the centre manager prior to this time. Further, there was an absence of a job description in place for the acting manager's post and although it had been nearly three months since the previous manager had left, the social care manager job had yet to be advertised by the organisation. The service director informed inspectors that a decision had been made with the board of directors not to advertise the centre manager vacancy immediately as they believed it would unsettle the stability of the team further. Despite this, there had been no recording of this discussion evidenced on senior management minutes. Inspectors recommend that the registered provider and the director of services ensures that the centre manager position is advertised without any further delay. A job description for the acting manager role must be put in place outlining the duties, responsibilities and delegated tasks associated with this function.

In addition, the deputy manager role was now vacant, and inspectors found that there was an absence of specific responsibilities in place for the social care leader posts. This along with the recent adjustment in managerial roles was found to have impacted the assistance and support required at centre management level for good governance. While there was a written record maintained of delegated duties for the staff team, inspectors found from reviewing centre files and staff interviews that there was an absence of clarity on their explicit tasks and obligations appropriate for them as team members. Further, this deficit increased the amount of operational responsibilities to be taken on by the acting centre manager and minimised the internal support required for overall accountability and the provision of a safe and effective service. There were no alternative management arrangements in place for

when the person in charge was absent. The director of services was currently covering this role. The director of services must ensure that there are clearly defined governance arrangements and structures in place that set out the lines of authority and accountability, stipulate individual accountability, and specify roles and responsibilities of all staff in the centre. The registered provider must ensure that alternative management arrangements are in place for when the person in charge is absent.

Inspectors found good evidence of accountability along with support being provided to the acting manager from the director of services. This included frequent onsite visits and contact, monitoring, consistent oversight on centre records and, recurrent management meetings were taking place. In addition, the acting manager told inspectors they were receiving regular supervision to assist them in their new post which was delivered by the director, and they found this helpful.

From a review of a sample of records including significant event reviews, team and management meetings and professional and strategy meetings, there was evidence of a culture of learning, reflective practice and safety in the centre with a particular focus on feedback being brought back to the team. Although, inspectors found that in general improvement was required by the staff team on the maintenance of centre files and the acting centre manager must show evidence of oversight on centre documentation. Centre based audits were completed on a monthly basis by the acting centre manager and submitted to external management for review. External audits had also been conducted with two having taken place in 2021 to date. A comprehensive suite of policies and procedures were in place and dated 2020 with a review scheduled every two years. Further, any policies that required update and were completed outside the core review had been circulated to the staff team and discussed at team meetings. Policies were in line with regulatory requirements and took account of national standards and guidelines. A service level agreement was in place with the Child and Family Agency and meetings took place on a bi-annual basis. The director reported to Tusla regarding compliance with the agreement.

There was a strong focus on safety within the centre for the current cohort of children living there and there was a robust risk management framework in place which identified, managed and assessed their individual risks. The supporting systems in place included pre-admission risk assessments, individual crisis management plans, safety plans, absent management plans and individual standard operating procedures, all of which outlined interventions and strategies to be followed to mitigate each risk. Guidance and advice from external professionals were also

integrated into the plans for the staff team to follow or the service to respond to including increased staffing when needed. Inspectors found that the plans were clear, practical and consistent. Although the dates of reviews were not always stated specifically on the template, inspectors observed these were updated accordingly after an incident or strategy meeting with the social work department and support services. The staff team had a very good understanding of children's changing risks and the likelihood of occurrence and were able to describe how the framework protocols were implemented in practice. The escalation of risk for children included notifying social workers promptly of any concerns or issues. The centre had a risk register in place that included organisational and centre risks. These were discussed and tracked at staff team meetings, management meetings and board of management meetings.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</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 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider and the director of services must ensure that a job description for the acting manager role is put in place outlining the duties, responsibilities and delegated tasks associated with this function.
- The director of services must ensure that there are clearly defined governance arrangements and structures in place that set out the lines of authority and accountability, stipulate individual accountability, and specify roles and responsibilities of all staff in the centre.
- The acting centre manager must ensure that they show evidence of oversight on centre documentation.
- The registered provider must ensure that alternative management arrangements are in place for when the person in charge is absent.

## Regulation 6: Person in Charge

## Regulation 7: Staffing

### Theme 6: Responsive Workforce

#### **Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

The centre had a staff complement of one acting manager plus nine social care workers, two of which were working half time. Three of the staff were at social care leader grade. As referred to above, the deputy manager position was no longer in place and the centre manager position had yet to be advertised despite there being a vacancy for three months. Although there was a panel of five relief staff, the director of services told inspectors that it was a challenge to cover shifts in the centre when necessary and they found it difficult to recruit new relief on to the team. This impacted on the recent requirement for live night shifts for two of the children in the centre and these had to be filled by agency staff rather than from the panel.

Furthermore, inspectors observed that this cover had not been entered on the centre's roster and staffing deficits were not highlighted on internal and external audits. However, they were entered on to the risk register and discussed at board of management level. The registered proprietor and the director of services must ensure that where staffing deficits arise, they must be identified in internal and external audits.

The staff team had many years' experience working with children in residential care and the majority of them had been in their positions for over fifteen years, were appropriately qualified and had a good mix of skills and competencies. Children living in the centre had the benefit of a consistent team. The roster was managed to provide treble cover including two overnights and one day shift and as mentioned, live night requirements were drawn from agency staff and funded by Tusla. There was evidence in the management records both internally and externally of work force planning to accommodate study, training, various types of leave along with access to an employee assisted programme. They were also provided with regular input from a psychologist as part of the therapeutic community model of care. Inspectors observed the centre's training log and found that the information on it was not up to date. Furthermore, relief staff had not received any core training including child protection, behaviour management, fire safety or first aid. The director of services told inspectors that this was an issue with funding and the service was not resourced to provide it to staff on the relief panel. The registered proprietor and director of

services must ensure that all staff are provided with core training in line with requirements of legislation, standards and guidelines and the centre's operational policies.

There was an on-call system in place to support staff to manage incidents and risks in the centre outside of office hours which was covered by the director of services and the acting centre manager. However, this was not sufficient. Formal on call arrangements were not included in job descriptions or contracts and these duties were not part of remuneration. The director of services stated that this was being discussed at service level agreement level with Tusla.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</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 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The director of services must ensure that staffing deficits are identified in internal and external audits.
- The registered proprietor and director of services must ensure that all staff are provided with core training in line with requirements of legislation, standards and guidelines and the centre's operational policies.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The acting centre manager must ensure that placement plans are regularly reviewed and updated so that outcomes for each child can be tracked. Staff must be familiar with each child's goals based on their assessed needs and discussions taking place in this regard should be clearly recorded.	The acting manager will meet with all keyworkers in the final quarter of 2021 to review placement plans for each young person starting November and aim for completion of review no later than the 8 <sup>th</sup> December. This was the practice prior to the acting manager in post. This will continue with the director of services & manager.	The manager will continue to review the placements plans on a regular basis. The keyworker will present the goals of the placement at staff meetings. Evidence will be in team meeting minutes.
	The acting centre manager must ensure that work being conducted with children on their input to interventions and strategies should be documented within the placement plan for each child along with reflecting the regular consultation taking place with family members.	The acting manager will continue to review the young person's files and ensure that there is clear documentation of their and their family's inputs following consultations around the placement planning for each young person in the centre. This will be reviewed with each keyworker in the placement planning meetings.	A questionnaire is sent to parents annually around the care their children receive. The organisation hopes to establish a parent/guardians' forum to ask parents about the care their young people are receiving.



5	<p>The registered provider and the director of services must ensure that a job description for the acting manager role is put in place outlining the duties, responsibilities and delegated tasks associated with this function</p> <p>The director of services must ensure that there are clearly defined governance arrangements and structures in place that set out the lines of authority and accountability, stipulate individual accountability, and specify roles and responsibilities of all staff in the centre.</p> <p>The acting centre manager must ensure that they show evidence of oversight on centre documentation.</p> <p>The registered provider must ensure that alternative management</p>	<p>The director has provided the acting manager with the job description on the 9<sup>th</sup> of November 2021 and has met with him numerous times to discuss and clarify his duties, responsibilities and delegated task.</p> <p>Prior to this inspection the director of services had started a process in the whole organisation around clearly defined roles. This included deputy manager, social care leaders &amp; social care workers. Job descriptions were circulated re roles. In relation to social care leaders a delegation of tasks was developed and will be addressed with the social care leaders. This will be done by 30<sup>th</sup> November 2021.</p> <p>The acting manager will ensure to clearly evidence oversight on all documentation within the centre. This action was agreed in supervision on the 20.11.21 (signing off all documents).</p> <p>The director of service has asked for an expression of interest for the deputy</p>	<p>The action is completed. The position of manager has been advertised on the 12/11/21.</p> <p>The director will continue to review roles &amp; responsibilities in our organisation at senior management meetings.</p> <p>The manager will feedback to the director of services their evidence of oversight. The director will monitor their oversight on centres documents in supervision.</p> <p>The director will continue to communicate the need for appropriate resources for the</p>
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	arrangements are in place for when the person in charge is absent.	managers post. In the absence of this the social care leader will act up for the manager.	organisation with the Child and Family Agency.
<b>6</b>	<p>The director of services must ensure that staffing deficits are identified in internal and external audits.</p> <p>The registered proprietor and director of services must ensure that all staff are provided with core training in line with requirements of legislation, standards and guidelines and the centre's operational policies.</p>	<p>This will be reflected in the monthly audit tools completed by the centre manager. This has been reflected in our risk register &amp; senior management meetings. The schedule of events outlines the sharing of the risk with the board of management.</p> <p>The director of service will provide access to all core training for all staff. The core training will be offered in line with the current cycle. All relief staff have been asked to register with HSEland and apply for a place on a TCI training course.</p>	<p>Evidence will be provided in the analysis &amp; review of the centre monthly audits, senior management meetings and board of management meetings.</p> <p>The director will continue to address the resources issues with the Child Family Agency through the service level arrangement to enable relief staff to avail of training in a timely fashion.</p>