



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 020**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland Ltd.</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>17<sup>th</sup> April 2023</b>
<b>Registration Status:</b>	<b>Registered from the 31st of March 2023 to the 31st of March 2026</b>
<b>Inspection Team:</b>	<b>Sharon McLoughlin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> May 2023</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 on the 31<sup>st</sup> March 2008. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from 31<sup>st</sup> March 2023 to 31<sup>st</sup> March 2026.

The centre was registered as a multi occupancy unit. It aimed to provide care for a maximum capacity of four young people from age ten to fourteen years on admission. The model of care was attachment and trauma informed with the availability of psychology, art psychotherapy, education and occupational therapy. The centre operated the CARE framework (children and residential experiences, creating conditions for change). There were three 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
2: Safe Care and Support	3.2

The purpose of the inspection was to review the implementation of the action plan following the most recent inspection in January 2023. The inspection specifically focused on progress made in managing the behaviours of the young people, and to review representations made in response to a proposal to attach a condition to the centre that would alter the registered capacity of the centre.

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

The centre was inspected in January 2023 and found to be not operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5 Care Practices and Operational Policies. A corrective and preventative action plan was submitted in response to the issues identified in the inspection report. Based on the finding of the report a proposal to attach a condition was issued to the centre on the 16<sup>th</sup> of March 2023 but representation was made by the organisation and a further review of the implementation of the CAPA was carried out on the 17<sup>th</sup> April 2023 which was to determine the ongoing registration of the centre. This review found that progress had been made in implementing the CAPA and the centre had come into compliance with Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5 Care Practices and Operational Policies.

The organisation carried out their own assessment of the centre in respect to the registered capacity and informed the ACIMS on the 27<sup>th</sup> of April that they committing to not admit another child to the home for a period of 8 weeks up to the 27<sup>th</sup> of June 2023, with a review at the 4 weeks to assess progress and consider potential referrals. The ACIMS accepted this proposal from the organisation. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 020 without attached conditions from 31<sup>st</sup> March 2023 to 31<sup>st</sup> March 2026.



### 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 since the inspection in January 2023 that there were improvements in how the behaviours of the young people were being identified and managed. Safety plans were put in place to respond to the challenging behaviours, and these were proving to be effective albeit at the early stages of implementation. The inspectors found from interviews with the management, the allocated social workers and review of documentation that the high risk and challenging behaviours for some of the young people had significantly reduced. The centre manager was able to identify that the therapeutic supports required to support the team in responding to the needs of the children were not fully in place prior to the inspection in January 2023 and that this had impacted on the staff's ability to effectively respond to the young people. The inspectors could clearly identify the improvements had occurred in this respect, but that being said the improvements in the therapeutic interventions had only commenced in early March 2023 so still in the early stages of having of being implemented to full effect.

The inspectors found evidence that the staff team had worked hard to establish structured day and evening plans to minimise the negative interactions that takes place between the young people. While there were again improvements noted in this the daily records and logs do reflect that there still remains negative interactions between two of the young people on most days. Key working has occurred with the young people about bullying behaviour and the impact of this behaviours. Work has also been done on group living and this is still an on-going piece of work that needs to remain as part of the placement planning and behaviour support plans.

The inspectors noted as a response to the behaviours identified in the January 2023 inspection that the staff responded by putting more robust plans in place for each of the young people. The constant supervision of the young people and ensuring that

they are not left alone in a room together has minimised the impact of the interactions between the young people. However, the youngest child in the house did speak to inspectors and state that they still did not always feel safe in the house. The inspectors could see evidence that the negative interactions were not always the instigated by the other children and that at times they were instigated by the youngest child. A continued focus on the group living dynamic lead by the clinical team will be needed for the staff team to be able to maintain any changes made to date.

The reduction in risk and challenging behaviour for one of the young people was by staff and management clearly attributed to the young person feeling that their request for visits home was heard by the staff and the social worker. They had noted a change in behaviour since home visits had commenced. The records evidence a significant change in behaviour, but in order for this to be maintained on going work will need to be completed with the young person in accordance with their behaviour support plan and placement plan. The allocated social worker for the young people was also of the opinion that therapeutic input was needed to guide the team in how best to assist this young person to understand their behaviours.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</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>3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required.**

- The management and staff must continue to support the young people and minimise negative interactions, this approach must be led by the therapeutic support team in line with the agreed and stated purpose and function of the centre.

#### 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The management and staff must continue to support the young people and minimise negative interactions, this approach must be led by the therapeutic support team in line with the agreed and stated purpose and function of the centre	<p>At present Ashdale Care's Snr psychologist and OT are reviewing the young people's needs in the home and reviewing present dynamics and relationships within the home along with home management and staff team. A review meeting took place 15.05.23 with actions, next review scheduled for 30.05.23.</p> <p>There is a safety plan in place in relation to two young people as a means of ensuring and monitoring interactions to promote positive group living and enable staff to support any issues that arise.</p>	<p>18.05.23 Management meeting took place and information on the importance of monitoring group living, dynamic's, within the home and supporting young people with any issues that arise.</p> <p>A Group Impact Risk Assessment is completed and reviewed each quarter or as needed should any interactions of concern between young people be identified with clear actions/interventions required. This may also identify the need for additional support from the therapeutic support team.</p> <p>Home management on a weekly basis escalate any interactions of concern via weekly operations report that is sent to Regional and Senior management.</p>

			<p>Senior social worker within Ashdale who maintains a central register of Complaints, CPWRFs and SENs monitors said reports for trends and will notify home management and RMs should an upward trajectory of reported trends occur for further action.</p> <p>The organisational policy on bullying is currently under review and first draft of updated policy is set to be reviewed at next Policy and Procedure review committee 30.05.23</p> <p>Ashdale Care compliance manager completes audits in the home to ensure compliance in regulation, standards and internal policies and procedures</p>
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