



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 204

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Five Young People
Type of Inspection:	CAPA Review
Date of inspection:	29th & 30th August & 1st September 2024
Registration Status:	Registered from 8th July 2022 to 8th July 2025
Inspection Team:	Ciara Nangle
Date Report Issued:	15th November 2024

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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.



1.1 Centre Description

This inspection report sets out the findings of a corrective actions and preventative actions (CAPA) review 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 8th July 2022. At the time of this CAPA review the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 8th July 2022 to the 8th July 2025.

The centre was registered as a multi-occupancy service to accommodate five children aged from 8 to 16 years on admission. The programme of care was identified as being for a minimum period of twelve months. The centre aimed to provide residential placements for children with complex emotional and behavioural needs. The model of care was informed by an understanding of child development theories, attachment and the impact of developmental and relational trauma, with the inclusion of psychology, art psychotherapy, occupational therapy and education supports. The model operated under the CARE framework (Children and Residential Experiences, creating conditions for change). There were four children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from two previous inspections completed in 2023. These inspections occurred in July 2023, and a second risk response inspection was completed in December 2023. The CAPAs from both of these inspections were considered as part of this review. Inspectors reviewed documentation submitted by the centre to evidence the implementation of the CAPAs, in addition to completing interviews with the social care manager and other professionals involved with the young people including social workers and Guardian ad Litems.

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 7th October 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have fully implemented the required actions and therefore 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:204 without attached conditions from the 8th July 2022 to the 8th July 2025 to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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.

Issue Requiring Action:

- The manager must ensure when they invite feedback from the children about their care, they must evidence the response to the feedback provided.
- The head of care must ensure the complaints policy provides clear guidance on the screening and investigation of notifiable complaints and review the timeframes set out for resolving the children's complaints.
- The parents' information booklet must be updated and aligned to the centre's complaints policy.
- The home manager must ensure that the complaint records evidence the outcome of the complaint and a record of whether the child is satisfied with the outcome and where not satisfied that the options for appeal of their complaint are explained to them and recorded on the care record.
- The home manager must ensure that all staff are familiar with the appeals process open to the children.
- The home manager must ensure that all complaints on the register are closed off when resolved and evidence if the child is satisfied or not with the outcome.
- The home management and the regional manager must ensure there are robust governance systems in place around complaints to track them and to provide feedback in a prompt manner.

Corrective Actions:

- With immediate effect, the home manager will ensure they evidence feedback on a keywork form provided to young people following review of feedback forms requested from them.
- 13.09.23 The policy and procedure for complaints is scheduled for review by the policy and procedure review group. The policy will be reviewed to ensure

the policy provides clear guidance on the screening and investigation of notifiable complaints. Timeframes set out for resolving complaints will also be reviewed.

- 30.09.23 The parents' information booklet will be reviewed and updated to include updated information on the complaints policy.
- With immediate effect, home management will ensure that complaint records evidence the outcome of the complaint and a record of whether the young person is satisfied with the outcome.
- The home manager will complete a presentation on the policy and procedure on complaints and the appeals process at staff team meeting scheduled for 26.9.2023.
- 12.09.23 The complaints register has been updated to reflect all complaints that have been closed and those that remain open. Young person's complaints feedback forms have been completed/updated to include whether the young person is satisfied with the outcome of the complaints.
- 13.09.23 The complaints policy is scheduled for review which will include a review of the governance systems in place to track and provide feedback in a prompt manner.

Review Findings:

On review of a sample of young person feedback forms which had been completed with previous and current residents, there was evidence of the home manager meeting with them to discuss the content and offering them an opportunity to discuss further any feedback or requests. Additionally, as part of the sample of complaint reports reviewed, there was evidence of feedback on the process being sought by the home manager and discussion and feedback with the young people following this.

The complaints policy was reviewed by the organisation in September 2024. This was discussed at management meetings to ensure all home managers within the organisation were aware of the new policy and details in relation to the process were discussed. This was subsequently discussed at the centre team meeting as per the actions agreed and had been periodically reviewed in detail during team meetings to include question sessions and practical application of the policy to ensure staff have a good working knowledge. The sample of complaint forms reviewed were recorded appropriately and investigated in line with the policy.

The parents' booklet had been updated to include details around the complaints policy and procedure. There was evidence of this being shared to parents of new

residents on admission either through the social workers or directly to them, and the updated version was shared with parents of the young people already resident.

The records reviewed of complaints made by residents included the outcome of the complaint and the young person's views around this. There was evidence that they were advised of their right to appeal if not satisfied with the outcome and their view on this was recorded. As detailed above, feedback on their experience of the complaints process was also sought and responded to by the house manager. The complaints register was reviewed and evidenced the outcome of the complaint.

There was evidence of complaints being notified to the internal significant event notification (SEN) team, who also maintained a register of complaints within the centre. There was evidence of communication between the home manager and the SEN team reviewing the open complaints and tracking these. Complaints were also discussed and reviewed within team meetings. Complaints were reviewed as part of audits and the annual review of compliance, and deficits identified within these were actioned to completion.

Overall, inspectors found that the actions agreed within the CAPA were being implemented within the centre.

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

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Issue Requiring Action:

- The head of care must ensure the child protection and safeguarding policy is updated to include the thresholds for reporting mandated concerns under each of the categories of abuse, child protection training undertaken by staff and ensure references to previous editions of Children First guidance are removed.
- The home manager must ensure that all staff members have access to the Tusla portal to submit child protection concerns independent of their manager.
- The regional manager and the home manager must review the learning from deficits identified in the inspection as they relate to the recognition, reporting and management of recent child protection and welfare concerns in the centre and discuss learning outcomes with staff.
- The regional manager must ensure that home managers and staff are made aware that it is not their role to investigate concerns of abuse or harm, and this should be explicitly outlined to staff and incorporated into the centre's child protection policy.
- The home manager must rectify the deficits found within the centres recording procedures as they relate to child protection records outlined in the inspection report.
- The home manager must ensure there is a clear agreement in place with the social workers to ensure parents and or guardians are informed of any incident or allegation of abuse or harm.

- The home manager must review the risk assessment template and ensure the template is fully utilised to the best effect in terms of monitoring risks.
- The home manager must ensure that the safety plans developed to address the children's vulnerabilities are reviewed and updated by the team.
- The home manager must include on the centre risk register the risk associated with staff recruitment, retention and staffing deficits as it presents significant risk to providing safe and effective care.
- The home manager must incorporate recommendations from the therapeutic team into the placement plans to ensure the recommendations are progressed and monitored through the placement planning review processes.
- The regional manager in conjunction with the home manager must monitor and review the quality of LSI's undertaken by the staff.
- The home manager in conjunction with the in-service psychologist and the staff team must review their practice and boundaries in relation to horseplay and high-level physical contact with the children.

Corrective Actions:

- 13.09.23 the child protection policy and procedure is due to be reviewed by the policy and procedure review group. A number of updates are required that include the threshold for reporting mandated concerns under each of the categories of abuse, child protection training undertaken by staff and ensure references to previous editions of Children First guidance are removed. The policy will be finalised by 20.09.23.
- With immediate effect, home manager communicated to all staff the process they can follow to submit a child protection concern without their manager.
- 20.09.23 The child protection policy will be updated to outline details of how staff can submit a child protection concern independent of their manager.
- 22.10.23 regional and home management will review the learning from deficits identified in the inspection.
- 22.10.23 Regional management will attend team meeting and review the updated policy with staff and management. Regional management will make clear that home managers and staff are made aware that it is not their role to investigate concerns of abuse or harm. This will be reflected in the policy.
- With immediate effect, regional manager and home manager reviewed said records to ensure they are reflective of deficits noted in the inspection report.
- 22.09.23 home manager will review the learnings with the team at the next team meeting to ensure all staff are clear on the reporting and recording procedures. investigation of child protection concerns and the responsible persons.

- With immediate effect, all allegations of abuse or harm will be forwarded to social workers and parents as soon as is reasonably practical and no longer than the next working day. All allegations of abuse or harm will be reported through the pathway.
- Following the inspection, all resident young people's individual risk management plans have been updated to include all relevant and current risks inclusive of all actions to help manage and reduce risk.
- As and when required, the home manager will review safety plans with the team as part of team meeting. Safety plans are also reviewed and developed in collaboration with relevant professionals. Any up dates to plans will be communicated via handover/supervision.
- At the time of inspection there were no staffing deficits in the home.
- Risk register was updated on the 11.9.2023 to include the effects of staff turnover on the young people.
- With immediate effect, home management will ensure all recommendations are incorporated into the placement plan review process.
- The regional manager organised for one of Ashdale Care's TCI trainers to complete a focused training piece on LSIs with the staff team on the 14.9.2023. This is complete.
- Therapeutic Support Team to attend team meeting scheduled for 26.09.23 so as to guide practice around horseplay. This will be reviewed and updated in the young person's plan.

Review Findings:

The child protection policy for the organisation was reviewed and updated as per the plan agreed following the centre's inspection in July 2023. This was discussed in management meetings to ensure that all home managers understood the reviewed policy. This was then subsequently discussed in detail within team meetings in the centre. Informal supervision was also completed and within this clear detail in relation to the roles, responsibility and expectations around staff was recorded.

The home manager completed training with the staff team during a team meeting in relation to the use of the Tusla portal. A step-by-step guidance was provided to staff in relation to this and a practical demonstration of this also occurred. For any staff who weren't in attendance at the meeting, this was completed during hand over that same week. The home manager identified in interview that there have not been a significant number of child protection and welfare referral forms (CPWRFs) submitted since the last inspection so many staff had not experienced completing this, however it remains under review with the team should the need arise.

Within management meetings and centre specific team meetings there was evidence of learnings from the inspection in July 2023 being discussed. These included discussions with the staff team in relation to the identification, reporting and management of child protection concerns. There was clear direction communicated to staff that their responsibility is not to investigate concerns and that all concerns must be reported to the social work team.

The deficits identified as part of the July 2023 inspection in relation to reporting of child protection concerns were rectified immediately following the inspection. A part of the training with the team in relation to child protection policy and significant events has focused on recording and developing staff's skills in this regard.

There was evidence of agreement with each of the social workers for the young people in relation to the updating of parents and guardians of any allegation of abuse. When CPWRFS were submitted the home manager confirmed with the social work team that the parents were going to be advised.

The centre continued to utilise a risk framework that consisted of the steps to identify, assess, rate, manage and review risks. The documents were comprehensive and included the identified risks for each young person, within some of these document's details of relevant safety plans were included and it was clear how the risk was being managed. At times the dates of review, or if the risk remained open or closed was not recorded, however the home manager rectified this while the inspection was on-going. For some young people their safety plans were recorded separate to the risk assessment document. The risk assessment document referenced that a safety plan was in place to signpost the staff to the document. However, it would be beneficial to have consistency in how risk assessments and safety plans are recorded across all young people's files to ensure that staff are clear where information is recorded.

As detailed above, safety plans were in place when a risk was identified that necessitated this. The plans were appropriate to mitigate the risks identified in so far as was practical and they were developed with relevant professionals and signed off by social workers when required. Safety plans were discussed during team meetings and updates were reviewed during handover. They were also reviewed during supervision with staff members when required.

The centre risk register was updated to reflect staffing deficits and staffing issues when required.

At the time of the inspection in July 2023, there was one young person resident who's presenting needs were a challenge to the team to manage. During the period of this young person's placement there was evidence of regular input from the therapeutic support team (TST) providing advice and guidance to the team. Outside of this, evidence was reviewed of the TST providing input into the development of placement plans and review of their progress for the current residents and providing training for the team in relation to the presenting needs of the current residents. This predominantly occurred through attendance at team meetings, or specific meetings with home management which was then fed back to the team during team meetings.

In relation to Life Space Interviews (LSI), there was on-going training being undertaken with the team in relation to the completion of these. A training session had been provided to the team in relation to the completion of LSIs following SENs in September 2024, they were also discussed during team meetings. During interview the home manager identified and described incidents where good quality LSIs had been completed which evidenced their oversight of the practices. The current residents within the home did not regularly engage in significant events and as such the number of LSI's completed was limited. As such the home manager had identified this as an area of on-going development for the team. Given the limited opportunities for staff to engage with LSIs it is important that periodic training continues in this regard to ensure when the need arises staff are equipped with the knowledge to complete these.

As agreed within the action plan, the TST attended a team meeting and discussed boundaries around horse plan with the team. Details were discussed around when this type of play could be effective and when it should not be used.

Actions agreed within the CAPA under this standard were being implemented within the centre. Some of these actions required on-going implementation to ensure they were effectively integrated into practice however the inspector was satisfied with the actions taken to date.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Issue Requiring Action:

- The registered provider and home manager must ensure that all staff receive training in significant event report writing to ensure that they are competent to complete written records.
- The register provider and home manager must ensure that when deficits in staff practices or competencies are identified plans to address these concerns are put in place.

Corrective Actions:

- All staff will receive training in significant event report writing by 29.03.23.
- With immediate effect, the home manager has completed a review of the team and has a development plan in place based on identified need to support and develop the team.
- The home manager will ensure supervisions incorporate learnings for all staff to improve on staff practice where required.

Review Findings

Staff had received training in relation to the recording and reporting of significant events in May 2024. This was provided by the organisations SEN team and included an example on recording. The completion of SENs and LSIs were also reviewed during team meetings. The home manager in interview identified that this is an area where on-going development is required. As detailed above, the number of significant events occurring was minimal so the opportunity for recording and reporting of these was also low. The home manager indicated that training in this area will continue to occur periodically to ensure staff continue to develop their skills in this area.

A detailed development plan was put in place for the team, with the home manager, regional manager and director of care. This included areas for development across all areas for the team with clear plans in place to support the team's development. This plan was reviewed periodically with progress recorded in each area and trainings planned where required. This included development of the social care leaders. While most of the actions had been completed or a plan was in place for them to be addressed during the last review in April 2024, the plan had not been formally reviewed since that date. It may be beneficial for a review to take place to inform where further development is required and identify positive areas of progress for the team.

A small sample of supervision records were reviewed, and within these there was a record of discussion around learning in relation to individual staff practice, both

positive and where improvements could be made. Additionally, within handover, staff practice was discussed around areas that worked well over a shift and where doing things differently may have been beneficial. Within handover, and supervision there was also a clear focus on CARE and linking practice to the model of care.

The inspector was satisfied that the centre had implemented the actions identified within the CAPA under this standard. As highlighted above, further review of the development plan would be beneficial to support on-going development of staff within the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.1 Standard 3.3
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

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

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Issue Requiring Action:

- The home manager and the regional manager must ensure that the staff responses to the children are fully aligned to the therapeutic approach and this must be highlighted by management and addressed within the team.
- The home manager must ensure the recording practices for team meetings are brought up to a sufficient standard that reflects learning, key discussions and actions taken.

- The compliance manager must also review how well the centre met its aims and objectives throughout the year and incorporate this into the annual report along with actions to place to improve outcomes for the children in placement.

Corrective Actions:

- With immediate effect, home management will observe practice and will role model good practice to all staff in line with the therapeutic approach. As part of regional managers visit to the home, they will observe practice and provide feedback where required to ensure practice is fully aligned to the therapeutic approach.
- With immediate effect, standardised team meeting template with permanent agenda items to be used to record team meeting minutes. This template helps to guide and focus discussion/learnings and required actions.
- The compliance manager will conduct a review of how well the centre met its aims and objectives throughout the year and incorporate this into the annual report.

Review Findings:

The current staff team had undertaken CARE training, the organisations model of care. Within hand overs, team meetings and supervision there was regular discussion about the application of the model and the identification of “CARE moments”. Staff were regularly reminded during hand overs and team meetings to ensure that recording within young people’s records was aligned with the CARE model and it was evident that the home manager was working to embed the CARE model into the teams everyday practice.

Team meetings occurred on a fortnightly basis. The first meeting of the month was a full team meeting where standing agenda items such as restrictive practices, child protection concerns, policies and procedures were discussed in detail. The young peoples’ plans were also reviewed in detail. Records maintained of these meetings were on a standardised template and were detailed with actions recorded when required. The other meeting of the month tended to have focus on training or a session with the TST. At this meeting urgent items were discussed in addition to the young people. The records of these meetings were not on the standardised format and were not as detailed, however the record was sufficient to evidence the discussions.

An annual review of compliance was completed in October 2023. This reviewed the period for the preceding year and identified actions to address deficits in the year to come. This was then reviewed six months later in June 2024 and identified where progress had been made in the identified deficits. This reviewed how the centre was meeting its aim and objectives and its compliance with the National Standards for Children's Residential Care, 2018 (HIQA).

The inspector was satisfied that the actions agreed under this standard had been implemented into practice within the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.4
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