



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 137

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ashdale Care Ireland Ltd.
Registered Capacity:	Two Young People
Type of Inspection:	Announced
Date of inspection:	11th July 2023
Registration Status:	Registered from the 6th of July 2021 to the 6th of July 2024
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	13th September 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	9
3. Inspection Findings	10
3.1 Theme 3: Safe Care and Support (Standard 3.2 only)	
4. Corrective and Preventative Actions	13

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 06th July 2018. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 06th July 2021 to the 06th July 2024.

The centre was registered to provide dual occupancy placements for two young people aged between 12 to 16 years on admission. The centre aimed to provide high levels of support to young people on a medium to long term basis. The model of care was described as attachment and trauma based with the inclusion of psychology, art psychotherapy, education, and an accredited experiential learning provision. It also included a framework for working directly with children and young people who have experienced trauma called the CARE framework (children and residential experiences, creating conditions for change). There was two young people living in the centre at the time of inspection. One young person was placed under a derogation as they were under twelve years of age on admission which was outside the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2 only

This inspection activity was conducted as a result of an escalation sent by the National Private Placement Team to ACIMS in relation to the management of the challenging behaviour within the centre. The focus of this inspection was to determine whether appropriate risk assessments, safety plans and actions were being implemented within the centre to mitigate the risks. The inspection was a blended inspection which consisted of a desktop review of documents and an onsite review of care records for all young people including a wide range of centre records relevant to placement planning, clinical supports, key working, risk management and professional meetings.

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 August 2023 and to the relevant social work departments on the same date. 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 7th September 2023. 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:137 without attached conditions from the 6th July 2021 to 6th July 2024 pursuant to Part VIII, 1991 Child Care Act.

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.

The centre had policies and procedures in place that promoted a positive approach to the management of behaviour. Policies and procedures were discussed during team meetings and through the dissemination of written documents which staff were required to sign to indicate they had read. These documents were then held on supervision files.

The organisation utilised a model of care which underpinned their care practices within the centre. There was also a framework for the management of behaviour utilised within the centre. Not all staff working in the centre were trained in the model of care and three staff required updated training in the framework of behaviour management. Inspectors saw evidence of further discussions in team meetings to ensure staff had an awareness of the theory behind the practical application of these frameworks. Inspectors also reviewed risk assessments and noted that these were discussed within these meetings when training in the framework of behaviour management was required or if staff could not participate in certain aspects of this framework. This ensured staff had an awareness of these limitations during shifts.

From the documentation reviewed it was evident that the centre was managing complex behaviour that challenges. From a review of a sample of significant event notifications (SENs), inspectors saw evidence of the staff utilising a number of positive approaches to the management of challenging behaviour. Inspectors could ascertain that the young people's individual crisis support plans (ICSP's) were being implemented during these events and when changes were made to the ICSPs following an event, the agreed new strategies were implemented in subsequent incidents of outburst behaviour. Within the SEN records there was detailed timelines and records of the approaches used to de-escalate the young people, and as a result of these interventions there was minimal use of physical interventions.

One of the young people was presenting with behaviours at nighttime which were impacting on the staff sleeping. The centre had trialled a variety of supports in relation to this, including live nights to support the staff team, however it was determined and agreed with the team that this caused further escalation in behaviours. Inspectors saw clear evidence of discussion and consultation with the staff team around strategies to manage this effectively within the centre.

SENs were reviewed at Significant Event Review Group (SERG) meetings both internally within the centre and externally with the organisation's therapeutic services. Within these meetings there was analysis of patterns and trends in the centre. Learning and actions from these meetings was fed back to the team through team meetings. Inspectors saw evidence of post crisis reviews occurring following significant incidents and learnings identified from these reviews being implemented into practice.

Regular key working was being completed with the young people in a way that was appropriate to their age and stage of development. The work was aligned to their placement plans and topics identified by the staff team or therapeutic team to assist the young people in their understanding of behaviour that challenged. From interviews it was evident that staff had a good understanding of the young people's needs and the planned work to support them. Each young person had daily plans and routines in place. Activities were made available to the young people both individually and together. Some of these activities were planned in line with guidance from the therapeutic team as they had been identified to support the young people's regulation. Young people's meetings were occurring, and evidenced consultation with young people around behaviours that challenged, feedback from staff team meetings and consultation with the young people about their wishes and plans. Young people were also given feedback when a request was made at these meetings. There was clear evidence of the care team signing off the records of these meetings to demonstrate that they had read them, and they were also discussed during the staff team meetings.

Each young person in the centre had an up-to-date placement plan, ICSP, risk assessment and safety plan when required. Inspectors saw evidence of a timely response from the centre in implementing safety plans when a new concern/behaviour was identified for a young person, and these were shared and further developed in professional's meetings. These plans were regularly updated to reflect information received from the therapeutic team in relation to strategies to be implemented. There was management plan in place for one of the young people's behaviour which escalated at night time. There was document in place to track the

effectiveness of these interventions around night times. This was shared with the therapeutic team for review. This tracking document had been introduced to ensure that all feedback from staff was shared with the therapeutic team so the most effective behaviour management plan could be put in place for this young person.

Inspectors saw evidence of the regional managers oversight on care records within the centre. At times, the regional manager had identified practices that weren't aligned to the principals of the approach to care (for example sanctions) and practice changed as a result. A themed audit under theme three of the National Standards for Children's Residential Centres, 2018 (HIQA) had been completed in November 2022. Within this, it identified that the centre was compliant with the standards and no actions were identified for follow up. The regional manager advised that they had oversight of action plans arising from these themed inspections and inspectors saw evidence of these being reviewed through monthly supervision with the centre manager to ensure the any identified actions were implemented.

Restrictive practices were in place within the centre. There were risk assessments in place for these practices which provided evidenced the rational for the use of them. Restrictive practices were reviewed in a variety of forums including discussion within team meetings. When more regular review was required, this was planned to be completed during handovers to consider if it was still required. Restrictive practices were recorded within a register and on young people's care files. However, within these records the timeframes specified for some restrictive practices were not aligned to the National Standards for Childrens' Residential Centres, 2018 (HIQA) as it was specified that they would be implemented for a time period longer than the review period. This requires oversight to ensure all restrictive practices are properly tracked and reviewed.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	None identified

Actions required:

- The registered provider must ensure that all staff members are trained in the centre's model of care and the relevant framework for behaviour management.
- The registered provider must review all restrictive practices in place within the centre to ensure they are recorded appropriately and in place for the shortest time possible in line with the National Standards for Children's Residential Centres, 2018 (HIQA)

4. CAPA

Theme & standard	Action	Corrective Action with Time Scales	Preventive Strategies to ensure issues do not arise again with time scales
3	<p>The registered provider must ensure that all staff members are trained in the centre's model of care and the relevant framework for behaviour management.</p> <p>The register provider must review all restrictive practices in place within the centre to ensure they are recorded appropriately and in place for the shortest time possible in line with the National Standards for Children's</p>	<p>24.08.23 Director of Therapeutic Services completed training with home manager on the model of care</p> <p>05.09.23 Home manager completed training with staff team at the team meeting on the model of care.</p> <p>27.09.23 Senior Psychologist will deliver training to the team on the framework for behaviour management.</p> <p>29.08.23 All restrictive practices were reviewed by home management, staff team and social worker in the home. All restrictive practices will be reviewed at a minimum once per month or as required going forward to ensure they are in place for the shortest duration of time necessary.</p>	<p>All new staff members will receive training on the model of care and behaviour support as part of their induction programme.</p> <p>All home managers will revisit the model of care as a standing agenda on team meeting every quarter. The compliance manager will satisfy themselves that this is being completed as part of their audits. They will also ask staff to describe to them the model of care and behaviour support to assure themselves that it is fully understood.</p> <p>Regional manager will review restrictive practices during monthly home visits. Compliance Manager will review restrictive practices as part of compliance audits. Restrictive practice is a permanent agenda item at staff team meetings. Director of Care and Director of Therapeutic Support Services are in the process of reviewing the policy and</p>

	Residential Centres, 2018 (HIQA)		procedure on Restrictive Practice. This will be completed by 30.11.23.
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