



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 173

Year: 2020

Inspection Report

| | |
|------------------------------|--|
| Year: | 2020 |
| Name of Organisation: | Ashdale Care Ireland |
| Registered Capacity: | Three young people |
| Type of Inspection: | Announced |
| Date of inspection: | 01st and 07th September 2020 |
| Registration Status: | Without attached conditions from 01st May 2020 to 01st May 2023 |
| Inspection Team: | Cora Kelly Eileen Woods |
| Date Report Issued: | 23rd October 2020 |

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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 its first registration on the 1st May 2020. The centre was in its first cycle of registration and in year one of the cycle. The centre was registered without attached conditions from the 1st May 2020 to the 1st May 2023.

The centre was registered to provide specialist care and accommodation on a medium to long term basis to three young people of both genders from age ten to fourteen years on admission. The model of care was described as attachment and trauma based. There were two 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 |
|-------------------------|--------------------|
| 6: Responsive Workforce | 6.1, 6.2, 6.3, 6.4 |

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. 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. Due to the emergence of Covid-19 this review inspection was carried out both remotely and onsite. This inspection was carried out through a number of telephone interviews and a review of documentation both remotely and onsite.

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 centre manager, director of care and quality and the relevant social work departments on the 21st September 2020. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 5th October 2020 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 173 without attached conditions from the 1st May 2020 to the 1st May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 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.

Workforce planning, configuration and management for the centre took place at both organisational level and in the centre. Policies were in place to guide practices relating to workforce planning and management with some policies identified by the inspectors as requiring development or improvement for example staff retention and induction. These will be addressed throughout this report. It was evident to the inspectors that processes for workforce planning for both senior management and centre management were connected. Following initial workforce planning issues improvements had recently been made in the establishment of a core staff team in the centre. From the time of the centre receiving its first registration mid-2020 to the time of the inspection considerable changes to the centres workforce had occurred. The inspectors were provided with a variety of reasons for the staffing changes that included for example workforce deployment opportunities and skill matching. The current staff team was led by an internal management team who were experienced and demonstrated good leadership and management skills. There was an appropriate number of staff employed in the centre. Inspectors found that there were sufficient numbers of staff and a suitable mix of qualifications on the team.

It was found that over half of the staff team had less than one year's social care experience. To develop the skill set of the staff team, internal management had processes in place for example role-modelling, coaching, training, robust supervision procedures and daily handovers. This was enhanced by external supports provided by the organisation's clinical team, the induction process and ongoing training and development opportunities. The registered provider must ensure that centre management is supported in developing the skill set of the recently established staff team so a stable staff team can be maintained who can provide continuous care and support to the two young people.

Recruitment processes that were led by the organisation's senior management team and HR department were found to have been implemented in line with the organisation's recruitment and selection policy. The centre manager contributed to this process through the completion of governance reports and attendance at management meetings where staffing and staffing related topics were identified and discussed. There was a strong emphasis on workforce learning and professional development that commenced upon recruitment to the organisation and that continued in the centre on an ongoing basis.

The centre manager took into account the skills, experience and competencies of staff and training requirements when devising the staff rota. Relief staff available to the centre were suitably qualified and experienced and there was enough staff to cover all types of leave. There was a policy led formal on-call system in place for staff.

There were arrangements in place to promote staff retention. In the absence of a staff retention policy the inspectors were provided with a copy of the organisation's staff retention strategy. Mechanisms included in the strategy included employee support and assistance, internal and external training and various benefits and engagement opportunities. The registered proprietor must incorporate a staff retention policy into their suite of staff related policies and procedures.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The recruitment and selection policy covered safe recruitment processes including the steps to be taken when offering employment. The inspectors found from the review of a sample of staff personnel files that Garda vetting was in line with the National Vetting Bureau (Children's and Vulnerable Person's Act 2012 – 2016) and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994 and with centre policy. Additional police vetting documents were also secured where required.

The inspectors identified that internal organisational procedures in the areas of vetting require improvement. Deficits were found with respect to the vetting of references as a reference was written for one staff member by a person within the organisation who interviewed them for the post. The registered provider must review their internal vetting policy and procedures to ensure that safe recruitment of staff takes place and that is in line with best practice.

The staff team were qualified in social care or a related or relevant field at degree level. The centre manager had completed leadership and management training and had considerable management experience in line with the centre's statement of purpose. All staff in the centre had up-to-date written job descriptions and a copy of their terms and conditions of employment. Staff personnel files were well organised, contained up-to-date information and were securely maintained. There was evidence of the centre manager's oversight of the files.

A code of behaviour was in place for staff. Whilst some staff struggled in naming the content of it, there was evidence from the inspection process that the code of behaviour was actively adhered and promoted in practice by centre management. It was found that issues raised by staff members that had initially been addressed internally had been escalated to the organisations Human Resource Department for their input and follow up. The code of behaviour had yet to be formally reviewed by the centre manager with the staff team. The centre manager advised this would be completed at the next staff team meeting. The code of behaviour was formally reviewed with the staff team at the team meeting on the 8th October 2020.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

There were good systems in place to ensure that the centre was delivering child centred, safe and effective care and support. Some improvements were identified in the areas of supervision training and staff appraisals. Staff in interview were clear of their roles and responsibilities and of the reporting lines in place for the centre and organisation. This was also evident from the questionnaires completed by staff members. Reviewing of the centre's policies and procedures was part of the induction process that the majority of staff had recently completed. This enabled newer staff members in being familiar with policies and procedures guiding their work at the time of the inspection. Through daily handovers, supervision, reflective learning and team meetings it was evident that staff in the centre were supported to effectively develop and exercise their professional judgment and were accountable for their work.

The risk management framework was detailed in the centre's guiding policies and procedures and in the organisation's employee handbook. Procedures in place to protect staff and minimise the risk to their safety included training in a recognised behaviour management programme, post crisis de-briefing, on-call system,

supervision, risk assessments and individual behaviour management plans in place for young people to be utilised by staff in response to crisis situations.

The organisations approach to providing ongoing learning and development opportunities for management and staff in the centre was clearly evident. This was found from the review of supervision records, team meeting minutes, management meetings and training records. The centre manager had recently been provided with training on reflective learning that was related to the centre's model of care. Supervision records evidenced that the centre manager had commenced a process for integrating their reflective learning skills into centre practice.

Mechanisms in place to ensure that there was a consistent team-based approach to learning included monthly team meetings, ongoing completion of learning logs, daily handovers and individual placement plans meetings. Learning logs had proved effective for the staff team as it required staff to work collaboratively in building up a profile of young people at the initial stages of placement and thus strengthening staff's knowledge base. The occurrence of daily handovers that were attended by centre management ensured there was effective communication amongst staff team. However, the frequency of team meetings requires attention. Given that the centre was newly established and the low level of social care experience amongst the staff team, team meetings must occur fortnightly to ensure a team-based approach to learning is maintained.

The frequency of supervision was in line with the centres supervision policy. Management and experienced staff members were provided with supervision every four weeks with newer staff members being provided with fortnightly supervision for the first three month of employment. Supervision agreements were in place and supervision records were signed by both parties. Supervisors were appropriately qualified. Staff had not been provided with supervision training which is a requirement of the National Standards for Children's Residential Centres, 2018 (HIQA). A formal system for conducting annual performance appraisals for management and staff was not in place however a staff appraisal system was loosely linked to the supervision process and probations reviews that were completed at three and six month stages of employment. To ensure full compliance with the requirements set out in the National Standards for Children's Residential Centres, 2018 (HIQA) the registered provider must ensure that staff are provided with supervision training and that an annual staff appraisal system is developed.

Some systems in place to support staff to manage the impact of working in the centre were policy led, for example supervision and reflective practice. Additional supports

that were identified by staff as being available to them and were named in the organisation's retention strategy included training and access to the organisation's employee support and assistance programme. The valuable resource of the organisation's clinical team for consultation with staff individually was not laid out in a policy or through systems. The overall staff support system should be reviewed in line with the development of a staff retention policy as referred to earlier in this report.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

A good emphasis was placed on training and development opportunities for staff that were in line with the requirements of legislation, standards and guidelines, the centre's statement of purpose and needs of the young people. There was evidence of staff being inducted into the centre's operational policies and procedures and of staff being aware of same in interview and through questionnaires.

The organisations training co-ordinator maintained a training needs analysis for the centre and individual staff members to ensure that staff at all levels maintained competence in relevant training areas. The training needs analysis was kept live by the training co-ordinator at monthly governance meetings. The centre manager held a training needs analysis for monitoring purposes and to assist them in devising the staff rota. Training needs were identified at team meetings and individual placement plan meetings for young people and monitored during supervision and probation reviews.

Training for staff was provided by various members of the organisation. Mandatory training for staff included children first, fire safety, first aid, training in a recognised model of behaviour management and ongoing model of care training through the training awareness programme (TAP). Due to the emergence of the CODID – 19 pandemic, significant deficits emerged in core training included first aid and fire safety for the staff team. The centre manager was actively exploring first aid training. Fire safety training had been completed online which is not adequate. Fire training must be completed onsite in the centre. Child protection training certificates were held on a sample of staff files and a date had been scheduled for a full day training for all staff members. The centre manager must ensure that all deficits in core training are addressed without delay.

Staff were facilitated, supported and expected to attend all training and there were opportunities for staff to avail of external training. Records relating to continuing professional development were viewed.

There was no induction policy as required under the National Standards for Children’s Residential Centres, 2018 (HIQA). In general, the induction process took place at organisational level prior to staff members commencing duties in the centre that was followed up in the centre through supervision and probation processes. Given the emergence of the Covid-19 pandemic some staff members had completed parts of their induction remotely with other parts incomplete namely training as addressed above. Typically, areas covered during the induction process included core training, introduction to the policies and procedures, behaviour management, a day in the life of a social care worker and staff were furnished with information on the centre’s model of care and an employee handbook. The registered provider must ensure that a formal induction policy is developed.

| Compliance with Regulation | |
|-----------------------------------|--------------------------------------|
| Regulation met | Regulation 6 Regulation 7 |
| Regulation not met | None identified |

| Compliance with standards | |
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| Practices met the required standard | None identified |
| Practices met the required standard in some respects only | Standard 6.1 Standard 6.2 Standard 6.3 Standard 6.4 |
| Practices did not meet the required standard | None identified |

Actions required

- The registered provider must ensure that centre management is supported in developing the skill set of the recently established staff team so a stable staff team is maintained.
- The registered proprietor must incorporate a staff retention policy into their suite of staff related policies and procedures.
- The registered provider must review their internal vetting policy and procedures to ensure that safe recruitment of staff takes place and that is in line with best practice.

- The centre manager must ensure that team meetings occur fortnightly.
- The registered provider must ensure that staff are provided with supervisee training and that an annual staff appraisal system is developed.
- The centre manager must ensure that all deficits in core training are addressed without delay.
- The registered provider must ensure that a formal induction policy is developed.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|--|--|---|
| 6 | <p>The registered provider must ensure that centre management is supported in developing the skill set of the recently established staff team so a stable staff team is maintained.</p> <p>The registered proprietor must incorporate a staff retention policy into their suite of staff related policies and procedures.</p> <p>The registered provider must review their internal vetting policy and procedures to ensure that safe recruitment of staff takes place and that is in line with best practice.</p> | <p>The implementation of a second team meeting will allow for further coaching and training of the staff team and ensure effective communication. A culture of learning will continue to be the priority of the management team to ensure that all team members are appropriately skilled in their roles.</p> <p>Policy has been developed and is currently in draft form. It will be brought to the governance committee on the 27.10.2020 for ratification.</p> <p>A full internal review of vetting policies and procedures has been conducted by the director of HR to ensure the safe recruitment of staff.</p> | <p>Regular oversight by senior management.</p> <p>Regular supervision to ensure the staff team are supported in being stable.</p> <p>Regular review of policies by the subcommittee and from the governance committee.</p> <p>Vetting procedures will be reviewed at weekly senior management meetings. Any deficits in this area will be raised at the monthly governance meeting.</p> |

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| | <p>The centre manager must ensure that team meetings occur fortnightly.</p> <p>The registered provider must ensure that staff are provided with supervisee training and that an annual staff appraisal system is developed.</p> <p>The centre manager must ensure that all deficits in core training are addressed without delay.</p> | <p>Following the inspection this was actioned with immediate effect.</p> <p>Supervisee training is being reviewed by our training co-ordinator and will be introduced into our robust induction programme. Training for current staff will be facilitated by centre management and scheduled at the earliest availability. The annual staff appraisal system will be reviewed by the director of HR and senior operational management by the 30.10.2020.</p> <p>Children’s First training has been completed or scheduled for all team members. First aid training remains outstanding due to unavailability considering the current pandemic. This has been scheduled for November 2020. In house fire training is currently being explored by training co-ordinator.</p> | <p>This will be kept under review at monthly management meetings and weekly senior management meetings.</p> <p>Supervisee training will become part of the training needs analysis for the centre and will be reviewed regularly at management level. Focus will be on professional development and will be placed on the senior management team meeting agenda for review.</p> <p>The current delays are due to the current COVID-19 pandemic and the subsequent unavailability of core training sources. Deficits in core training are raised and monitored at monthly governance meetings and weekly senior management meetings.</p> |
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| | The registered provider must ensure that a formal induction policy is developed. | This policy has been developed and is currently in draft form. It will be brought to the governance committee on the 27.10.2020 for ratification. | Regular review of policies by the subcommittee from the governance committee |
|--|--|---|--|