



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 178

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	19th, 20th & 21st June 2023
Registration Status:	Registered from the 22nd of September 2023 to the 22nd of September 2026
Inspection Team:	Eileen Woods Cora Kelly
Date Report Issued:	01st August 2023

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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 22nd of September 2020. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 22nd of September 2020 to the 22nd of September 2023.

The centre was registered as a dual occupancy service. It aimed to provide a specialist therapeutic care service and home on a medium to long term basis to young people of all genders from age 12 to 16 years upon admission. The model of care was attachment and trauma informed with the availability of psychology advice, art psychotherapy, education and occupational therapy. The centre operated the CARE framework (children and residential experiences, creating conditions for change) containing six core principles encompassing relationships, family and a strengths-based approach. 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
1: Child-centred Care and Support	1.5
5: Leadership, Governance and Management	5.3
6: Responsive Workforce	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, 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 10th of July 2023 and to the relevant social work departments on the 10th of July 2023. 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 head of care and the centre manager returned the report with a CAPA on the 20th of July 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: 178 without attached conditions from the 22nd of September 2023 to 22nd of September 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 17: Records

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Inspectors met with three staff including the centre manager for formal interview and met with a variety of other staff informally during the visit to the centre and found that they all had a clear commitment to maintaining the young people's connection to their families and relatives. The role of family was recognised in the model of care with the principle of familial involvement being prominent within it. Inspectors found that the staff although familiar with the central role of family they did not have as good an awareness of the supporting policies on family time and community connections, rights and consultation and recommend a staff group session looking at how the current policies support family and community.

Inspectors could see evidence of the staff talking to young people and listening to them about their family or other important people in their lives. They recorded and noted the young people's wishes well and came back to them about arrangements and what was possible. The staff were balanced and sensitive to the young people's age and individual family circumstances. A social worker found that the team worked well in supporting the agreed access plans and that they and the various family members found staff to be friendly and professional at all times in coming to and supporting access. The social worker also noted that they would like to receive staff records of access meetings where they complete them. The centre manager and the social worker should agree arrangements for these records.

The young people were supported to prepare for their child in care review meetings and the access plans agreed from these statutory meetings were available on both files. Additional planning meetings were held with social work departments outside of statutory meetings and changes made where required in the interim took place at these. There were two jurisdictions involved in the young people's care and the relevant care plans were on file from both. The centres placement plans featured family prominently and were in line with the care plan decisions. The voice of each

young person and their wishes were well represented on the records and were known by all with whom inspectors spoke during the inspection.

For each of the young people there was evidence of good wraparound planning by the team designed to make each access as successful as it could be despite some pressures and heightened emotions. There were records of good emotional support post access where needed. One young person had more extensive and more regular access with family and there was recent evidence of the team advocating for more access for the other young person. The staff planned for family visits and travelled to a variety of locations and activities to provide positive experiences. The young people were also supported to stay in touch through safe use of social media and by phone.

It was reported that family had been invited to the centre in the past and one young person's parent had visited when they moved in. Both young people lived at a distance from their home areas, one much further than the other and the team aim to take account of this when planning access visits. The team must continue to advocate for young people to return to their areas of origin after their stay at the centre and inspectors recommend that this be recognised at their care planning meetings and other forums.

There was information on the centre for parents and carers in the form of a booklet. One family were actively involved in the care planning process and unfortunately for another young person they did not currently have this involvement. The social work team leader had ensured that a family support worker was completing work with the young person around their understanding of this and other aspects of their life. Both young people had typically monthly visits from either their social worker, social work team leader or family support worker.

Where siblings were no longer placed together the reasons for this were recorded and the decisions were made by the placing social work area and discussed with family members, the sibling was aware of the reasons and not in opposition at that time. The siblings meet in accordance with an agreed access plan.

A young person had a strong sense of identification with their area of origin there was a dedicated plan in operation for same. For another young person there was less connection to their original area, and they are now at a point in their life where they have expressed a wish for that to be improved. Inspectors found that management and staff had listened to this and were preparing a plan for discussion at an upcoming child in care review for summer overnights in the young person's area. The team recognised and promoted county colours and attendance at, for example, matches being played by the relevant county team, a young person had the option to play the sport prominent in their home county also.

There was good evidence of efforts to book, attend, promote, and support clubs and activities. These, inspectors found, had been kept dynamic and fresh according to the records. The team were aware of the lack of peer friendships and had goals and plans geared to support the young people's social and emotional skills and development.

The young people had access to phones and the internet. These were subject to age-appropriate restrictions and contracts. An educative approach was taken to being online whether whilst gaming or on popular social media apps. Inspectors noted that staff should be aware of who is following a young person whilst on particular apps and must continue to be vigilant and present when the young people game online. There had been an issue where the existing firewall was circumvented, and the internet controls were reviewed following same. The staff team were working to educate the young people on how to manage phones and social media safely and decisions related to same were made at statutory care plan meetings. Special occasions were reported to be celebrated and there were photos kept of those events for young people to keep as memories.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	1.5
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

None

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

This centre had a statement of purpose and function in place that clearly represented both its unique purpose and the wider company values, services and aims. The statement had been reviewed in September 2022 and a copy was available for all staff. The staff team were familiar with its contents and with the personnel at each level engaged to realise all aspects of the service both at the centre and externally. They knew who the clinical therapeutic team were and who ran the training department, both key elements in underscoring and supporting the implementation of the stated purpose.

The statement itself reflected the criteria within this standard in how it was completed and was well structured, accessible and easy to read. A description of the centre and what to expect from it was contained within the young people's booklet and in a leaflet for parents. Additional information was given to children during their stay and to parents at meetings such as care plan meetings. Where a parent did not attend statutory meetings or access inspectors found evidence of the social work department maintaining a communication and information sharing link through a family support worker.

It was named and understood by professionals, inspectors and the service management that a period of time had occurred where there were insufficient therapeutic specialists in post on the therapeutic support team (TST), with vacancies in occupational therapy (OT) and psychology. The service had also expanded placing more demands on internal appointment availability. Inspectors were informed that from a social work perspective that fell below the standard of service that was commissioned and promised but that improvements had taken place. They confirmed that key therapeutic appointments and blocks of intervention were taking place, in OT and in art therapy along with evidence of consultation provided to staff by a senior psychologist. Inspectors also found that this was supported by evidence at the centre where both young people had programmes of OT and art therapy either under way or available to them if they were unsure that they wanted to participate. The TST psychologist was also tailoring information and training sessions for the centre based on the young people's needs.

The centre also realised the wider clinical goals of their purpose by working effectively with external services such as the local HSE child and adult mental health service, CAMHS. Inspectors arrived unannounced and observed onsite the team working within their specialised purpose in how they responded to, and risk managed presenting behaviours. There was a co-ordinated response and liaison with the relevant services while attending to the diverse needs of both young people.

The staff and the centre management displayed good insight into and ownership of the model of care and how it was connected to and would be reflected in practice at the centre. They gave examples of this in practice related to daily routine, support, family involvement, implementation of centre based OT programmes. To date the staff team had been inducted into the model through the statement of purpose and function and through a robust induction covering key therapeutic principles related to attachment theory and trauma informed care approach. Four staff had received the CARE model training, with two of those four being the centre manager and the deputy manager. CARE model training was booked for two more staff, for July and September 2023.

Inspectors found that this centre, open three years, has had three centre managers to date, with the third change taking place recently. Inspectors found that workforce planning was taking place and that staffing had been escalated to the most senior level of the organisation, who had implemented recruitment and retention responses. Inspectors found that they must also consider the movement of staff internally as well as those leaving the service regarding its impact on relationships, culture and continuity in the delivery of the model. The senior management team of the service must aim to support the young people, staff and management in minimising change, as much as managing change, in advance. Inspectors acknowledge the closing work done by the previous centre manager, with the young people, before they left.

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

Compliance with standards	
Practices met the required standard	Standard 5.3
Practices met the required standard in some respects only	None identified

Practices did not meet the required standard	None identified
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Actions required

None

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

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

This organisation had a training and development department that booked training, operated trackers and maintained records of the mandatory and additional training completed. Availability for upcoming training was managed through this system and the management communicated with this team regarding training needs and bookings. Training was discussed at team level, at regional management level and escalated onwards to operational management where delays or concerns were identified.

The staff interviewed described well the ways in which staff development was supported internally at the centre in the policies and procedures, the standards and the model of care. These opportunities were evidenced at handovers, team meetings, informal and formal supervisions and promoted in the centre culture as role modelled by the previous and current management team of centre manager and deputy manager.

The staff team had good knowledge of the personnel in the training department and how the ancillary internal training access programme, TAP, for non-mandatory training could be accessed. The staff described how they were rostered in advance for training, and they did not have to return to duty if the training was long and intensive. They also felt confident that they could suggest areas of interest for training that would be considered. The centre manager confirmed in taking on their role at the centre in the weeks before the inspection that they reviewed records including the training records and staff files. Inspectors found that the centre manager was identifying gaps and evidenced that they were focused on booking staff onto the CARE model training as this was the main area of training deficit. Both staff

interviewed had dates booked for this training and communicated well the model's ethos and aims and its role within their work along with their therapeutic crisis intervention/TCI training. The centre management had also identified training in report writing as a requirement and were promoting staff to book the HSE suicide alertness training, SafeTALK.

The staff had completed team based education sessions delivered by the therapeutic support team and the psychologist was due to deliver key information sessions related to specific young people's presentation. There was a library of resources, articles and documents that staff also had access to within the company to inform their work.

The staff and the incoming centre manager provided information to inspectors on their experience of induction, both to the company or as appropriate to new roles and new centres. The model of induction was described as good and grounded with training included and that on site centre-based induction placed the young people's needs to the forefront. Inspectors reviewed training slides and the induction framework and schedule and found this to be well developed, detailed and geared to the purpose and function of the centre. All staff completed inductions and mandatory training prior to starting work.

The incoming centre manager stated they were commencing a process for professional development plans and identified that for the centres ongoing stability that the Care model training and filling of the vacant social care leader post would be key priorities.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.4
Practices did not meet the required standard	None Identified

Actions required

- The registered proprietor and their senior management team must ensure that there is ongoing adequate availability of the CARE model training. This

training must be tracked and booked in rotation to ensure that all staff have the opportunity to complete it.

- The registered proprietor and senior management team must ensure that a social care leader is identified for the centre with adequate advance planning for known changes due to occur later in 2023.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
5	None identified.		
6	The registered proprietor and their senior management team must ensure that there is ongoing adequate availability of the CARE model training. This training must be tracked and booked in rotation to ensure that all staff have the opportunity to complete it. The registered proprietor and senior management team must ensure that a	With immediate effect – An additional trainer is joining the training team on the 1.8.2023. This will allow for consistency in ensuring that CARE training is facilitated bimonthly. All training will be tracked monthly via the training manager. With immediate effect – Recruitment is already underway for this vacancy both	The organisation will now have 3 qualified CARE trainers as part of the training team. This allows for a more comprehensive overview of the fundamentals of CARE via induction in preparation for the full weeks training. From September 2023 one of the trainers will become the CARE lead and part of their role will be visits to the homes to ensure that the CARE principles are utilised in practice and recordings. Cornell will be introducing a CARE refresher from next year, so this will also ensure ongoing adequate training. Through the continuation of weekly workforce planning with the operational

	social care leader is identified for the centre with adequate advance planning for known changes due to occur later in 2023.	internally and externally. A weekly review takes place in relation to the staffing compliment for this home.	team and HR, planning for vacancies is high of the agenda and this forum allows for advance planning for any known changes. An escalation process will be invoked via the home manger and regional manager to the Head of Care if there are delays in this appointment.
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