



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: ID 137

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	21st & 22nd April 2021
Registration Status:	Registered from 6th July 2021 to the 6th July 2024
Inspection Team:	Lisa Tobin Sharon Mc Loughlin
Date Report Issued:	9th July 2021

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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 6th July 2018. 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 6th July 2021 to 6th July 2024.

The centre was registered to provide placements for two young people aged between 11 to 17 years on admission. The centres stated purpose was 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 the recently implemented CARE framework (children and residential experiences, creating conditions for change).

There were two children 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	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
3: Safe Care and Support	3.3
7: Use of Resources	7.1

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 15th June 2021 and to the relevant social work departments on the 15th June 2021. 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 28th June 2021. 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: **without** attached conditions from the **6th July 2018** to **6th July 2021** pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The inspectors found that the care and support shown to the young people in the centre was child focused and promoted the rights of the young people as identified in Irish Law and in the United Nations UN Convention on the rights of the Child. There was an admission process for young people which included informing them of their rights while they were resident in the centre. Young people were provided with an information booklet which outlined the staff numbers in the centre, rules of the centre and the services offered by the organisation. Inspectors reviewed key working completed with the young people which highlighted the respect for their cultural identities.

Inspectors reviewed placement plans and daily logs which showed evidence of how religious beliefs of the young people were catered for. During Covid-19, it was not possible to attend the church for services, but staff put in place online mass for the young person to be able to participate remotely. Another young person was a vegetarian and was catered for with an optional menu at dinner. Input from the young people was given at the young people's meetings which created the meal planning for the week. Staff facilitated appropriate foods for the young person and ensured that the required vitamins and supplements were also given to ensure a balanced diet.

Staff spoke during interviews and through questionnaires about specific training that had been completed by the team regarding LGBT issues and that the team are currently waiting on training around traveller culture and the travelling community.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

Each young person's dignity and privacy was respected and promoted. Each young person had their own bedroom and had their personal belongings in their room such as photographs on their wall of their family members. There were two sitting rooms which also allowed both young people privacy and time alone should they want this. Each young person had access to a mobile phone and to the house phone if they wished to speak to anyone in private. There were limits attached to mobile phones which were handed up to staff at night time. Staff informed inspectors during the interviews that staff check the young people's phones for safety purposes and to ensure the young people were in line with the cyber safety policy. One young person spoke with inspectors and stated no objection to the process and saw the reason where staff were keeping the young people safe around the use of their mobile phone. This was explained as a restrictive practice and noted in the relevant log. Young people were informed by staff what professionals saw their files and personal information. The staff team collated photographs and memorabilia of each young person during their time in the centre and were given this when they moved on from the centre to show the experiences and relationships they had while in the centre.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

During interviews, reviewing questionnaires and documentation, it was very evident that the care was very focused on the young people and their individual needs. Inspectors reviewed placement plans and care plans and saw that the young people had their voices heard through completing review forms and attending their care plan reviews. The young people put forward their own goals they wished to achieve and key workers and staff were identified to carry out certain goals with the young people depending on each staff's strengths and abilities. Placement plans were linked to the goals set out in the care plans and were reviewed monthly with the young people. Young people's meetings were held weekly and both young people participated and were involved in decisions regarding the centre. Feedback was given to the young people immediately if possible or it was discussed at the team meeting and then brought back to the young people.

Key Workers were identified by management prior to the admission of the young people based on the information given by the allocated social worker. Management linked the key worker best suited to the young person's needs. If this key working

relationship didn't evolve as the placement progressed, management stated they would review and again identify a suitable person for the role. Inspectors viewed key working weekly planners which included goals from the placement plan and input from the young people. Inspectors saw how invested key workers were in their role with the young people through the review of the key working reports and from the feedback during the interviews.

The young people, social workers and the team described positive relationships between the young people and the staff. The young person in particular spoke very highly of the work carried out by the staff and the dedication from the staff to support the young person. The young person felt listened to and felt that everything was explained clearly. The young people were made aware that they had access to read their own logs with the support of staff if they wished to; however, they usually chose not to.

Young people's meetings took place weekly either individually or jointly. Meal planning, complaints and activities were discussed. Staff take the opportunities to address any issues between the young people and review agreements the young people had in place regarding their belongings. The young people were also made aware of advocacy groups that were available to them, Empowering people in Care (EPIC) and Voice of young person in Care (VOYPIC) which would support them if needed. Inspectors noted there were details in the young person's booklet with contact information regarding Tusla's complaints policy "Tell Us" however, there was no guidance about the purpose of "Tell Us". Management and staff spoke of a young person who had recently transferred to another house and had written a letter to the team with positive feedback on their experience of their time in the centre.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Information was provided to the young people about the centre prior to their admission. One young person completed a normal transition relevant to the centre's policy. Another young person's admission occurred during Covid-19 restrictions. The team arranged a zoom call with the young person to view the centre, provided the young person with pictures of the house, gave the young person a booklet and provided the names and pictures of the staff to help the admission process. There was evidence that age appropriate communication took place with each young person which was reflected in addressing each of their needs and planning process. The records evidenced that both young people attended their reviews and were aware of

the reasons why they lived in the centre. Both young people were provided with a version of the Nationals Standards for Children's Residential Centres, 2018 (HIQA).

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

While reviewing the young people's documents inspectors saw how family interaction and involvement was a priority for both young people. Family featured in all areas of the young people's lives and was documented in their placement plans and care plans. Family contact was supported and encouraged where possible. Family members were part of or were informed of the care plan review outcomes. Covid-19 restrictions saw care plan reviews move to online. Some families were able to join and some were not. Those who could not attend were later updated by the relevant social worker. Family visits were arranged and managed as best as possible especially around Covid-19 where testing was completed prior to a visit to ensure compliance by everyone involved. Staff used their initiative when identifying alternative ways to communicate with family during Covid-19. Staff made cards and other art pieces with the young people and sent these to the family members. Zoom calls and regular phone calls occurred between the young people and their families. Families were invited to visit the centre and privacy was given to the young people and their family. Social workers spoke of visiting the centre and of there being a homely feel. One young person was awaiting the allocation of a social worker. In the interim, the social work team leader was overseeing the case. The inspectors recommend that a social worker is allocated as a priority.

The management and staff addressed hobbies for the young people as identified from their previous placement documents. Summer camps, fishing and horse riding were sourced in the local area for the young people. One young person engaged in social farming within the community. Young people's special occasions such as birthdays or achievements were celebrated and marked as an important occasion in their lives. Inspectors were provided with photo albums showing how these special occasions were recorded for the young people.

Young people had their own mobile phones and access to the internet and house phones if required. As mentioned previously limitations were in place around the use of mobile phones which was detailed in the restrictive practice log. The young person that spoke with inspectors stated that they completed work with the staff around internet safety.

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

There was a complaints policy in place in the centre. During interviews and in reviewing questionnaires, staff showed knowledge of the policy and procedures relating to the complaints processes. Young people were informed of the complaints process and supported by the staff in completing this. The feedback from the young people stated they were able to identify someone they could talk to in the centre if they had an issue. Inspectors reviewed the complaints register and saw that all complaints were logged and forwarded internally and externally as required. Social workers were also informed of any complaints made by the young people. Through an internal audit, the team reflected on their complaints procedures and felt that further development and oversight was required in the feedback to young people section. These enhancements were being looked at by the team to ensure there were sufficient reporting and recording systems in place to show that the feedback had occurred, it was documented appropriately and that the young person’s response was included.

Compliance with Regulations	
Regulation met	Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.1 Standard 1.3 Standard 1.4 Standard 1.5 Standard 1.6
Practices met the required standard in some respects only	Standard 1.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager must include any restrictive practices in the placement plans of the young people.
- The centre manager must ensure that the information in the young person’s booklet includes guidance about the ‘Tell Us’ process.

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors found that there was an open culture promoted within the centre and staff members. The young people spoke about making complaints about any issues they had and being aware of the procedures. Staff through interviews and questionnaires highlighted their knowledge of the whistleblower's policy and the appropriate expected professional conduct required within the centre. Both young people and the staff spoke of the management being approachable and responsive to any concerns raised.

There was a new system in place where surveys were sent to parents for feedback. These were being gathered and reviewed to improve overall service within the organisation. There was evidence of regular contact with social workers and guardian ad litem. During interviews with social workers and guardian ad litem, it was reported to inspectors that the centre had excellent communication with them and informed the relevant people of any concerns, complaints or incidents in a prompt manner.

There was a policy and procedure in place for the recording and notification of significant events. The staff were aware of the procedures involved and who the significant events were sent to. Inspectors noted through review of the significant events that they were sent promptly and were written to a high standard. Management had phone contact with social workers as part of the process to discuss the incidents and any follow up required. There was evidence of oversight from management as the incidents were commented on by the manager or deputy for reflection and future learning. There was evidence of strategy meetings and significant event review meetings (SERG) took place in line with organisational policy. There had been a high level of aggressive incidents from one young person the previous year which had decreased in recent months due to the work undertaken by the staff team and different interventions being put in place. The most recent SERG had reflected on the impact of one young person on their peer. Inspectors reviewed documentation showing that incidents and SERG's were reviewed at team meetings. There was good oversight shown by the team during these reviews for learning. An outcome identified that group living must be added to both young people's risk

assessment with relevant procedures for staff to follow. Inspectors did not see this in either young person's risk assessment. All outcomes must be addressed promptly from the SERG in order to reduce further risk to the young people.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure outcomes are addressed promptly from the SERG and add any identified risks to the young people's risk assessments.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

Inspectors found there were sufficient numbers of staff employed in relation to the number and needs of the young people. However, there were some staff members that did not hold a suitable recognised qualification. Both the manager and the regional manager were aware of this during their interviews and said the organisation were completing a review of their recruitment process. Inspectors noted that there were some gaps in mandatory training on the training analysis document. All mandatory training must be completed by staff.

Inspectors reviewed funding and two petty cash budgets which were separated into both currencies. The use of dual currency was due to the location of the centre. There were sufficient resources in place to address the daily living needs of the young people and the general running of the house. There was a purchase order system in place for any large items or expensive items that could not be covered by the general budget. There was funding available for the young people to participate in their hobbies and have items in the house that they requested such as bikes and gardening items. Staffing and funds were made available to ensure that family accesses took place.

Maintenance services were available to the centre and ensured the centre was kept in good order. There was a system in place where management notified maintenance of any required work. Any issues were addressed in a timely manner by maintenance.

Compliance with Regulation

Regulation met	Regulation 7
Regulation not met	None Identified

Compliance with standards

Practices met the required standard	Standard 7.1
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Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- The registered proprietor must ensure that the staff that do not have a relevant qualification are being supported in working towards an appropriate recognised qualification.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must include any restrictive practices in the placement plans of the young people.</p> <p>The centre manager must ensure that the information in the young person's booklet includes guidance about the 'Tell Us' process.</p>	<p>With immediate effect - Restrictive practices will be placed in the relevant section of young person's Individual Placement Plan (IPP)</p> <p>With immediate effect – The Young person's booklet to be updated to include this information. This will be circulated across all of the homes by the 16.7.2021.</p>	<p>This will be updated bi-monthly by Home Management following young person's Individual Development Plan meeting (IDP)</p> <p>Ashdale Care's young person's booklet is periodically updated to include up-to-date information and any relevant changes needed. This will now form part of the review conducted by the sub committee for policy and procedures</p>
3	<p>The centre manager must ensure outcomes are addressed promptly from the SERG and add any identified risks to the young people's risk assessments.</p>	<p>With immediate effect - Findings from SERG to be included in 'Summary' section at the top of each young person's risk assessment and kept on file. Centre management will ensure completion of same.</p>	<p>Risk assessments are updated monthly and or when necessary, by the centre management team.</p> <p>The compliance officer as part of her auditing will audit those outcomes/recommendations from the SERG are followed through on.</p>

7	The registered proprietor must ensure that the staff that do not have a relevant qualification are being supported in working towards an appropriate recognised qualification.	Ongoing. Both centre management and HR are aware of these staff members and the timeframe in which they have to have a relevant qualification. Centre management will continue to offer support via supervision and the organisation will provide financial support to the identified staff.	Discussed with Senior Management as part of workforce planning via monthly workforce planning meetings. The staff in question were recruited prior to the staffing qualification issued by R&I. Going forward only staff who are qualified in a relevant qualification will be employed.
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