An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 031

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Ashdale Care Services Ltd**
Registered Capacity:	**Three young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**23rd and 24th May 2023**
Registration Status:	**Registered from 09th September 2022 to 09th September 2025**
Inspection Team:	**Lisa Tobin** **Cora Kelly**
Date Report Issued:	**18th July 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 09th September 2013. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 09th September 2022 to 09th September 2025.

The centre was registered to provide multi-occupancy service to accommodate three young people of all genders. The aim is to have young people aged from age ten to fourteen on admission, with a provision for young people to remain up to their eighteenth birthday. There were two young person under derogation as they were outside the age profile for the purpose and function of this centre. Appropriate documentation was forwarded to ACIMS for this process. The model of care was described as providing specialist residential care through a person-centred therapeutic service to young people with complex emotional and behavioural problems. There were three 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
4: Health, Wellbeing and Development	4.2
5: Leadership, Governance and Management	5.3
6: Responsive Workforce	6.1

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 and to the relevant social work departments on the 19th June 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 centre manager returned the report with a CAPA on the 3rd 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: 031 = without attached conditions from the 09th September 2022 to the 09th September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors found that the general health and wellbeing needs of the young people were responded to by the team, with medical, dental and optical appointments in place when required by the young people. There were overarching policies and procedures in place for medical attention, general physical health and emotional and specialist support. As required, child in care reviews (CICR) were occurring for all young people, however there were no up to date care plans on file for any of the young people. There were centre minutes on file for two of the young people from their CICR where health needs were discussed. There were certain health needs identified that were met such as medical and dentist appointments, however there were some therapeutic services that had not been engaged with yet as the young people were not ready to engage in those services and there was a vacant post for one of the organisations internal therapists, which had since been filled. Inspectors found that the centre had requested care plans and minutes from the relevant social work departments. For one young person whose placement was the subject of an approved derogation, required monthly CICRs and care plans, inspectors found that the most recent care plan on file was dated January 2023. Inspectors were informed by the allocated social worker and the centre manager that care plans for this young person had been forwarded to the centre post onsite inspection. Inspectors found that the centre manger had requested the relevant care plans repeatedly however there was no evidence of senior management being part of this process in order to receive the documents. Regional management were aware of the ongoing issues with the delays through their weekly reports however had not acted in the retrieval of the documentation. The social worker for this young person informed inspectors that the delay in sending out the care plans was due to staffing deficits in their social work department. The centre manager must ensure that the processes of the escalation policy is utilised when there are such long delays in receiving relevant guiding documentation such as care plans for the young people.

Inspectors reviewed individual placement plans and the medical files which identified the health needs of each young person. During interviews with staff, inspectors found they were knowledgeable regarding the historical medical reports and assessments that were on file for the young people. Inspectors found that the preadmission needs assessment completed for each young person highlighted the recommendations from previous reports or assessments and also identified therapeutic services that could be utilised through the organisations therapeutic support team (TST). However, inspectors found that there were delays in implementing the recommendations identified for the young people as some therapists were not in place or they had only just commenced. The centre manager must oversee and review the ongoing recommendations identified to ensure their status and progress to date was clear on the young people's file in order to track what has been completed and what was outstanding. Inspectors saw key working linked to the goals of the young people's care plans undertaken. Inspectors also saw reference to guidance from the therapeutic support team for staff in how they should or could complete work with the young people, however inspectors found it was unclear in the files what the actual guidance was. The regional manager and centre manager must ensure that this guidance is reflected clearly in the young people's documents.

All young people had access to a local general practitioner and inspectors saw evidence of appointments made as required for each young person. All young people had completed a medical upon admission. Two young people had theirs one and two days prior to admission and the third young person had theirs two weeks post admission. One social worker, one GAL and one respite foster carer for the young people reported to inspectors that they felt the health and wellbeing needs were being addressed by the centre and that they were updated with any significant information. There was an ongoing issue with one young person requiring braces, orthodontic treatment, and sourcing relevant invoices for treatment to be approved. Inspectors were informed the funding had now been approved and the centre were awaiting a date for treatment to commence.

During interviews, inspectors found that staff were aware there was a policy on storage, administration and disposal of medication in place. Inspectors reviewed the training log and saw that all staff had completed administration of medication training. Staff had access to a locked medication cabinet to store the medication in the office. One young person was on regular medication and another young person had medication for an injury to their hand. Relevant records of medication given was on file with information about the medications given. Inspectors found that staff had been provided with first aid training and with safe talk training which was relevant to

the needs of the young people. There was a Training Assisted Program (TAP) in place within the organisation. There was three TAP available to the team in May 2022, August 2022 and October 2022. There hadn't been any TAP completed in 2023 to date, however there were five planned for the rest of the year to be completed with the team around attachment, boundaries, self-injurious behaviours, intimate partner violence and child development. These particular training pieces had been identified due to the ongoing needs of the current young people.

Compliance with Regulation	
Regulation met	**Regulation 10** **Regulation 12**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed during this inspection**
Practices met the required standard in some respects only	**Standard 4.2**
Practices did not meet the required standard	**Not all standards were assessed during this inspection**

Actions required:

- The centre manager must ensure that the escalation process in place is utilised effectively ensuring that young people's care plans are in place to ensure all the health and well-being needs of the young people are being implemented.
- The centre manager must ensure that recommendations identified for young people are reviewed, including their status and progress to date on the young people's file, to track what has been completed and what is outstanding.
- The regional manager and centre manager must ensure that the guidance from the therapeutic support team is reflected clearly in the young people's documents.

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.

There was a statement of purpose (SOP) in place that outlined the model of care as a service provision for children and young people with complex emotional and behavioural needs. The model was informed by current understandings of child development theories and the impact of developmental and relational trauma, translated into practice and embedded in the care program. The organisation used the Children And Residential Experiences (CARE) model and Therapeutic Crisis Intervention programme (TCI) to guide the work they completed with the young people. All aspects of the organisation were identified in the SOP as well as the therapeutic services available to the young people. Inspectors found that the SOP highlighted the use and availability of the therapeutic support team (TST) to the young people however on review of the interventions and work completed with the young people, the majority of this was undertaken by the staff themselves with little involvement from the TST. Where recommendations were made for one young person for therapeutic supports, these were delayed due to lack of resources within the TST. The therapeutic supports being received by the young people were directly through staff interaction and staff's therapeutic training.

Inspectors found that some staff had a good understanding of the SOP however, some staff couldn't describe the model of care or its implementation and were not able to explain the makeup of the therapeutic support team. The model of care required review with the team to ensure they understand the CARE model and the therapeutic services available within the organisation. There were three new staff that required CARE training which as part of policy, will be provided when they are six months working in the company.

Inspectors reviewed the young people's documents around the therapeutic involvement they required or that had been recommended from other specialist services. Inspectors found that where the young people did not wish to engage with the TST, guidance was provided by the TST to the staff in how they were to support

the young people therapeutically. However, on some occasions where there was reference to a therapeutic plan in place for a young person, inspectors did not see evidence of this. The centre manager and regional manager confirmed there wasn't a therapeutic plan in place. In the absence of any therapy services being utilised by the young people through the TST, their files would benefit from further information or recognition regarding the team's therapeutic input that they provide on a day-to-day basis.

There was evidence of the CARE model and its principals being discussed at senior management meetings and at a team meeting recently. Inspectors were provided with an audit completed on theme five of the national standards by the compliance officer, however when reviewed, it did not include information on or reference the statement of purpose. Inspectors recommend that when the SOP is reviewed as part of the compliance audit, that the therapeutic work completed by the staff team is reflected and focused on when there is an absence of the TST being involved with the young people due to their own choice or due to the lack of resources available.

There was a young person's booklet and a parent's booklet available which gave relevant information about what the organisation and centre provided to the young people. The young person's booklet was in a child friendly format, however given the age profile and developmental status of one young person, this booklet may need to be adapted into a pictorial form for them to be able to understand the information.

During interview with the one social worker and a GAL, they stated they felt the young people were receiving good care relative to purpose of their placement in line with the statement of purpose of the centre. The social worker spoke of the sensory items provided to the young people to help with emotional regulation which included a rocking chair, weighted blankets, and fidget toys. Inspectors found that the young people were also provided with extracurricular activities such as swimming, horse riding and dancing.

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

Compliance with standards	
Practices met the required standard	**Not all standards were assessed during this inspection**

Practices met the required standard in some respects only	**Standard 5.3**
Practices did not meet the required standard	**Not all standards were assessed during this inspection**

Actions required:

- The centre manager must ensure that the model of care is reviewed with the team to ensure they understand the CARE model and the therapeutic services available within the organisation.
- The regional manager and centre manager must ensure that the audits completed involve a review and evaluation of the statement of purpose to ensure that services being delivered are in line with what is detailed.
- The regional manager and centre manager must ensure that the SOP reflects and focuses on the therapeutic work completed by the staff team when there is an absence of the TST being involved with the young people due to their own choice or due to the lack of resources available.

Regulation 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.

Inspectors found that there was oversight of workforce planning from all levels within the organisation. There were workforce planning meetings held weekly which outlined where gaps existed and what staffing would be required in the near future. The centre manager provided a HR operations report to the regional manager weekly and to the HR department outlining the status of where the team were at and if there had been any changes or pending requirements due to resignations. Inspectors found evidence of workforce planning at senior management meetings and at team meetings where staff availability and staffing issues were discussed.

There were appropriate numbers of staff in the centre to meet the needs of the young people. There was a centre manager and deputy manager, three social care leaders (one in training) and eight social care workers with a mix of full-time hours and part-time hours. There were four staff with a social care or social work equivalent degree which was in line with the ACIMS Regulatory Notice on Staffing and Qualification

June 2023. There were two sleepover staff and a day shift staff each day. Inspectors reviewed a sample of rosters and saw that there were three staff on per day however did notice that on many occasions staff would come off a sleepover shift and then complete a day shift until 8pm. Inspectors did not see evidence of staff receiving breaks during these shifts. Staff must be provided with adequate rest between shifts, and this must be risk assessed to ensure the safeguarding of the young people and the staff. There was regular relief staff available to the centre when needed but were not required often. The centre had introduced the deputy manager completing one shift per week on the floor to assist with supporting staff, having more opportunities to interact with the young people and getting a better oversight of the work undertaken or required within the centre. The manager reported this as a positive piece and stated it was working well.

There were three staff that left the centre since the last inspection in May 2022 and three were employed to replace those posts. Inspectors were provided with exit interviews that were undertaken by the HR department. Staff reasons for leaving included the distance to work, better pay and getting a job with no unsocial hours. There was an organisational policy around staff retention. Inspectors were informed of arrangements in place to encourage staff retention including sick pay, maternity/paternity pay, yearly pay increments, access to training and good management support and supervision. Staff highlighted in interview, how they enjoyed their work with the young people and the centres ethos.

There was an on-call system in place which staff were aware of in interview. There was a policy and guidance for on-call available to the staff and they were aware of when they should notify on-call.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed during this inspection**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**Not all standards were assessed during this inspection**

Actions required:

- The centre manager must ensure staff receive adequate rest between shifts and that risk assessments are in place to ensure the safeguarding of young people and staff regarding these extended shifts.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	The centre manager must ensure that the escalation process in place is utilised effectively ensuring that young people's care plans are in place to ensure all the health and well-being needs of the young people are being implemented.	Actioned - All up-to-date care plans have been received from social work department 07.06.23. With immediate effect, home management will follow escalation policy and seek support from regional management should they experience difficulties with obtaining information from social work departments.	Regional manager will review the escalation policy with all managers at the next scheduled management meeting on the 20.07.23. Regional manager will monitor this through the weekly report process. Where it is reported that a manager has made two or more requests for up-to-date care plans and this has not been provided, the regional manager will take action and escalate this request within the social work department. Compliance manager as part of audits will satisfy themselves that the escalation policy is being followed where required.
	The centre manager must ensure that recommendations identified for young people are reviewed, including their status and progress to date on the young people's file, to track what has	With immediate effect, home management completed a full review of each young person's needs assessment to ensure needs identified are incorporated into their placement plans. Home management and	Regional managers at next management meeting [20.07.23] will review the care planning process with all home managers to satisfy themselves that they are clear on the process. Home manager to review the

	been completed and what is outstanding. The regional manager and centre manager must ensure that the guidance from the therapeutic support team is reflected clearly in the young people's documents.	keyworkers will ensure all recommendations are actioned and track what has been completed and what is outstanding through the placement planning process. 14.07.23 home manager to meet with a member of the therapeutic team to review interventions in place and ensure they are clearly documented in the young people's files.	care planning process with all staff and keyworkers at the subsequent team meeting that will take place no later than 31.07.23. As part of the compliance managers audits, they will satisfy themselves that placement plans include track progress of all identified needs. 24.07.23 Bi-weekly meetings will take place with a member of the therapeutic support team for ongoing support and feedback. All recommendations will be clearly documented and sent to the home.
5	The centre manager must ensure that the model of care is reviewed with the team to ensure they understand the CARE model and the therapeutic services available within the organisation. The regional manager and centre manager must ensure that the audits completed involve a review and evaluation of the statement of purpose	14.07.23 home management will review the model of care with the full team to ensure they understand the model and are fully aware of all therapeutic services available. By 14.07.23 home manager will ensure that the statement of purpose is reviewed as part of their audit to ensure services are being delivered in line with what is set out	The model of care is a permanent agenda item for all team meetings. This incorporates our model of care and therapeutic services. Compliance officer to ensure the statement of purpose and function details the services that are being delivered are in line with what services are being offered/ utilised by

	to ensure that services being delivered are in line with what is detailed.	within. Where the need for change is identified, home management will escalate this to senior management for review.	the young people in the centre at this time. Head of Care and Head of Therapeutic Services to conduct a review of all Statement of Purposes to ensure they incorporate all services being delivered [31.09.23]
	The regional manager and centre manager must ensure that the SOP reflects and focuses on the therapeutic work completed by the staff team when there is an absence of the TST being involved with the young people due to their own choice or due to the lack of resources available.	By 14.07.23 Home manager will review the statement of purpose to ensure it reflects and focuses on the therapeutic work completed by the staff team in the absence of direct therapy. Where the need for change is identified, home management will escalate this to senior management for review.	Head of Care and Head of Therapeutic Services to conduct a review of all Statement of Purposes to ensure they incorporate clear description on the therapeutic work completed by the staff team in absence of direct therapy. [31.09.23]. Once this is completed, the Statement of purpose will be reviewed with all home managers who will subsequently review this with their teams via scheduled team meetings.
6	The centre manager must ensure staff receive adequate rest between shifts and that risk assessments are in place to ensure the safeguarding of young people and staff regarding these extended shifts.	Going forward, where possible no sleepover into day shifts to be placed on the rota. In the event of this type of shift occurring the staff member is to be given an adequate break prior to beginning the day shift, in line with working time	A standardised risk assessment has been devised and will be issued to all homes by 30.08.23. This risk assessment will be required to be completed in the event staff are requested to complete an extended shift.

		directives. Home management will also complete a risk assessment along with the staff member to ensure safeguarding of both staff and young people.	