



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 191

Year: 2023

Inspection Report

| | |
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| Year: | 2023 |
| Name of Organisation: | Ashdale Care Ltd |
| Registered Capacity: | Three young people |
| Type of Inspection: | Unannounced |
| Date of inspection: | 24th and 26th April 2023 |
| Registration Status: | From the 14th of May 2021 to the 14th of May 2024 |
| Inspection Team: | Cora Kelly Catherine Hanly |
| Date Report Issued: | 21st June 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 14th of May 2021. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 14th of May 2021 to the 14th of May 2024.

The centre was registered to provide multi occupancy specialist residential care for up to three young people aged 12-16 years on admission with complex emotional and behavioural problems who cannot be cared for in a mainstream residential setting. A person-centred therapeutic service was the model of care utilised in the centre. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

| Theme | Standard |
|--------------------------------------|----------|
| 2: Effective Care and Support | 2.6 |
| 4: Health, Wellbeing and Development | 4.3 |
| 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 18th of May 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 returned the report with a CAPA on the 2nd of June 2023. At the time of the inspection the centre was not operating in compliance with the staffing qualification requirements of the Tusla ACIMS Memo of April 2022. The memo was stepped down on the 30th of May 2023 and the centre is now complying with staffing qualification requirements.

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: 191 without attached conditions from the 14th of May 2021 to the 14th of May 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

The centre's planning to leave care policy included guidance on how a young person is supported when transitioning from the centre to either independent living, supported accommodation or family reunification to occur in collaboration with their social worker and aftercare worker. The inspectors found that the policy concentrated largely on formal planning arrangements with little focus on how young people themselves would be supported to develop overall holistic independent living skills. There was an absence of guidance relating to a structured plan or programme that would guide staff and would appropriately identify, monitor, and track skill development across all areas necessary for independent living and in this regard, improvement is required.

At the time of the inspection two of the three young people were 16 and 17 years old with the latter young person turning 18 in six months. Both had care plans on file with focus on aftercare planning evident for the latter young person. The social worker for the 16-year-old stated in interview with the inspectors that a referral for an aftercare worker for them would be submitted in the weeks after the inspection. As statutorily required the oldest young person had a dedicated aftercare worker, a draft aftercare plan was in place and an aftercare needs assessment had been completed. The draft aftercare plan was due to be formalised when accommodation based on the young person's needs and wishes, and funding was secured. Planning meetings with all relevant professionals and the young person were occurring with regards to this. The centre was required to follow up on a single action from the aftercare plan. The inspectors found that the interventions identified to develop and improve the young person's skill in the identified area were unrealistic and were not age appropriate.

On their review of care files and from interviews conducted the inspectors found that centre staff had little experience and knowledge about how to fully prepare a young person leaving care. Whilst some work was being completed in some areas a

comprehensive and structured plan to guide staff was required, with engagement and buy in by young people also required, to ensure they are equipped with the necessary skills and resources for life outside of the care system. For one of the young people in placement they were reluctant to engage with independent living tasks and did not want to use daily or weekly planners to support them to develop their independent living skills.

There was a broad focus on 'self-care and independent living' and 'preparation for leaving care' in the young person's placement plan and in the company's annual needs assessment that was completed for them. However, as the documents were found to not have been connected it led to deficits in effective aftercare planning by the centre. The needs assessment had identified that the young person required either 'some help' or 'full support' across a significant number of skills areas. Whilst it was clear that there was some good keyworking being completed it was not evident as being part of a planned approach to promoting independent living skills and not in response to the needs assessment. It was stated on a record that the centre had been provided with an aftercare guide book to support staff in their work with the young person, yet staff did not reference this as a resource they used in interview.

There was no reference in the planning to leave care policy of a young person being supported to access important personal documents and review their file when leaving care and staff were not clear on this in interview either.

| Compliance with Regulation | |
|-----------------------------------|------------------------|
| Regulation met | Regulation 5 |
| Regulation not met | None Identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Not all standards under this theme were assessed |
| Practices met the required standard in some respects only | Standard 2.6 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required

- Senior management must review and update the planning to leave care policy to consider more practical measures as to how the centre/organisation will

provide effective care and support to young people in their transition from the centre/ organisation to aftercare going forward.

- The centre manager must utilise resources available or explore alternative programmes to guide staff in delivering an aftercare programme to young people.
- The centre manager must explore ways of increasing and having better engagement levels between staff and young people to assist aftercare planning and having positive outcomes.
- Senior management must update the planning to leave care policy to ensure that young people are supported by staff to obtain and read a copy of their file when leaving care.

Theme 4: Health, Wellbeing and Development

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The inspectors found that the centre had placed some focus on promoting and supporting the young people's educational development, but that improvement across this standard was required. The three young people living in the centre had formal education placements with each tailored to their individual needs given their overall presentation and circumstances. The youngest person had a formal educational placement in their place of origin which was some distance from the centre. Prior to their admission to the centre, they were struggling to manage themselves in school which continued in the months after moving to the centre. Despite discussions at monthly child in care reviews and regularly held multidisciplinary meetings various interventions put in place to support their school placement, these were unsuccessful and had resulted in them no longer attending the school since March 2023. They were now being provided with a weekly video call with their teacher; the purpose of which was not education related but relationship based. This measure was supplemented by four one-hour sessions per week facilitated by a teacher within the organisation. There were no other formal or planned interventions with a focus on education and learning in place by the centre and overall, there was a lack of focus on education in their daily routine. On review of

their care files the inspectors found that school reports were absent including any follow up of a cognitive and intellectual assessment that was mentioned, but not actioned, at a child in care review (CICR) held in January 2023. In interview with their social worker, they stated they would follow up these two pieces for discussion at their next CICR. The centre manager must ensure this occurs so that informed discussions can be held, and plans can be made in securing the most suitable education placement for the young person. In conversation with the social worker the inspectors recommended to them that the Child and Adolescent Mental Health Services (CAHMS) service also attends the next CICR to discuss the guidance they issued to staff regarding the administration of medication to the young person as it was linked to the days the young person attended school. The social worker later wrote to the inspectors to state that CAHMS were scheduled to attend the next CICR in May 2023.

The other two young people had placements with education and training providers for early school leavers in different locations. One of these had attained their junior certificate and with the support of the staff team they were regularly attending their programme and maintaining their placement. From the review of relevant records, it was found that the centre had developed good close relations with the co-ordinator of the service, and both were supporting the young person through the various levels in the programme. The young person was being supported to plan for their education in preparation for leaving care too.

In interview, centre staff did not know if the third young person had attained a formal education qualification. They were struggling to attend their current programme since joining in February 2023. In terms of their overall health and well-being the inspectors could not determine if any progress had been made by them in their placement to date of 18 months, and notably since the last ACIMS inspection in April 2022. They were spending the majority of their time in their room gaming, watching tv, eating their meals and were struggling significantly with maintaining their personal hygiene and tending to laundry duties. Their overall health, well-being and education development warrants a formal review to include clinical input and support.

| 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 under this theme were assessed |
| Practices met the required standard in some respects only | Standard 4.3 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required

- The centre manager must ensure that all relevant education records are held on each young person's care file and that the file is kept up to date.
- The centre manager must ensure that identified assessments are followed up without delay until they are secured, or a determination made regarding the matter.
- The centre manager must ensure that clear routines are established in the centre that support education and provide ongoing learning opportunities.
- The centre manager must ensure that where young people are not in education a more structured holistic education experience is incorporated into their daily plan.
- The centre manager must ensure that all staff are aware of the educational attainments of young people so assist planning appropriately for their care
- The centre manager must ensure that a formal review of a young person's placement occurs without delay to plan for their immediate health, well-being, and educational needs.

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.

There were internal and external processes that focused on workforce planning for the centre. These included monthly management meetings, weekly workforce planning meetings, weekly HR reports, the staff rota and the ongoing provision of supervision and training. An appropriate number of staff were employed in the centre in line with the needs of the young people and in line with the centres statement of purpose. There had been a low level of staff turnover since the last ACIMS inspection in April 2022. The centre manager who was appointed to their role in August 2022 had previously been the deputy manager and had worked in the centre since it opened in 2021. They were qualified in a related field and with the support of the organisation, was pursuing a degree in leadership and management in social care. This was to be completed in May 2023. They were supported by a full-time deputy manager, three social care leaders and six social care workers. A three-person relief panel was available to support the staff team when required.

With regard to staff qualifications the centre was found to be not operating in compliance with the Tusla ACIMS memo, April 2022, and the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, Part III, Article 7: *Staffing*. It was found that of the nine social care staff working directly with the young people four were social care qualified with the other five staff qualified in a related field. One of the relief staff was also qualified in a related field.

As mentioned above an appropriate number of staff worked in the centre. On review of a sample of rotas the inspectors found that on three occasions back-to-back-shifts had been completed to facilitate emergency situations. The centre manager was mindful these were put in place as all other avenues had been exhausted and was not routine practice.

The centre manager and staff in interview identified to the inspectors a number of staff retention measures that were in place. These included funding for college courses, team building days, ongoing support, training opportunities and yearly

appraisals. The regional manager spoke of a newly formed retention strategy working group recently established within the organisation that will feed relevant information into the monthly held management support meetings. Of the small number of exit interview records, conducted since the last inspection in April 2022, and that were reviewed by the inspectors some of the feedback indicated that staff division had occurred within the team and with another staff stated they were not being supported. There was evidence of centre management having addressed these issues.

Both an on-call policy and system were in place with internal management within the organisation holding on-call responsibilities. Staff in interview were familiar with its operation.

| 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 under this theme were assessed |
| Practices met the required standard in some respects only | Standard 6.1 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required

- The registered provider must ensure that the centre is operating in compliance with the staffing qualification requirements set out in the Tusla ACIMS memo, April 2022, and the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, Part III, Article 7: *Staffing*.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|---|---|---|
| 2 | <p>Senior management must review and update the planning to leave care policy to consider more practical measures as to how the centre/organisation will provide effective care and support to young people in their transition from the centre/ organisation to aftercare going forward.</p> <p>The centre manager must utilise resources available or explore alternative programmes to guide staff in delivering an aftercare programme to young people.</p> | <p>28.08.23 The policy and procedure committee will review the planning to leave care policy to ensure practical measures are included to guide practice.</p> <p>With immediate effect, the home manager will review resources provided by Tusla to ensure that all information being provided to young people in the care of the state is correct and explore programmes in conjunction with the young people's aftercare workers in order to support and equip said young people in preparation for leaving care.</p> | <p>Home managers will receive a presentation on the updated leaving care policy once complete at management support meeting [21.09.23]. The efficacy of the policy will be monitored through feedback from home management. The compliance manager as part of their role, will audit the homes to ensure the policy is being implemented in full.</p> <p>Ashdale Care will provide a resource pack with information provided by Tusla to all homes to support management and staff in accessing and utilising programmes that will enable them to support young people in preparation for leaving care.</p> |

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| | <p>The centre manager must explore ways of increasing and having better engagement levels between staff and young people to assist aftercare planning and having positive outcomes.</p> <p>Senior management must update the planning to leave care policy to ensure that young people are supported by staff to obtain and read a copy of their file when leaving care.</p> | <p>With immediate effect, the home management and teams will continue to support each young person leaving care. Home management will seek guidance from the therapeutic support team where challenges arise in cases whereby a young person is reluctant to engage. The senior clinical psychologist for Ashdale Care is currently reviewing this piece for one young person in the centre. This should be completed by the 30.06.23.</p> <p>As part of planning to leave care policy update, it will provide guidance on how staff will support a young person to receive a copy of their file when leaving. Staff will ensure the young person is provided with this information prior to leaving care.</p> | <p>The policy on leaving care which will be updated by the 28.08.23 and distributed to the team at the following management meeting will include guidance for management and staff in cases whereby a young person is reluctant to engage in after care planning.</p> <p>The planning to leave care policy will be updated to reflect guidance on how to support young people to obtain and read a copy of their file when leaving care. We will advocate and support young people up to the age of 18, and following this we will ensure that a comprehensive handover is given to a young person's Aftercare worker.</p> |
| 4 | <p>The centre manager must ensure that all relevant education records are held on each young person's care file and that the file is kept up to date.</p> | <p>With immediate effect, individual education plans are now on file for each young person residing in the home.</p> | <p>Going forward we will ensure that from referral point we have accessed all the educational information required, to ensure that there is no delay on</p> |

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| | <p>The centre manager must ensure that identified assessments are followed up without delay until they are secured, or a determination made regarding the matter.</p> | <p>30.05.23 The home manager has followed up with young person 3's social worker to get clarity on said requested educational assessment in the school. Home manager will continue to follow up on this until an outcome is achieved.</p> | <p>information being on file.</p> <p>Regional managers will request that all home managers conduct a review of all young people in their homes to identify if there are any outstanding requested assessments and if so, follow up on these requests as a matter of priority [22.06.23]. Compliance manager as part of their auditing role will review all CIC minutes and associated care planning documents and satisfy themselves that follow up on any outstanding appointments/ assessments have been completed.</p> |
| | <p>The centre manager must ensure that clear routines are established in the centre that support education and provide ongoing learning opportunities.</p> | <p>This was completed with immediate effect following the inspection. All young people in the homes have a weekly and daily planner. Home management have reviewed these plans to ensure that there is adequate focus on education and opportunities to support learning such as skills-based activities.</p> | <p>As part of the education policy review (28.08.23), the policy will incorporate a procedure that will ensure learning opportunities and adequate educational learning is made available within the homes for all young people.</p> |

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| | <p>The centre manager must ensure that where young people are not in education a more structured holistic education experience is incorporated into their daily plan.</p> | <p>With immediate effect, daily plans for the young people have been reviewed to ensure a more structured and holistic education experience is incorporated taking into account each young person's educational needs and abilities and interests.</p> | <p>The home management team will complete self-audits, and this will allow them to ascertain engagement levels with education, where there are challenges with engagement, home managers will escalate this for review and request a strategy meeting. Daily plans will be reviewed as part of the compliance managers and regional managers visits to the home to ascertain efficacy and engagement from the young people.</p> |
| | <p>The centre manager must ensure that all staff are aware of the educational attainments of young people to assist planning appropriately for their care</p> | <p>The home manager will review with all staff at the next staff meeting on 02/06/2023 the educational attainments of the young people in the home. For those not in attendance, home management will ensure they review educational requirements with said staff in order to capture all staff members.</p> | <p>The home manager will complete regular reviews on each young person's educational needs as part of the quarterly individual placement plan review process. Home management will ensure all staff fully understand and are aware of the plans for each young person.</p> |
| | <p>The centre manager must ensure that a formal review of a young person's placement occurs without delay to plan for their immediate health, well-being,</p> | <p>A formal review is currently taking place on young person 2. This is being completed by the Senior Clinical Psychologist for Ashdale Care and is hoped</p> | <p>Ashdale care are in the process of rolling out Health of the Nation Outcomes Scales for Children and Adolescence [HONOSCA] for all young people which will measure</p> |

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| | and educational needs. | to be completed by 30.06.23. Findings from this review on how best to meet young person 2's health, wellbeing and educational needs will be implemented in the home by the home management and staff team. This will be kept under review by the therapeutic support team and senior management. | progress based on outcomes focusing on general health, social wellbeing. It is estimated that this will be completed for all children by the end of August 2023. This coupled with the annual needs assessment and care planning process will identifying presenting needs that will inform care requirements. |
| 6 | The registered provider must ensure that the centre is operating in compliance with the staffing qualification requirements set out in the Tusla ACIMS memo, April 2022, and the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, Part III, Article 7: <i>Staffing</i> . | The home is operating in compliance with the staffing qualification requirements set out in the Tusla ACIMS memo, April 2022 and the requirements of the Child Care (standards in Children's Residential centres) Regulations, Part 111, Article 7: staffing. Based on the recent meeting with AIMS on the 30.5.2023 in regard to an update on staffing qualifications, this home is in compliance. | Weekly workforce planning meetings take place to monitor staffing complements for each home and ensure the home continues to operate in compliance with the staffing qualification requirements set out in the Tusla ACIMS memo. |