



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 020

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	25th & 26th of January 2022
Registration Status:	Registered from the 31st of March 2020 to the 31st of March 2023
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	27th April 2022

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support	
3.2 Theme 3: Safe Care and Support	
3.3 Theme 4: Health, Wellbeing and Development	
4. Corrective and Preventative Actions	17

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 31st March 2008. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 31st March 2020 to 31st March 2023.

The centre was registered as a multi occupancy centre. It aimed to provide care for a maximum capacity of four young people of both genders from age eleven to seventeen years on admission. The model of care was attachment and trauma informed with the availability of psychology, art psychotherapy, education and occupational therapy. The centre operated the CARE framework (children and residential experiences, creating conditions for change). There were four young people living in the centre at the time of the inspection. A derogation to the purpose and function had been granted for one child who was under the registered age range.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 7th of March 2022 and to the relevant social work departments on the 7th of March 2022. 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 23rd of March 2022. This was deemed to be satisfactory following some clarifications completed with the management on the 19th of April 2022, 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: 020 without attached conditions from the 31st of March 2020 to the 31st of March 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

There was evidence in the files of how children were being asked for their views and being listened to by staff and management day to day. Inspectors heard from staff at interview and from three of the four children through their questionnaires that they had information about a range of things and that they had named people they could and would talk to. For example, all three children knew that they could go to the manager to talk about a complaint or a worry as well as their key worker, their social worker or some other staff they knew well. They were also given information on organisations and services such as empowering children in care, EPIC and the ombudsman for children office.

This was a busy house with lots of daily life events going on for all four young people, staff made sure that the children knew what their routine would be each day and week. The staff found out about what they would like to do in their down time and what interests they had. Inspectors found that the documents for child and young person consultation could be further enhanced in order to refresh and further embed a child age/stage based approach. This should be then utilised to facilitate information flowing out from the centre to the wider company structure to inform service improvements. Inspectors established that the improvement in consultation documents was an aspect of practices that the regional manager had recently identified with the centre management that they would like to address. They identified the broad age range and therefore different needs of the young people from primary school age to leaving care age and identified that they wanted to do more to keep the older child in focus. This was echoed by other staff who named that it was important that the team were consistent and listening during the transitional phase for this young person. Inspectors agreed and found in the individual placement plans and in the direct work records that more focus on preparation for leaving long term care, consistency in the team approach and direct reflection of the young persons voice was needed.

Some of the recording formats for giving feedback and seeking comment from young people were not child friendly in appearance and would benefit from a child focused review. There was an awareness of looking to diversify to meet the different age ranges at the house to build on age-appropriate inclusion and openness. There was a core group of staff and management in place who knew the young people well and the management kept oversight and discussion live on values and care approaches. The team meetings minutes did not fully record the discussions that took place but there was evidence of an approach of learning from outcomes at team level, example of this was a discussion of a recent discharge, reviews of complaints and recently on consistency and focus in key working.

There was a policy and procedure on complaints, there was information in the young people's booklets and in the parent's information sheet. Both family members who inspectors spoke to stated that they would or might prefer to bring a complaint or concern through the allocated social worker or a family support worker, they added that this was not due to an issue with the centre. A parent had noted that they would have liked to know more about the day to day environment at the house but that this had improved during 2021 and that they were happy with all the care provided to their child over a number of years. Another parent outlined how they had raised an issue with the assistance of a Tusla worker and that this was managed appropriately by the centre with the parent satisfied with the outcome. This parent also added that they were happy with the overall service so far. This was not recorded or captured in the centre's records reviewed by inspectors and is the type of parental complaint that would be appropriate to record through to outcome.

Inspectors found that the social care manager and the deputy social care manager took the lead role in complaints and undertook dedicated actions in accordance with the policy, ensuring that they processed young people's complaints and went back to them during and after the process. The centre management team and their regional manager also instigated governance reporting systems around complaints and incidents to track any sustained negative impact from incidents in group living including bullying.

In the 2021 inspection a number of actions were required related to complaints and these were responded to through an agreed corrective and preventative action plan/CAPA. Inspectors found that the commitments made in that CAPA were tracked on an excel checklist by the regional manager and discussed by centre management internally and at regional managers meetings. Progression was noted by inspectors in young people being informed about the complaints process and that staff team also did not see explanation of a complaints process as a one off event. Inspectors saw evidence of complaints being notified to social workers and

investigations and closures being processed by social workers. Inspectors also found that the social care manager and their deputy observed timeframes for complaints, added them to the team meeting agendas, updated the registers, reported on complaints in the weekly operations reports and notified social workers regarding formal complaints.

Inspectors found that having taken action related to the processing of complaints that the centre management must now focus on the two categories of complaints identified in policy – these were non notifiable or locally resolvable complaints and formal or externally notifiable complaints. Inspectors found that there were few locally resolved issues recorded and that staff struggled to identify what might fit that category and where it might be addressed and recorded, for example was it to be in the daily log or on a form. This should be the next area of focus for team development in this area. In particular the social care manager should give the team direction on how they intend to track matters arising for trends so that more preventative actions can take place. This will fit well with a rounded understanding of all the avenues for voice and participation.

Inspectors found that learning had been implemented at the centre following the last inspection relevant to complaints and on anti-bullying initiatives at the team, social care management and the regional manager level. There had been a gap in organisational audit in 2021 and a gap in evidenced links to and from the governance committee, who were the named group with influence regarding learning and development from complaints and child protection. There was some evidence of improvements in early 2022 and this must be sustained.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
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 1.6
Practices did not meet the required standard	None identified

Actions required

- The centre management with the regional manager must revise the documents, approach and advice for age appropriate child participation and consultation.
- The centre management must record and thereafter track any complaints from parents through to conclusion.
- The registered proprietor must ensure that they maintain robust external audit and evidence that information from the centre is monitored and acted on in order to promote learning and improvements in service delivery.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre operated within a set of organisational child protection and safeguarding policies and procedures developed in line with the national guidelines for Children First and the relevant legislation. The staff team had completed, and refreshed as required, the national E learning module 'Introduction to Children First'. The centres policy document contained policies on safeguarding and anti-bullying and provided information for staff on recognising all types of abuse. The team had received internal training on the organisations child protection and safeguarding policies. The centre had an up-to-date child safeguarding statement/CSS as is required by the legislation, this had been reviewed and deemed compliant by the Tusla child safeguarding statement compliance unit. Inspectors found that the risks outlined on the CSS had been updated if required.

All training was recorded on a tracking system, it was not fully clear on this what the dates of completion of the internal policy training and this must be updated on the tracker. The social care manager and their deputy were named as the designated and deputy designated liaison persons, they had received training on the role and the social care manager was clear on the requirements for this role during their interview. The centre management and the regional management had audited their child protection systems and had child protection and safeguarding agenda items on all management meetings. The implementation of policy was also evidenced as

discussed at team meeting and was tracked, for example lone working policy was reviewed when a younger child was admitted.

Inspectors interviewed staff as well as reviewing records for the centre, the staff stated that they held the role of mandated persons and were aware during interview of the responsibilities of the role. They had received training, had discussed current child protection reports at team meetings and incorporated new safeguarding information into their planning. The staff outlined their safe working practices, which were individualised for the different children, within these they noted staff safety as benefitting child safety. The team must keep in mind that the child's experience of safeguarding should be checked in with regularly to ensure that they have a homely life experience.

The social care manager reported on the child protection reports submitted to Tusla and their progress through their weekly operational reports submitted to the regional manager. There was clear evidence recorded by the social care manager of their follow up with the allocated social workers on open child protection reports. A social worker confirmed that they had held discussions with the centre and were acting on the child protection matters.

The centre evidenced working with families and with social work departments on areas of vulnerability and risk for young people, such as incidents when travelling and self harm. These had been discussed with the young people themselves, for example about changes in access locations. Incidents of the use of restraint had been reduced through robust action and review by the team. Similarly, the inspectors found that there had been programmes of intervention and action regarding incidents of potential bullying as committed to in the previous CAPA.

The four social workers found that the centre management and staff communicated well through the use of significant event reporting and progress reports and had organised meetings or calls to discuss safeguarding related issues. The social workers noted that the team were strong advocates for the young people and their safety and that where differences arose that these were discussed. Two of the social workers had reviewed additional records during visits to the centre and a social worker described reaching agreement on safety plans required for the care of their allocated young person.

Inspectors heard from three of the young people and in their questionnaires, they showed that they knew some of what was happening in their lives. The younger children and those new to the care experience were not so clear on aspects of the care experience and this was understandable regarding the things that happen in a children's residential centre, in care planning and what different people's jobs were.

But the young people did say that they felt safe and described the different things that they liked about living at this centre. The centre management and staff said that they would continue to support the young people to adapt, settle and become familiar with residential care and in this support them to understand how to be safer.

Inspectors found that the management and staff worked within robust structures in their recording systems, team meetings and policy to assess, record and address areas of vulnerability for young people. The team maintained previous risks and newer risks on key documents like the individual crisis support plans which resulted in an extensive list of concerns that other documents didn't show was as prominent for a long term resident in particular. Additionally, there was poor evidence of the young person's own view or journey to self-recognition or what they considered to be their areas of concern. It is important that the team complete a review of these from a young person's perspective, taking their views and comments into account.

Inspectors found that two areas of policy and procedure knowledge that required additional attention and these were the teams understanding of the protected disclosures policy and regarding how the policy on allegations against a staff member would be risk managed on duty. Inspectors found there was a lack of information on the detailed actions or procedures to follow, for example the reporting, safeguarding and risk assessment procedures that would need to be followed should such an incident occur.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	None identified

Actions required

- The centre management must ensure that they review the individual crisis support plans to reflect the age and stage of each young person, the young person voice and the young persons access and agreement with that plan as suited to their age.

- The centre management must review and discuss the protected disclosures policy with staff to ensure even awareness across the team.
- The centre management must identify with staff and revise the procedures to follow on duty should an allegation be made to ensure safety for all parties.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

The young people's files contained good evidence overall that their health care needs were being planned for, with appointments booked and follow up completed. Three of the young people had care plans on file with a fourth young person due their care plan meeting following their admission. Their allocated social worker gave a date for the care plan meeting booked for one month after their admission. A planning meeting had been held to identify the initial areas to address in the interim. The young people had GP's assigned and consent for medical treatment for the young people was completed by the social workers or the parents, determined by care status. Interpreters were utilised to assist where necessary and medical histories including records on immunisations were being sourced by the social worker for the newest admission and were in place for the other three children.

Whilst the individual placement plans contained structured planning for health needs it was also noted that repetition of goals and actions was an issue across a sample of six months for the one young person. Inspectors heard about actions, interventions and progression for the young person during interview, but it was clear that consistency and more immediate and clear actions were required in co-operation with the young person and to be reflected in the plans.

A young person, who had lived at the centre long term, had well established medical and other specialist services in place that were supported by the team. There was clear evidence of the occupational therapy professionals from the organisation working collaboratively with the HSE local community services. Members of the clinical team will attend at care plan meetings where appropriate to do so.

There were options for emotional support with counselling and support sessions available through the organisations clinical team and it was positive to see a young person was also offered external private counselling if that was their preference. The advice and services in place from the clinical team were contained within the

individual therapeutic plans, ITP's. Another young person had been referred to the CAMHS team in the centres region and the case was in the process of being transferred by the HSE at the time of the inspection. This process took place over four months with the centre holding the care of the young person with the advice of the GP, parent and social work department along with the outgoing CAMHS. This involved the cessation of medication until the new CAMHS team could review the young person. This was reported by the parent and the social worker to have been appropriate for the young person and managed well by the centre.

The organisation had a medication management policy in place and the staff had been trained in first aid and in the administration of medication. There was regular internal centre based auditing of medication and no errors noted, a parent and social worker reported that their child's medication and intimate care needs had been very well managed over a number of years. The team had internal professional development in self harm and had equipment and policies for addressing same, for example regarding the risk of ligature use and steps to take action.

Compliance with regulations	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	None identified

Actions required

- The centre management must ensure that the individual placement plans health and wellbeing goals are up to date, clear on how they might be achieved and reflective of the age and stage of each young person.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre management with the regional manager must revise the documents, approach and advice for age appropriate child participation and consultation.</p> <p>The centre management must record and thereafter track any complaints from parents through to conclusion.</p>	<p>The staff approach is consistent with age and stage of development, taking into consideration the young person's cognitive and processing abilities. New templates are currently being devised to capture this evidence in a manner that is conducive to the individual young person's stage of development.</p> <p>Going forward all issues raised by family members will be recorded as a complaint and through the complaints process will be deemed either notifiable or non-notifiable and responded to accordingly. Any issues that have arisen have been discussed with family and social work departments and resolved accordingly.</p>	<p>A document review group will revise the young person's meeting template to ensure inclusion of the age and stage of the resident young people. Meeting scheduled for 25.3.2022</p> <p>The IPP document has been reviewed and updated and will incorporate the voice and goals of the young person. This will be rolled out in April 2022.</p> <p>Consultation with parents to take place prior to each residents' Individual Placement Planning (IPP) meeting to ensure their voice is captured and acted upon.</p> <p>Parents voice to be captured via CICR meetings.</p> <p>Complaints process is highlighted in the Parents Booklet.</p>

	<p>The registered proprietor must ensure that they maintain robust external audit and evidence that information from the centre is monitored and acted on in order to promote learning and improvements in service delivery.</p>	<p>The centre is currently piloting the new auditing system, Vi Clarity. These audits are based on the themes of the National Standards, and are being overseen by the compliance officer, regional manager and project manager.</p> <p>Judgement framework being utilised to aid objectivity when completing self-audits. Samples of evidence regarding compliance to be uploaded as part of audit.</p> <p>Regional manager oversees audit action plans during monthly home visits.</p>	<p>New auditing software system, Vi- clarity is currently at pilot stage and training has commenced in relation to same. Audits will be overseen by the Compliance Officer and action plans will be overseen by Compliance Officer and Regional Manager. Common themes or patterns will be raised at Governance Committee for organisational response.</p>
3	<p>The centre management must ensure that they review the individual crisis support plans to reflect the age and stage of each young person, the young person voice and the young persons access and agreement with that plan as suited to their age.</p> <p>The centre management should review and discuss the protected disclosures policy with staff to ensure even awareness across the team.</p>	<p>All young people's Individual Crisis Support Plans were updated in February 2022. Resident young people were consulted in relation to their plans and have been reminded that they can access said plans where requested and deemed appropriate. This will be supported by keywork to ensure full understanding.</p> <p>The Protected Disclosures policy was discussed at team level during team meeting on March 8th 2022. All staff were also given a copy of the policy for further</p>	<p>There will be regular reminders to the resident young people that they can access their records where requested.</p> <p>Keywork has been completed with the resident young people in relation to what an ICSP is, and their input sought regarding how best staff can support them during periods of dysregulation.</p> <p>As part of induction all staff are requested to read, sign and understand all policies. Regular review of policies will be conducted at team meetings.</p>

	The centre management must identify with staff and revise the procedures to follow on duty should an allegation be made to ensure safety for all parties.	review. Management have completed an informal supervision with staff in relation to the Child Safeguarding policy, inclusive of the protocol for managing allegations. All managers are aware of the On Call Protocol for dealing with allegations.	Any revised and updated policies are shared with the staff team for understanding and sign off. Senior Management have consulted with the Children's First Information and Advice Officer for Cavan/Monaghan to help better inform the policy and procedure for allegations. Currently at draft stage for completion in April 2022.
4	The centre management must work with the team to ensure that the individual placement plans, IPP's, are varied and up to date and reflective of the age and stage of the each young person.	New template for Individual Placement Plans (IPPs) has been developed and will be operational in April 2022. The management team will be responsible to review all IPP's and ensure they are in line with the care plan and that keywork sessions are satisfactory and relevant to each individual young person.	Clearly defined action plans are now incorporated in the new Individual Placement Planning suite of documents. These will be overseen by the management team alongside the keyworker. The therapeutic team will also have oversight and input of the young people's IPPs .