



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 100

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	24th & 25th January and 6th February 2024
Registration Status:	Registered from the 31st January 2024 to the 31st January 2027
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	16th May 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 3: Safe Care and Support (Standard 3.1 only)	
3.2 Theme 4: Health, Wellbeing and Development (Standard 4.3 only)	
3.3 Theme 5: Leadership, Governance and Management (Standard 5.4 only)	
4. Corrective and Preventative Actions	16

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 of January 2006. At the time of this inspection the centre was in its sixth registration and was in year three of the cycle. The centre was registered without attached conditions from 31st of January 2021 to the 31st of January 2024.

The centre was registered as a multi occupancy service to provide care for three young people aged ten to sixteen years on admission, on a medium to long term basis. The centre had a clear statement of purpose that stated its therapeutic practice model was trauma and attachment informed based on six models; developmentally focused, competence centred, family involved, trauma informed, relationship based and ecologically orientated. 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
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.3
5: Leadership, Governance and Management	5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

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 of February 2024. 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 4th of March 2024. Upon review the inspectors requested a further review of the CAPA be undertaken with the final CAPA received on the 11th of March 2024. 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: 100 without attached conditions from the 31st of January 2024 to the 31st of January 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 centres child protection and safeguarding policies were reviewed internally in December 2022 which complied with statutory responsibilities and obligations of them being reviewed within a two-year cycle. It was the inspectors' findings on their review of these operating policies and procedures that they require updating to comply fully of the requirements outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The required procedures for working safely with children and young people were appropriately in place that included for example recruitment and selection, complaints, protected disclosures, anti bullying, lone working, code of behaviour for staff and definitions and features of child abuse. Procedures for reporting reasonable grounds for concerns, responding to possible child sexual exploitation, responding to protection concerns that do not meet the threshold to report to Tusla and retrospective disclosures were absent. A discrepancy was found in information relating to mandated persons in the policy and the centres Child Safeguarding Statement (CSS). It was outlined in policy that all staff in the centre were considered as mandated persons despite the various qualifications held by the staff team including a member not qualified in social care or a related field as per the Tusla ACIMS regulatory notice, June 2023. However, in the CSS it was stated that a social care worker is considered as a mandated person appropriate to their qualification which complies with the Children First Act, 2015 which further states that unqualified staff are not considered as having mandated responsibilities. A requirement under Children First: National Guidance for the Protection and Welfare of Children, 2017 is for the child safeguarding policy to be shared with the young people, their parents, and appropriate others. The centre manager stated this had not occurred for the current young people in placement. Child safeguarding information was not contained in the young person's booklet or parents' booklet. The registered provider must rectify the deficits identified in this report and ensure that the centre is complying with Children First and relevant legislation and a list of mandated persons must be provided to the inspectors.

Within the organisation procedures were in place for staff to be provided with information and training on child protection and safeguarding issues. This was through mandatory and supplementary training and regular discussions at team meetings. The centre manager and deputy manager, as the appointed designated liaison persons (DLP's) for the centre had been provided with relevant DLP training. This training was also provided to three social care leaders in the centre who believed they held the title too. The centre manager must provide clarity to the staff team on their individual safeguarding roles and responsibilities. The staff team had been provided with Children First training that was sourced externally by the organisation and was based on the centres own safeguarding policies and procedures. A refresher in this training was outstanding for one staff member. Training on the Tusla E-Learning module: Introduction to Children First, 2017 was up to date for all staff. Four staff had yet to complete the Tusla E-Learning module: Children First: Mandated Person role and responsibilities training. The compliance manager had identified this in November 2023 through their auditing process. The centre manager must ensure that staff are up to date with all relevant child safeguarding and protection training. Applied Suicide Intervention Skills Training (ASIST) and safeTALK had been completed by centre management and some staff members. It was evident from the review of team meeting minutes that the staff team overall had been encouraged to complete these training pieces too. In interview, the inspectors found that staff did not demonstrate a good familiarity of the components of the CSS and require a better understanding of reporting procedures. They were familiar with the protected disclosures policy.

For monitoring and tracking purposes the centre manager was maintaining a child protection and welfare register. Since the last ACIMS inspection in July 2023 a small number of child protection and welfare report forms (CPWRF's) had been submitted through the Tusla portal. A joint reporting process was used for this which correlated to what the inspectors found in staff interviews that CPWRF's must be made jointly with the DLP which aligned to operating policy. The centre manager was unclear about specific reporting practices to be followed by staff when submitting child protection concerns to Tusla. As identified by ACIMS during an inspection of a sister centre in July 2023 'staff must have access to the Tusla portal to submit child protection concerns independent of their manager/ DLP'.

On review of the concerns submitted it was the inspectors' findings that staff should review the thresholds and have a clear understanding of what should be reported. Social workers were of the view that one such incident reported through the notification of significant events system was sufficient.

It was evident that the centre manager and staff had established good working relationships with both young people's social workers and clear arrangements were in place around families being provided with updates on the young people. It was the inspector's findings from observations, the paperwork review, and interviews, that the two young people were happy with the current living arrangements in the centre. One of the young people told the inspectors that they felt safe and named who they would speak to if they felt unsafe. For the other young person, staff, their social worker and guardian ad litem were very satisfied with the progress they had made in recent months and that they appeared safe in their placement overall. The social worker and guardian ad litem were strong in advocating that the young person continues to be provided with a stable living arrangement where they continue to feel safe, and have their specific needs identified and met as they progress during their placement. Both social workers recognised the work undertaken to promote the young people's safety and well-being and agreed with the inspector's findings that further work is required with respect to developing the young people's self care and protection skills. In line with this, placements plans and both individual work and key working must be more robust and connected in these areas. The inspectors had found from their review of the records that they were very informal and were not fully reflective of their current and long-term needs.

The inspectors identified that improvement was required regarding the centres approach to safety planning. Whilst the young people's individual areas of key vulnerabilities were identified and individual plans were in place for example absence management plans, crisis support plans the safety plans in place were not up-to date with one having related to their previous care placement. The centre manager must ensure that safety plans, where identified as being required, are in place, are reviewed and updated as required and that staff are familiar with them.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The registered provider must rectify the deficits identified in this report and ensure that the centres child safeguarding policies and procedures comply with Children First and relevant legislation. An updated policy document and list of mandated persons must be submitted to ACIMS.
- The centre manager must provide clarity to the staff team on their individual safeguarding roles and responsibilities as per Children First legislation and guidance.
- The centre manager must ensure that staff are up to date with all relevant child safeguarding and protection training.
- The registered provider must ensure that staff have access to the Tusla portal to submit child protection concerns independent of the DLP.
- The centre manager must ensure that safety plans, where identified as being required, are in place, are reviewed and updated as required and that staff are familiar with them.

Theme 4: Health, Wellbeing and Development

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

The inspectors found that the centres practices in providing the two young people, who were not in full time education, with educational opportunities to maximise their potential could be enhanced further and should occur in consultation with their social workers and other professionals involved in their care. It was evident that staff practices were supporting and facilitating both young people with their individual interests and hobbies and strengths was good. However, there was a lack of planning internally in the centre and externally in meeting the young people's short term and long term educational needs and this requires prioritisation.

In interview the inspectors were informed that mainstream school placements were actively being sought for the young people. This was contrary to the views of both social workers and a guardian ad litem appointed to one young person who stated that a return to school was not an option for one young person due to their presentation with a short and unrealistic time frame identified for the second young person. It was evident to the inspectors from their review of care files, interviews with staff, social workers, a guardian ad litem and one of the young people that the young people's educational needs require further identification and should be linked to health diagnosis and more robust plans developed to meet these needs. This

requires all professionals involved in decision making, with input by the young people, setting clear and realistic goals and expectations.

The two young people in placement were attending the organisations learning hub for one hour a day Monday to Thursday where they were being provided with education support and skills development that was tailored to their individual needs.

Therapeutic support was also available to the young people at the hub. Whilst monthly reports were provided to the centre by the learning hub the inspectors found that as a whole from their review of both young people's care files there was a lack of information regarding their education experiences to date, and that related to their individual needs and overall presentation. Specific individual education plans were found to not have been completed in full. There was no evidence of interventions and supports in place to develop their specific learning skills that were broadly outlined in the young people's placement plans. From the inspectors review of a sample of key working and individual work undertaken with the young people there was a deficit in supplementary learning in the centre that was aligned to their specified needs and presenting prognosis for one of the young people. There was no evidence of resources to accompany the specific pieces of work that had been completed. The centre manager must develop inhouse educational opportunities that support learning routines and the development of a learning environment appropriate to the age and young people's developmental abilities.

There was a deficit in information regarding a specific diagnosis for one of the young people being shared with the staff team. The compliance manager had identified this during their auditing of the centre in November 2023 with it also being named by staff to the inspectors in interview. The centre manager must ensure that the staff team has a working knowledge and understanding of any diagnosis a young person has. The inspectors recommend that the centre and young person's social worker work collaboratively in securing medical and mental health professionals' attendance at the statutory child in care review to discuss future educational planning for the young person; to connect all diagnoses and reach a clear understanding of how best their identified education needs can be met by the centre and others involved in their care.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12

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

Actions required

- The centre manager must ensure that education related goals and expectations are discussed, and decisions reached in collaboration with allocated social workers and other involved in young people's care.
- The centre manager must promote the young people's educational needs for discussions at the various professional meetings held for young people.
- The centre manager must ensure that placement plans are robust and clearly reflect young people's education needs and goals, that interventions to target needs are realistic, resource led and reflective of any specific diagnosis.
- The centre manager must develop inhouse educational opportunities that supports learning routines and the development of a learning environment appropriate to the age and young people's developmental abilities.
- The centre manager must ensure that the staff team has a working knowledge and understanding of any diagnosis a young person has.

Regulation 5: Care Practices and Operational Policies Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The centre had internal and external mechanisms that reviewed, monitored, and audited the quality, safety and continuity of care provided to young people in the centre. These included regional manager visits and reports, internal self-audits,

governance operations report, management supports meetings, team meetings, supervision, and daily handovers. The organisations compliance manager held responsibility for assessing the care provided in the centre against the National Standards for Children’s Residential Centres, 2018 (HIQA).

The centre manager was maintaining individual registers to record complaints, incidents and concerns which were also were standing agenda items for discussion at monthly management meetings and the regularly held team meetings. A process of monitoring and analysing these was in place. On the inspectors review of a sample of team meeting records there was a lack of recording in these specific areas that reflected learning and identified improvement in care practices. This had been previously identified by ACIMS at the last inspection of the centre in July 2023. The regional manager stated in interview they were satisfied with the quality of the team meeting minutes and that improvement in their recording had been made. This was not evident to the inspectors from their review of the related records and regional operations reports. The regional and centre manager must ensure that team meeting records are robust and reflect discussions and learning.

The compliance manager had conducted a complete themed audit of centre practices in November 2023. Due to the quantitative approach to completing the audit the inspectors could not determine how the criteria within the standards were assessed as being met in full, partially, or non-compliant. A number of deficits in care practices outlined in this report had not been identified as part of the audit. The inspectors also found that staff interviewed were not that familiar with the compliance manager and were not provided with feedback on audits conducted. The centre manager identified in interview with the inspectors that they did not provide feedback to the team following these audits. An annual review of compliance and quality improvement plan that was compiled by the compliance manager was provided to the inspectors. A number of the objectives for 2024 that were outlined in the report related to individual care of a young person with little focus on promoting practices and improvements in the centre. The registered provider must be mindful that objectives for the centre should be aimed at improving work practices and better outcomes for young people with the internal and external mechanisms as listed above being benchmark documents to identify such learning objectives.

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

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The regional and centre manager must ensure that team meeting minutes are robust and reflect discussions and learning to include feedback from audits conducted.
- In line with their responsibilities the registered provider must review and strengthen auditing arrangements for the centre to ensure the safe and effective delivery of care in line with the National Standards for Children's Residential Centres and legislation.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered provider must rectify the deficits identified in this report and ensure that the centres child safeguarding policies and procedures comply with Children First and relevant legislation. An updated policy document and list of mandated persons must be submitted to ACIMS.</p> <p>The centre manager must provide clarity to the staff team on their individual safeguarding roles and responsibilities.</p>	<p>A review of the child safeguarding statement will be completed to ensure it is in line with the child safeguarding policy with reference to mandated persons. This will be completed by 10.05.24.</p> <p>Home management will complete an informal supervision with the team to provide clarity on their roles and responsibilities in safeguarding by 30.03.24. This will be reviewed with each staff during individual supervision.</p>	<p>Updated Child Safeguarding Statement (CSS) will be issued out to all homes for completion. Regional management will bring policy and updated CSS to the management review meeting to review the key changes with all home managers. Home managers will bring the updated policy to their teams at the subsequent team meeting to discuss the changes made. Compliance manager will audit homes against the policy to ensure teams have a full understanding of the policy and it is being followed.</p> <p>Regional management share learnings from this report and will review safeguarding roles and responsibilities at the next management meeting. Regional managers when visiting the homes will ask staff and management</p>

			<p>about their roles and responsibilities to satisfy themselves that they are clear on the policy. Home managers will then review this with their teams. Compliance manager as part of completing their audits in the homes will speak with staff to satisfy themselves that they are clear on their roles and responsibilities.</p>
	<p>The centre manager must ensure that staff are up to date with all relevant child safeguarding and protection training.</p>	<p>One staff outstanding their refresher training in Childrens First will have this completed by 30.04.24. The four staff due to complete the Tusla E-Learning module: Children First: Mandated Person role and responsibilities training will have this completed by 30.03.24.</p>	<p>Home management will monitor the training requirements for their team and request any outstanding training is completed within the required timeframe. The training team also monitor training needs and completion for all staff. Where there are staff outside of their refresher dates or are falling due refreshers, this will be escalated to home management and regional management for address.</p>
	<p>The registered provider must ensure that staff have access to the Tusla portal to submit child protection concerns independent of the DLP.</p>	<p>There is guidance in the child protection policy for staff to follow on how to submit a child protection concern independent of the DLP via the Tusla website. This will be</p>	<p>Regional management will bring the updated policy to the subsequent management meeting to review the key changes with all home managers.</p>

		<p>reviewed again at the next policy and procedure review meeting to ensure it is more explicit as per this report highlighting access to the Tusla portal [30.3.24]</p>	<p>Regional management will test staff and managements knowledge on the policy as part of their home visits. Home management will bring the updated policy to their teams at the subsequent team meeting to discuss the changes made. Compliance manager will audit homes against the policy to ensure teams have a full understanding of the policy and it is being followed.</p>
	<p>The centre manager must ensure that safety plans, where identified as being required, are in place, are reviewed and updated as required and that staff are familiar with them.</p>	<p>Home management will review and update all active safeguarding plans to ensure they are in date in line with review date specified 15.03.24. Home management will review any required updates made to these plans with staff via handover and team meeting throughout the month of March.</p>	<p>Regional managers will review the learnings from this report with home managers at management meeting scheduled for 21.03.24. Home managers will conduct a review of any safety plan in place to ensure they are required and have been reviewed within the timeframe specified. Regional managers will temperature check these actions have been completed as part of their visits to the homes. Compliance manager will audit files to ensure this followed in each home.</p>
4	<p>The centre manager must ensure that education related goals and</p>	<p>With immediate effect, home management will review the educational needs</p>	<p>Regional manager will support home management in this process.</p>

	<p>expectations are discussed, and decisions reached in collaboration with allocated social workers and other involved in young people's care.</p> <p>The centre manager must promote the young people's educational needs for discussions at the various professional meetings held for young people.</p> <p>The centre manager must ensure that placement plans are robust and clearly reflect young people's education needs and goals, that interventions to target needs are realistic, resource led and reflective of any specific diagnosis.</p>	<p>assessment for both young people and share with both social work departments. At the next child in care review [CICR] for both young people home management will discuss education needs for both young people to agree short and long term goals and set out expectations. Both CICR's will be completed by 30.03.24.</p> <p>With immediate effect, home management will ensure the educational needs for young people are a standing agenda at the relevant professional meetings.</p> <p>With immediate effect, home management will review of the young people's educational needs and update placement plans to ensure goals and interventions to target needs are realistic, resource led and reflective of specific diagnosis. This will be shared with both social work departments.</p>	<p>Regional management will complete temperature checks with home management and support them in the educational review for both young people. Compliance manager will conduct a follow up audit 30.05.24 and complete an audit specifically on standard 4.3.</p> <p>Regional manager will provide ongoing support to home management to ensure educational needs for both young people are evidenced in the home. Compliance manager will complete audits in the home and satisfy themselves that educational needs are discussed at professionals meetings.</p> <p>Home management will ensure all education related goals and expectations are discussed at each CICR to ensure there is clear collaboration with allocated social workers and relevant others involved in the case of the young people. Each of the young people will complete a feedback</p>
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	<p>The centre manager must develop inhouse educational opportunities that supports learning routines and the development of a learning environment appropriate to the age and young people's developmental abilities.</p>	<p>All updates will be communicated to staff via handover and team meetings.</p> <p>Home management will complete a review of placement plans with keyworkers specifically looking at ways to incorporate in house educational opportunities and use resources that will guide specific pieces of keywork being carried out with the young people and ensuring this is evidenced on file. Home management will seek support from the therapeutic support team to support them in this piece.</p>	<p>form prior to these meetings, incorporating their educational plans and wishes, if they are not able to attend in person.</p> <p>The young people's educational plans will be reviewed as part of the in house quarterly multi-disciplinary placement planning meetings. These placement plans will also incorporate any in house educational opportunities that supports learning routines and the development of a learning environment appropriate to the age and young people's developmental abilities. The Compliance manager will review this as part of internal audits carried out in the home.</p>
	<p>The centre manager must ensure that the staff team has a working knowledge and understanding of any diagnosis a young person has.</p>	<p>With immediate effect, home management will ensure that all staff are fully briefed on the specific diagnosis of one young person through informal supervision.</p> <p>This will be reviewed at every handover to ensure all staff have been consulted and understand the diagnosis.</p>	<p>At the next management meeting, Regional managers will seek confirmation from all managers that where there is a young person in the homes with specific diagnosis that all staff have been educated on this. Where this is not the case, managers will be requested to ensure this is completed.</p>

5	<p>The regional and centre manager must ensure that team meeting minutes are robust and reflect discussions and learning to include feedback from audits conducted.</p> <p>In line with their responsibilities the registered provider must review and strengthen auditing arrangements for the centre to ensure the safe and effective delivery of care in line with the National Standards for Children's Residential Centres and legislation.</p>	<p>With immediate effect, regional and manager will formalise a set agenda and outline what needs to be recorded on team meeting minutes. This will include the exploration of identifying a minute taker [Deputy manager or Team lead]</p> <p>07.03.24 review of feedback contained in this report is scheduled to be completed and to identify key learnings in the auditing process and implement learnings where appropriate to do so. With immediate effect, the compliance team have requested a meeting with inspectors for feedback.</p>	<p>As part of the regional managers visits to the home, they will review the team meeting minutes with the home manager to provide support and guidance where required ensuring the are reflective of discussions and capture learnings shared with the team.</p> <p>A review of all inspections reports, and associated actions are completed by the compliance and director of governance and quality to identify learnings in our own auditing process. A second auditing manager has taken up position in February 2024. This will further support auditing arrangements for each home thus ensuring safe and effective delivery of care.</p>
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