



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 137

Year: 2021 (2)

Inspection Report

Year:	2021 (2)
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	04th November 2021
Registration Status:	Registered from 06th July 2021 to the 06th July 2024
Inspection Team:	Ruth Coakley Janice Ryan
Date Report Issued:	17th January 2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 06th July 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 06th July 2021 to 06th July 2024

The centre was registered to provide placements for two young people aged between 11 to 17 years on admission. The centre's stated purpose was to provide high levels of support to young people on a medium to long term basis. The model of care was described as attachment and trauma based with the inclusion of psychology, art psychotherapy, education and an accredited experiential learning provision. It also included the recently implemented CARE framework (children and residential experiences, creating conditions for change). There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1 & 3.2

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

At the time of this inspection the centre was registered from the 06th July 2021 to the 06th July 2024. A draft report was issued to the centre manager, senior management and the relevant social work departments on the 18th of November 2021. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed.

The centre manager returned the report with a completed action plan (CAPA) on the 11th of January 2022. The CAPA was deemed by Inspectors to be satisfactory. The suitability and approval of the CAPA based action plan was used to inform the continued registration decision for this service

The findings of this report and assessment by the inspection service deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of Tusla, Child and Family Agency to continue to register this centre, ID 137 without attached conditions from the 06th July 2021 to the 06th of July 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 8 Accommodation

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was a detached two storey house with a large spacious garden located on the outskirts of a small rural village. The centre was in adequate structural repair and the layout and design of the centre was suitable for providing safe and effective care for the two residents. The centre consisted of four bedrooms all located on the first floor with two bathrooms, two sitting rooms and a large kitchen/dining area. Each young person had their own bedroom.

This inspection was as a result of an escalation received from the Tusla national significant event notification team. This escalation raised issues on the high number of incidents and property damage that the centre had experienced over the two months prior to the inspection. The inspectors found on arrival to the centre that all property damage had been repaired and the property was in good condition. The inspectors found that the centre had a system in place to report household issues. The inspectors reviewed the centre's maintenance register and found that maintenance request response times were short, and repairs were completed without delay. This was corroborated in interview by staff and management.

The inspectors found that the details of the extensive property damage were not documented as part of the household maintenance register. The deputy social care manager explained that this was reported directly to the estate's manager for the service as it required an immediate response. The inspectors reviewed the centre's written correspondence with estate management which detailed a timeline for maintenance requests, actions and responses. There were two incidents of extensive property damage in September 2021; both were reported and made safe immediately and repaired promptly. The centre manager advised in interview that they would review the recording arrangements for urgent maintenance issues going forward.

The inspectors found that the centre was adequately lit, heated, and ventilated. The inspectors observed that the centre was warm and homely and had displayed young people's artwork throughout the home. The deputy social care manager

explained that although there had been significant property damage previously that none of this artwork had been broken by any of the young people.

The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. There were contracts in place with external fire companies for the maintenance of fire equipment and emergency lighting. Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The centre had a health and safety statement and the means for reporting hazards in the centre. The deputy social care manager confirmed that the proprietor had five maintenance personnel employed in the service to attend to any maintenance issues in the centres.

The inspectors found the outside area and the gardens to be in good condition and well maintained. The garden contained a trampoline, wooden climbing frames, boxing bag, wooden furniture, wooden shed and polytunnel all of which were of good standard. The inspectors found that the service was responsive in managing the property damage in the centre, whilst ensuring the safety of young people was prioritised and a homely environment was maintained.

Compliance with Regulation	
Regulation met	Regulation 8
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.3
Practices met the required standard in some respects only	None identified (Not all standards were assessed)
Practices did not meet the required standard	None identified (Not all standards were assessed)

Actions Required:

- None

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.

Inspectors reviewed centre policies and procedures in place to protect children from all forms of abuse and neglect and were satisfied these were consistent with national standards and Children First: National Guidance for the Protection and Welfare of Children, 2017. The child safeguarding statement for the centre was dated the 26th of August 2021, it was clear and comprehensive. The anti-bullying policy identified different forms of bullying and actions to address same, it was reviewed in June 2021. Inspectors were satisfied that the staff interviewed were aware of and clear about the policies in place and had received the appropriate training in Children First, 2017 to safeguard young people in the centre.

However, two incidents of physical aggression against one young person were not reported as child protection concerns in line with Children First, 2017 and should have been. The centre reported one of these incidents as a complaint, and this remains open currently with the young person's social work department. The centre made a child protection and welfare report following a third incident of physical aggression on the 1st of October 2021, this is currently open with the social work department. The current social worker for the young person advised that they were aware of all the incidents and worked closely with the centre regarding the significant events. The social worker spoke highly of the centre and their management of behaviours and risks in the centre.

Inspectors offered to meet with both young people while conducting the inspection. One young person declined, the other young person completed a questionnaire and met briefly with inspectors. The young person who met with inspectors was encouraged and supported by staff to speak out and voice their concerns regarding their placement. The young person made a complaint regarding the property damage in the centre and made a report to the Gardaí following an incident of physical aggression. The centre advised that there are five open child protection concerns for the young people in the centre.

In the questionnaire returned by the young person they stated that they only felt safe in the centre "sometimes". On review of the significant events cross referenced with

other documentation it was evident that staffing levels were inconsistent on dates reviewed. The inspectors found that there was a period of five nights in September where one young person needed to be cared for outside the centre due to challenging behaviours. During this time there were two nights where one staff member cared for one young person while lone working and a second staff member was not present. This is not safe practice and should not have occurred. While a risk assessment was completed and agreed with the social work department inspectors were not satisfied that the appropriate safeguarding measures were applied within this staffing arrangement.

The inspectors found that the management of risk with regard to young people and staffing in accordance with the organisation's lone working policy was not robust. On review of the centre risk register the inspectors found that there was no entry or risk assessment for lone working completed in relation to staff.

In the month of September there were eight days where incidents occurred, where only two staff were rostered to care for the young people. In October there was four days where incidents occurred where only two staff were rostered. While inspectors accept that several external factors contributed to the incidents, a third staff member being on shift would have provided further support in the effective management of these situation and ensuring safe care. Inspectors found that on almost 50% of the days in September and October a third staff member was not rostered due to staff shortages in the centre. This was not in keeping with the roster pattern set out by the organisation for the centre. While reviewing centre records it was also apparent that staff on occasion were working double sleep over shifts totalling 48 hours. This is not safe practice and must cease immediately.

Inspectors found that the centre was not adhering to the rostering arrangements that it had committed to in this multi-occupancy arrangement, and on occasions this negatively impacted on the safety aspect of care provision. The centre had specified that the minimum cover provided would be three social care staff to provide care for the two young people. Failure to consistently provide three staff impacted on the care being provided to young people.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found that a positive approach to the management of behaviour that challenged was promoted in the centre. Centre records and interviews with staff members evidenced appropriate knowledge and skills in line with their role and responsibilities. Staff were insightful and knowledgeable about the young people, their individual needs and underlying reasons for behaviour. As part of the centre's behaviour management practices staff were trained in the model of Therapeutic Crisis Intervention (TCI). All but one staff member was up to date in TCI training at time of inspection. Inspectors were subsequently notified post-inspection that this training had now been completed.

Staff effectively and consistently applied aspects of the behaviour management model to situations where it was appropriate in order to keep the young people safe. In interview staff were clear on applying the techniques in line and on balance with the individual experiences and needs of the young people. Physical restraint had not occurred in the centre and all staff and management were clear about the situations where this was applicable, and that it had correctly not been applied in the recent significant events.

All significant events were reviewed as part of the service's Significant Event Review Group (SERG) and feedback from this group formed part of the centre team meetings and any recommendations requiring action were completed. On review of the documentation and from interview with staff and management it was clear that there was a clear understanding of the contributing factors to the high number of significant events in the centre, most of which were external to the centre. Staff also spoke positively regarding the reduction of the challenging behaviours and were clear about the impact of different elements which has contributed to that.

Staff and management in interview had good insight into the overall management of risk in relation to young people's behaviours. Inspectors found that individual risk assessments and safety plans were comprehensive, clear and were in line with other relevant documentation such as individual behaviour support plans. All of which clearly outlined areas of vulnerability for each young person and appropriate responses to manage these behaviours. The centre collaborated with all multidisciplinary parties involved in the care of the young people to ensure a cohesive and comprehensive approach was adapted to ensure the safety and planning for all young people.

The centre reviewed safety and restrictive practice on an ongoing basis in the centre and engaged in open dialogue and planning with the assigned social workers and young people regarding same.

Young people were supported to understand and manage their behaviour through one-to-one work, key working sessions and the application of natural direct consequences. To further support the behaviour management practices as mentioned above the centre also used music and art therapy as well as direct talking therapy. The centre utilised their rural environment to provide access to horticultural activities and a social farming programme for the young people. In interview staff and management spoke about additional external supports such as CAMHS and clinical input available to the young people and the staff team to support the management of behaviour and safety in the centre. Inspectors found all the above combined contributed to the recent decrease in significant events during the month of October.

The young people had separate daily plans and activities and were actively encouraged by staff to manage their living environment in a positive manner. The staff told inspectors that the young people also have positive interactions together in the centre.

Inspectors spoke with the regional manager who advised they visit the centre regularly and complete the audit and review of behaviour management and risk systems in the centre. The centre manager completes audits and provides weekly operational reports to the regional manager who also attends case review and SERG meetings for additional oversight. Audits are also completed by an internal compliance officer to support service improvement.

Compliance with Regulation	
Regulation met	Regulation 16
Compliance with standards	
Practices met the required standard	Standard 3.2
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 manager must ensure all child protection concerns are reported in line with Children First.
- The centre manager must review risk lone working for young people and staff and record on the centre risk register.
- The centre manager must ensure appropriate staffing levels to ensure safeguarding of young people and staff.
- The centre manager must cease the practice of back-to-back sleepover shifts.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure all child protection concerns are reported in line with Children First.</p> <p>The centre manager must review risk lone working for young people and staff and record on the centre risk register.</p> <p>The centre manager must ensure appropriate staffing levels to ensure safeguarding of young people and staff.</p>	<p>With immediate effect, Centre manager will ensure that any incidents of physical assault perpetrated by one resident towards another are reported via a CPWRF in line with Children`s First.</p> <p>Lone working, when outside the normal parameters of residential care provision will be risk assessed alongside the allocated social worker and held on the centre risk register</p> <p>With immediate effect. Appropriate staffing levels are in place for Ivy Hill for the current rotas</p>	<p>All staff are trained in Children`s First, both the online E training and the full days training.</p> <p>Centre manager will direct that all incidents of assault within the home are reported via a CPWRF. This will be communicated via staff team meetings and supervision.</p> <p>Any future bespoke arrangements required to help manage risk will be staffed by two staff members with a robust risk assessment in place</p> <p>Ashdale`s HR team through recruitment and selection.</p> <p>Robust staff retention policy.</p> <p>Deputy home manager to provide support during times of unexpected staff absence.</p>

	<p>The centre manager must cease the practice of back-to-back sleepover shifts.</p>	<p>This practice of back-to-back shifts known as LLE's or LE/S in this home will now cease.</p>	<p>Management to utilise bank staff as needed during staff absence/sick leave.</p> <p>Following consultation with registration and inspection, clarification was sought in respect of same. Liaison was then conducted with our HR department and Regional Team on the matter. Going forward the regional team must be informed if this practice is to occur e.g., as part of covid contingency planning. The practice of including these shifts on rotas will now cease and home management and the HR department will speak to staff who have specifically requested these shifts within their working contract. Any concerns going forward in relation to shift patterns are to be flagged directly to the regional manager.</p>
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