



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 144

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	16th and 17th of April 2024
Registration Status:	Registered from the 13th of November 2021 to the 13th of November 2024
Inspection Team:	Eileen Woods Mark McGuire
Date Report Issued:	3rd July 2024

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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 13th of November 2018. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 13th of November 2021 to the 13th of November 2024.

The centre was registered to provide multi-occupancy service to accommodate three young people aged from ten to seventeen years old. There was one young person under derogation as they were outside the age profile for the purpose and function of this centre. Appropriate documentation was forwarded to ACIMS for this process on an ongoing basis. The model of care was described as being a trauma informed model with access to a person-centred therapeutic service for young people with complex emotional and behavioural problems. 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	2.2
5: Leadership, Governance and Management	5.4
7: Use of Resources	7.1

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 14th of May 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 28th of May 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed during follow up on the details of the CAPA.

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: 144 without attached conditions from the 13th of November 2021 to the 13th of November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

There were two children living at this centre and both were aged twelve and under. The children were subject to the Tusla national policy for the placement of children aged 12 and under in residential care which required monthly child in care reviews until their thirteenth birthday. Inspectors found that both social workers allocated to the young people and their team leaders had held monthly child in care reviews. Copies of updated care plans and child in care review minutes had been sourced by the centre manager for the files and provided in a timely manner thereafter by both social work departments. Inspectors found that for both young people the statutory review minutes were informative regarding the aims and goals of the placement as well as the wider social work tasks. One child's care plan had been written in child friendly language the other was less so, inspectors promote that care plans are written in a manner accessible to children and young people.

The children were encouraged to attend their reviews, this work was done by the centre team alongside the statutory visits undertaken by the social workers who met with their young person before the child in care reviews. Their attendance at their reviews was also supported and both had attended, one more frequently. Their views were sought in an age appropriate way in advance and represented at the meetings. The centre had a visual mapping document for children to identify their own goals and these were included in the placement plans. This latter document was not utilised to its full potential and key workers should consult with management on refreshing this approach with new ideas. The records did not clearly show where the children received information after the reviews and inspectors recommend that the team highlight that as part of their work.

Inspectors spoke to family, guardian ad litem (GAL) and a social worker who identified positive patterns of booking reviews, planning and consultation with the children and the families prior to and during child in care reviews. One social worker

had just commenced in post and inspectors did not have access to the outgoing social worker. Inspectors noted that due to distance, in the main, that the majority of child in care reviews took place online, the centre manager has promoted planning for some to be in person and one social work department had completed one at the centre.

The centre created placement plans for each child, these were operated over a three-month cycle, there was a policy and a procedure with a system for monthly updating through a team process supported by a member of the therapeutic support team (TST). The staff and management were positive about the placement plan format and how it supported the direct work with the children and their progression. Inspectors found that the placement plans varied somewhat in quality and content, with one evidencing more clearly the relevancy of the goals and the child friendly resources utilised to support the child's development in those areas. In particular inspectors found that the action plan section of the placement plan format and a second key work planning document were not well utilised. Therefore, ongoing tracking and support of key working was not evident evenly across the files. Inspectors found that some older formats were in use at times and that the approach to key work, tracking of same, reflection of clinical advice internal and external, along with use of child friendly resources required some attention.

The connection between the care plans and the placement plans was evident and a social worker and GAL stated that the work was completed by the centre and that this was accounted for at each child in care review and at multi-disciplinary meetings and consultations that had been running parallel to this process. They stated that the involvement of a teacher from the service was valuable as it helped to track progress during an extended period of time that a child had not been in mainstream education. Inspectors had raised questions relating to this and established that specific matters had been impeding the progression to a school but that progress had been made towards this with a firm plan in place.

Inspectors heard from the professionals and family that the children had progressed well at the centre, that they were settled and supported with their best interests to the forefront. It was evident from the files that this was the case with both having positive opportunities for recovery, growth and development built into their daily life. Staff provided the inspectors with a good overview of how they implemented the model of care on a day to day basis as a therapeutic intervention process for the children. They also described the new training they had received in trauma informed care practices and how this was to be an integrated part of that model of care.

The children had been accessing elements of the TST programme. The access criteria to the TST options such as occupational therapy (OT), art therapy and psychology had been redefined during 2023. Both children had either attended courses of OT or were commencing them. There was clinical direction and involvement from a psychologist on the TST which supported identification of the most suitable external specialist service. There was evidence that appropriate external specialist services had been involved and they had provided training for the team advising on interventions at the centre. A further onward referral had been completed from this. Contact had taken place with the local CAMHS service, and a waiting period was agreed with the relevant parties.

Inspectors found evidence and heard feedback on positive working relationships with social workers and GAL's with regular contact and meetings held. A social worker stated that contact was regular, with good quality written reports and regular updating. A family also confirmed that they were happy overall with the level of updating and contact from the centre in line with agreements made at child in care reviews. Any items raised by the family relating to timings for example were acted on by the centre and the social worker was happy that the timings on access were child centred. All parties agreed that every effort was made to enhance family access and alterations had been made to have shorter journey times.

Inspectors observed the children during their daily routine at the house and after school and found them to be comfortable in their home and happy to show inspectors around, highlighting their favourite things, people and belongings.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and staff team must ensure that they review the use of the key work planners, tools for consultation and sessions and reflection of the clinical advice.
- The centre manager and staff team must complete training on key working to support its ongoing development and implementation on a whole team basis.

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.

There was evidence of an organisation wide approach to the quality, safety and continuity of care for children. The way this impacted the centre directly was through a devolved system of centres assigned to a regional manager who was the first point of day-to-day centre advice, accountability and quality assurance. The centre manager completed a weekly operational report which they submitted to the regional manager. There was evidence of regular contact through calls and emails with a minimum of once-a-month visits onsite by the regional manager. The regional manager created a record of each visit and actions were identified within these. Inspectors found good compliance with these procedures by the centre manager and the regional manager with evidence of productive communication and a focus on the children.

The quality of the operational reports and the visit reports evidenced an approach to tracking and improving the service at the centre. The centre manager had formally taken over in late 2023 and inspectors found that the focus of the centre managers recent months had been on stability for the children and team development. Inspectors found that although there was a system of induction described for centre management posts and for the disseminating of updated policies and procedures there were a number of areas related to policy and paperwork formats that had not been updated in the centre or where an older version of a policy was in use. Some of these issues were in the process of being identified by the regional manager but not all had been apparent yet. Inspectors found that despite the structure of the regional and centre managers roles that there were gaps in how changes and updates were

communicated from the governance group/senior team level and outwards to the centres.

There was a compliance report completed soon after the centre manager started which they stated was helpful in identifying strengths and areas for improvement. The audit and compliance managers for the organisation complete six monthly whole centre audits against the 2018 HIQA standards and have a tracking system for completion of the actions identified. Inspectors found that the audit did identify areas for improvement in the recording of complaints but not in relation to policy compliance, defining of notifiable versus non notifiable and the procedures for reporting that apply to each.

The complaints policy was last updated by the organisation in September 2023 but this version and the associated documents were not being implemented at the centre. The register of complaints had entries but these had not been notified, this related to a confusion between notifiable and non notifiable relating to policy, process and recording. The centre manager completed complaints processes within the centre but where the complaint forms were ticked for social work and family notification there was no evidence attached of same. Inspectors were able to verify that a social worker was verbally made aware as were family for one child, GALs were not ticked as being notified but were aware through statutory reviews. During interviews at the centre the knowledge related to the complaints policy was not robust or confident during interviews.

This was a young group and it was an important pillar of safety and learning from outcomes that a complaints process be clearly known and followed. There must be congruence between the types of incidents recorded, complaints from young people and that these types of complaints are followed up and evidenced in clear policy process. The centre manager had addressed the complaints, met the children, looked at solutions and then implemented changes, this is acknowledged by inspectors.

Inspectors also found that predating the current managers tenure and since then that the child protection reporting register had not been evidencing the follow through in closing of open child protection reports by the relevant social work departments. The management team identified that an online system may have been solely updated with outcomes but not the hardcopy version. The centre manager addressed this after the inspection and has updated inspectors on progress.

The centre manager was holding centre significant events review groups (SERG) with actions and outcomes identified that led to adapted approaches. They had contact with the organisations SEN team on occasion relating to areas arising or to identify trends. The centre SERG and responses completed by the centre manager to incidents were clear, safety in focus and brought about successful changes in approach. The centre manager had also noted where recording needed improvement and acted on that. Some restraints and physical interventions had taken place, these were few in number but still a feature intermittently of the work. These were evidenced as discussed at the in house SERG and reviewed with learning identified. Inspectors found that given the young age of the group of children that it would be important for the external SERG group to ensure that they engage with the inhouse response to physical interventions as a safeguard and support.

There were managers monthly meetings held, these included learning events with internal and external speakers as well as the circulation of information from the governance and CEO level. Team meetings were held bimonthly with one being related to the young people's placement plans. The minutes evidenced discussion and decisions made, inspectors found that the minutes could improve overall to evenly track actions and outcomes.

The organisation published an annual report and they maintained a tracker of action plans from inspections which was shared with the centre manager also.

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

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

Actions required

- The centre management and external management must ensure that the centre has the most up to date policies and that practices comply with the procedures therein, with a specific focus on complaints.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

The centre was found to be adequately financially resourced for day-to-day needs. There was evidence that resources and funding for the individual children was prioritised, rapid and suitable. There was a recording system for petty cash with monies allocated for the children's pocket money, activities, access and clubs. There were also savings funds for the summer holiday period. Extra monies were allocated for special occasions and back to school times. The regional manager had access to local funds that could be approved up to a threshold and aside from that there was a financial system for applications for funds for larger items. The centre manager reported that the turnaround times for responses for finances was timely and clear.

The centre manager had identified some improvements they wanted for the centre and these were in the process of being responded to at the time of the inspection. Inspectors found additionally that the kitchen required attention due to previous damage and wear and tear along with a review of the main downstairs bathroom. The general reflection of the model of care, as a stated aspect of the care provision, required further attention regarding décor. Inspectors found that one or two fire doors required review related to their function in closing and related to door handles and around the safety of the access to the septic tank.

The grounds and general space within the centre was well maintained and spacious enough for group living with two well sized and bright sitting rooms that both children told inspectors they used and liked. They also showed inspectors their bedrooms with both stating they liked their big beds and the things they had in there. Inspectors noted that a room had appropriate changes to the flooring that improved the quality of the room. One of the children gave inspectors a tour of the garden and the play equipment, bikes and scooters available there for them to play with. The children talked about the activities and visits to parks, playgrounds and swimming they got to take part in also.

The occupancy of the centre was agreed with a social work department to remain at two to support the complex needs of both young people sufficiently. The centre had a full staff complement in place, alongside a centre manager and new deputy manager

to deliver this care. The centre management and the social work departments had agreed arrangements, based on needs and safety of the children, about how the staffing ratios would be best used for access trips. There were two staff assigned for specific access visits and the records confirmed that this was the case. Each child was supported with their access visits and types of arrangements, there were plans on file in line with the care plan decisions. Vehicles and staff were available to facilitate them and the access plans took account of any specific difficulties, emotional or otherwise, that may impact on a journey. The access visits were well risk managed through safety planning and resources being geared to best outcomes for the child and families experience. A family, social worker and guardian ad litem were happy with the way in which access arrangements were managed overall.

Inspectors asked that the centre manager monitor the level of frequency that staff members support other local centres in relation to centre arrangements for adequate cover. There was no official funding or agreements for two to one staffing and the cover at the centre on weekends was two staff to two young people if not on access trips. Management and staff reported that this was adequately resourced for the current occupancy of two young people.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	The full theme was assessed
Practices met the required standard in some respects only	Standard 7.1
Practices did not meet the required standard	The full theme was assessed

Actions required

- The centre management and the properties and therapeutic team must review the property and identify areas for replacement and improvement. Specific items such as the fire doors and the kitchen will require a response.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager and staff team must ensure that they review the use of the key work planners, tools for consultation and sessions and reflection of the clinical advice.</p> <p>The centre manager and staff team must complete training on key working to support its ongoing development and implementation on a whole team basis.</p>	<p>By 27.05.24 the centre manager reviewed the use of key work planners with keyworkers to ensure they adequately target the identified need/goals for each young person. Centre manager has ensured the plans incorporate clinical recommendations.</p> <p>Regional manager will review the key-working training with management and provide ongoing support guidance and feedback.</p> <p>The management team will complete keywork training with the team by 30.06.24.</p>	<p>Training to be provided on the keywork process to both management and staff.</p> <p>Regular audits to be completed by home manager to ensure process is followed and guidance provided to staff where needed via supervision and handovers.</p> <p>Compliance department will audit keywork files as part of a twice yearly full audit to ensure they are completed in line with policy.</p> <p>Ashdale care training department are rolling out keywork training across the organisation.</p> <p>Regional managers as part of their supervision process will review the keywork process with management to ensure management have clear understanding and are following policy.</p>

5	The centre management and external management must ensure that the centre has the most up to date policies and that practices comply with the procedures therein, with a specific focus on complaints.	17.05.24 the most recent and updated policies have been placed on file in the centre and all out of date versions have been removed. The centre manager reviewed the policy on complaints with the staff team on 02.05.2024 at the staff team meeting. The regional manager and centre manager reviewed all complaints in the home on 07.05.2024.	The compliance team as part of their twice yearly audits and regional manager as part of their monthly visits will ensure that the centre have the most up to date policies in the centre and that these are being reviewed and signed off on by the staff team.
7	The centre management and the property and therapeutic teams must review the property and identify areas for replacement and improvement. Specific items such as the fire doors and the kitchen will require a response.	24.05.24 Maintenance fixed the fire doors. 31.05.24 The maintenance manager is scheduled to meet management to measure for kitchen and bathroom replacements. Both works will be completed within a 3 month period.	As part of a regional managers monthly visit to the home, they will complete an environmental check. Any areas for replacement and improvement will be escalated to senior management for approval.