An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 160

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Ashdale Care Ireland Ltd**
Registered Capacity:	**Five Young People**
Type of Inspection:	**Announced**
Date of inspection:	**23rd, 24th & 29th April 2024**
Registration Status:	**Registered from 30th August 2022 to 30th August 2025**
Inspection Team:	**Lisa Tobin** **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 30th of August 2019. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th of August 2022 to the 30th of August 2025.

The centre was registered to provide multi-occupancy medium to long term care for up to five young people aged from seven years to sixteen years old upon admission. The aim was to provide specialist care for young people experiencing complex emotional and behavioural problems. The model of care was described as person-centred, transparent and informed by therapeutic practices, with clinical guidance. It was based on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour and to promote resilience and responsibility. It also included the organisation's Cornells University "CARE framework" (children and residential experiences, creating conditions for change). There were five young people of a sibling group 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, 2.3
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

At the time of this inspection the centre was registered from the 30th of August 2022 to the 30th of August 2025. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 27th 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 10th of June 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: 160 without attached conditions from the 30th of August 2022 to the 30th of August 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
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.

Inspectors found that there were effective care and support mechanisms in place to meet the individual needs of the young people to ensure their wellbeing and personal development was occurring. There were centre policies and procedures around care planning, placement planning and key working that guided the staff in meeting the needs of the young people and ensured that relevant supports were identified and implemented for each young person. The organisation had access to a therapeutic support team that were involved with the care planning of the young people, and they linked with management and staff in supporting and guiding staff in the care of the young people.

Each young person had their child in care review (CICR) in April 2024. One young person who was under the age of twelve years, had monthly CICR meetings. These on occasion along with the other young people's CICR's were delayed and did not occur within the appropriate timelines. Inspectors were informed the delays were due to wanting all professionals present for the CICR and having to arrange them when all were available. The most recent care plan's had not been drawn up yet by the social work department but the centre had their own minutes recorded on file. There were emails on the young people's files from management requesting the care plans from the social work department. Inspectors found that the care plans on file from August 2023 and February 2024 were written in a child friendly manner, giving relevant information about the young person's social history. Actions were identified in each young person's care plan, with tasks allocated to the centre, the social worker and one parent.

Individual placement plans (IPPs) were developed for each young person by their key worker. Each section had the same headings as those identified in the care plan. Inspectors found that the actions identified in the IPP's were reflective of the goals in the care plan and subsequently linked with the key working that was completed with the young people. However, within these processes, inspectors found duplication of information across documents used by the staff to gather these goals and this process needs to be more cohesive with actions identified and evidenced how they are completing the goals within the IPP document. The IPP was not reflecting all the work completed by staff and most goals were referred to as ongoing despite a lot of work already being completed with the young people. Further improvement was required in tracking the progress and outcomes for the young people. There was a monthly evaluation form which tracked information based on the frequency of significant events, key working and consequences rather than an overall evaluation of how the young people were progressing and developing based on the work completed with them.

Inspectors found that the key working completed with the young people was effective and age appropriate with the use of social stories and visual aids. There were times when young people chose not to engage with key working pieces and this was reassessed by the team, and they decided to then allocate certain team members that they felt the young people would respond best to for certain topics which was successful. The young people's voice was captured in different ways as was evident in the centre feedback forms, CICR forms, the young people's meetings and the mapping forms used to identify goals. Inspectors noted when reviewing the young people's files that the young people did not understand why they were remaining in care and repeatedly queried why they had not returned home. This needs to be addressed with the young people by the social work department and then the staff supporting the children with helping the young people to understand the decision. Inspectors found that this issue had been discussed at the young people's CICR's about how best to pass the information on, how it would be done and by whom, however it had still not occurred to date. As it was repeated across the young people's files, the centre should have advocated for this work to be completed on behalf of the young people through the various channels available to ensure the children were being responded to appropriately.

External supports were available to the young people through the therapeutic support team (TST) within the organisation. Assessments were completed for each young person by the TST to determine what supports would suit them best. Supports were identified and offered to each young person and will be discussed later in this report.

There was regular communication between the centre, the social work department and the guardian ad litem (GAL), through calls, emails and in person. With regular reviews occurring for one of the young people, the social worker was in contact for these reviews and for any other issues pertaining to the young people.
The social worker and GAL were provided with regular updates about the young people and incidents were reported to them promptly.

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

On arrival to the centre, inspectors found that the centre was warm and homely. Both the social worker and GAL spoke of the homely feel to the house and how each young person had their own room and the capacity to decorate it as they liked. The property was a large two story detached house in a county setting. The GAL spoke of the distance to the young people's family home from this centre and spoke of how it would have been better for the young people to be nearer to their community, family, friends and schools. There was a large garden to the front of the property and a paved area to the back of the property where the young people played. There was fencing around the property which showed where the boundary walls were. The centre was in good repair with all rooms painted to suit their purpose.

There were five bedrooms for the young people with three of these ensuite. There was sufficient storage for the young people to hold their belongings in their room. Each young person had the opportunity to paint and decorate their bedroom to their own individual style. Memory boxes were kept safe for each young person in the staff bedroom. Some of the young people showed the inspectors their bedrooms and stated what plans they had to add pictures, paintings, and other soft furnishings. The young people spoke with inspectors while outside playing about their new school, friends and relationships they had made since they arrived.

The centre had a large kitchen dining/sitting area and another two sitting rooms with a television and a computer for the young people to use. One sitting room doubled up as a sleeping area for staff at nighttime and there was another bedroom off the office upstairs where staff also slept. There was a large garden to the front of the house which was well maintained with climbing bars for the young people. The back garden area had a trampoline and a swing set with some seating areas. There were regular checks in place to ensure the equipment used was safe and in line with the manufacturer's instructions.

The centre was adequately lit, heated and ventilated. At times the house can get too warm as reported by the centre manager, and this was responded to by adding thermostats to the rooms upstairs to help regulate the temperature. Fire safety systems were in place with regular checks by the team. During the inspectors walk around an issue with one fire extinguisher was identified, this was brought to the attention of the manager, and this was replaced the follow day. There were three monthly checks undertaken by the maintenance team and yearly fire equipment checks with suitable registered contractors. Fire drills occurred every three months with staff, young people and family members present and all participated in them without issue.

There was a health and safety officer in place who oversaw the systems in place to manage any health and safety risks in conjunction with the management team. There were audits undertaken by the health and safety officer and checks completed by the staff team on a daily, weekly and monthly basis and they reported back to management with any updates. There had been a minor car accident with no reported injuries sustained since the last inspection and the relevant documentation was completed. Any minor injuries were documented in the young people's accident/injury books with information about what supports were given for example, an ice pack for a sprain.

There were three vehicles available for the centre to use. Each car had valid tax and NCT. The insurance was due to be renewed on the 26th of April 2024 and inspectors received confirmation this occurred. Car checks were completed weekly. There was a maintenance team available to the centre and from reviewing the maintenance log, any issues reported were responded to promptly. If there was an immediate response required, this was facilitated for example, a broken window.

The site-specific safety statement was updated in February 2024 with all relevant areas addressed such as emergency procedures and emergency contacts. There was an alternative location identified if the house needed to be evacuated. Both the centre manager and the deputy manager were identified as the responsible people along with the health and safety officer named on this statement. There were no guidelines referred to about how staff should respond to an accident/incident. This guidance for an accident/incident should be provided on this statement rather than staff having to refer to an alternative policy.

The training needs analysis sent to inspections identified gaps in fire safety training, mandated persons training and first aid training. Since the inspection a number of

certificates were forwarded to inspectors, however there were still two staff that required fire training and one staff member as booked for first aid in June 2024.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 17**
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 2.2** **Standard 2.3**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required:

- The centre manager must ensure that the placement planning process is reviewed to ensure it clearly outlines the goals for the young people, identifies how those goals are completed and is updated on the placement plan document to reflect this.
- The social work department must ensure the young people are given the information around their care status and the staff must support the young people to understand the decisions made.
- The registered provider must ensure that all staff have completed mandatory training required for their role.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

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

Each young person's health and wellbeing needs were identified within their care plan documents. The TST completed therapeutic and educational support plan assessments for each young person to evaluate the projected supports they would

require. There was ongoing links between the staff and the TST team to support and guide in the management of the young people's therapeutic needs. Some young people engaged in art therapy and others in talk therapy, however young people had been living in the centre for eight months before the therapy commenced, despite being identified as a therapeutic intervention from their initial assessments and the organisation stating that therapy would be made available or commence twelve weeks after admission. Those not receiving supports currently had other plans in place for alternative therapy that was being sourced outside of the TST. The social worker and GAL stated that they felt the therapeutic needs of the young people were being met, however felt that there were delays in the therapy commencing. Each young person had their own valid medical card with relevant medical records and information on file. There were areas identified in the IPP's for young people around outstanding supports required for dental work, vaccinations and with the optometrist. There were plans in place for all of these to be addressed for the relevant young people with supports in place to manage them.

There was input from the TST around preparing the young people for some health issues that needed to be addressed and this was included in their IPP goals and subsequently in the key working undertaken. Sensory tools and social stories along with role play was used with the young people to prepare them for different situations which were working well given the age and development of each young person.

There was a local GP available to the young people and they attended for appointments when needed. The use of out of hours service were made available to the young people when needed too. There were documents that detailed any medication the young people took and any PRN medication they were prescribed if needed. Inspectors found that the reason for medication was not clearly stated on some files. Staff must ensure that they write the reason they administer PRN medication, rather than stating for pain, they must state what the pain was, for example a headache.

There was a menu plan decided with the young people each week. The young people would have had a poor diet routine, but this has improved over time as stated by the staff during interview. There were set meals for each day and one parent would cook for the children each week during the family access visit. There were some young people who required a higher intake of iron in their routine and the staff attempted to include this in the young people's diet. The young people were provided with vitamins also to help boost their overall health.

The staff had completed relevant medication management training and there was relevant policy and procedures in place to guide the staff on the storage, administration and disposal of medication. One staff member was scheduled for training in June for refresher medication management as their cert was not on file. Staff were trained in ligature training. The first aid responder training was completed by all staff bar one and the training took into account the age range of the young people in the centre.

Compliance with Regulation	
Regulation met	**Regulation 10** **Regulation 12**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 4.2**
Practices met the required standard in some respects only	**Not all areas under this standard were assessed**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required:

- No actions required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that the placement planning process is reviewed to ensure it clearly outlines the goals for the young people, identifies how those goals are completed and is updated on the placement plan document to reflect this.	Home manager has completed a review of all placement plans with keyworkers to ensure goals are clearly identified, tracked and closed off where required [31.05.24]. Home management review the key working process with keyworkers and staff at the next team meeting 06.06.24.	Training to be provided on the keywork process to both management and staff. Regular audits to be completed by home manager to ensure process is followed and guidance provided to staff where needed via supervision and handovers. Compliance department will audit keywork files as part of a twice-yearly full audit to ensure they are completed in line with policy.
	The social work department must ensure the young people are given the information around their care status and the staff must support the young people to understand the decisions made.	With immediate effect, Home management followed up with social work department to obtain information on their care status. Court is due to take place 16.07.24, following the outcome of this, social worker has committed to providing a narrative on the young people's care status which will be communicated to the	Where there are difficulties obtaining information pertaining to a young person's care status, staff will advocate for the young person and support the young person to utilise the 'Tell Us' portal. Regional managers will conduct a review of all homes to ensure escalation process is followed.

		young people.	Compliance manager as part of the 6 monthly audits will satisfy themselves that escalation process has been followed.
	The registered provider must ensure that all staff have completed mandatory training required for their role.	By 30.06.26 all staff will have completed outstanding training. Home management will submit training certs to the inspector.	Home management are responsible for ensuring their teams attend mandatory scheduled training. Where staff are outside of the mandatory requirements, this will be escalated to Regional management via the supervision process and an action plan agreed to get resolved.
4	No actions required.		