



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 173

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	22nd and 23rd May 2024
Registration Status:	Registered from the 1st of May 2023 to the 1st of May 2026
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	6th September 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 1st of May 2020. 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 1st of May 2023 to 1st of May 2026.

The centre was registered to provide a multi-occupancy service to accommodate four young people aged from age ten to seventeen on admission. The core aims of the centre were to provide care, safety and stability in a homely setting with the model of care as providing specialist residential care through a person-centred therapeutic service to young people with complex emotional and behavioural problems. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.6
6: Responsive Workforce	6.1, 6.3

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 2nd of July 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 inspection found that the centre was not operating in compliance with the Child Care (Standards in Residential Centres) Part III Article 7, Staffing. The director of care and centre manager returned the report with a CAPA on the 15th of July 2024. This was assessed and further evidence to support the actions taken to date was requested. The evidence was received on the 25th of July 2024 and was deemed to be satisfactory and brought the centre into compliance with regulations on staffing, the actions on stabilising staffing will take time to be realised in full.

The findings of this report and assessment of the submitted CAPA deem the centre at this time to be operating 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: 173 without attached conditions from the 1st of May 2023 to the 1st of May 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The daily logs were found by inspectors to have captured the young peoples voice and were well written overall, they contained a good level of evidence of time spent with young people on a daily basis and of the therapeutic team input into the care of the young people. There were good quality recordings regarding mood, safety, education and positive experiences. The plans on file, where they directly related to areas like restrictive or protective actions displayed evidence that the young people were aware of the reasons why they were placed in the centre and what decisions were being made. Where appropriate, family were directly involved in centre planning, a parent confirmed that they were an active participant with the centre and social work department on decision making. Inspectors found that the centre manager ensured that young people were prepared for and supported around their child in care reviews.

The centre used a specific consultation document for talking to young people about their goals and wishes regarding their placement plans. Inspectors found that these needed to be revitalised and refreshed as an approach. Several did not contain the direct voice of the child and read as being the staff's language and interpretation. Inspectors found an overall need to amplify young people's voices through the consultation documents and into their placement plans. Some of the placement plans were not up to date and the actual programmes of intervention, for example safe use of the internet were not evident.

There was evidence of structured key work sessions being planned for but not necessarily being achieved. This required attention to ensure that key work was tracked more effectively and increased so that more of the direct work towards important goals was captured. This applied to key work planning sheets, placement plan action plans and weekly planners. There were young people's meetings held with records maintained of these. Inspectors found that these also needed to be

improved to note who was there, how was it completed and to truly reflect it was a shared forum for young people and staff together.

Four social workers, a guardian ad litem and a family member were interviewed as part of this inspection and all were happy with the standard and regularity of communication from the centre, the majority of which was conducted through the centre manager and since the end of 2023 also with the deputy centre manager. There were records maintained on the children's files of the types of communication with social workers and now with the aftercare worker assigned, these involved emails, calls, meetings online and visits to the centre. With family and significant others this included meetings, at access and drop offs at home visits. Those inspectors spoke with named the impact they had observed on occasion of staffing deficits and staff losses, including loss of key workers or an impact on knowledge required for certain interactions. Therefore, they relied significantly on management and on the information from the therapeutic support team.

Two young people completed questionnaires for the inspection, and both were satisfied overall with their experiences at the centre, the centre manager was a key person they would speak with. Both noted help with achieving goals was an area they were wanting more support with, particularly with their social workers. Both relevant social workers were aware of the areas of concern for the young people.

A family member also was satisfied with the centre and stated that where they had made complaints that these were listened to, acted on and concluded to their satisfaction, these mainly related to interactions with staff at sensitive junctures. A parent was also promoting that occupational therapy programmes be run more frequently than in blocks as they found it to be very positive and beneficial to their child. The centre had circulated feedback forms to children, professionals and family in 2023 and the feedback they received was positive.

The inspectors found that the staff and centre managers knowledge of full complaints processes lacked definition during interview, and this was reflected in the manner in which the inspectors found that the complaint forms and complaint logs did not match the complaints policy. The process on file for complaints was not easy for inspectors to follow. Inspectors found a significant level of work was required to improve, clarify, cross reference, and to demonstrate a process through to the outcome. Also, to highlight what can or should happen if and when a young person remained unhappy with an outcome.

Young people were supported to complete Tell Us complaints where their complaints related to Tusla practices and decisions. A young person's complaint had been submitted through Tell Us, the Tusla national complaints system. The social worker for the young person and the records maintained at the centre outlined how they had responded. The complaint had also been escalated to their principal social worker, who had made themselves available to the young person should they ever wish to revisit the complaint or discuss it further.

The centre team had also opened some complaints that a social work department had requested to be escalated to child protection reports which the centre manager duly completed. The centres initial analysis meet the threshold for complaints and not child protection. This had resulted in records being opened for centre complaints, moving to external processes and then being unclear for the centre, in some instances, on how they were closed. Inspectors did not observe copies of complaints from external parties and the centre manager must ensure that these have been recorded formally.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management supported by the relevant departments within the company must look at their consultation tools and approach in order to refresh and enhance its impact and outcomes.
- The centre management and staff must ensure that they improve the minutes and format of the young people's meetings.
- The centre manager and their line manager must ensure that the centre complaint records are reviewed for compliance with policy and procedures, recorded through to outcome and that the young people's views at conclusion

are captured. Advice should be clearly recorded regarding what can happen next for young people if still unhappy.

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Preparation for leaving care at this centre was supported by two policies, the policy for planned and unplanned discharges and the policy on planning to leave care. Knowledge of both policies was poorly demonstrated both at interview and in the available records and resources. Inspectors did not find evidence of the policy and procedures having been implemented regarding evidence of a comprehensive review of previous placements, and evaluation at team level of outcomes and learnings were not presented as part of the evidence for this inspection. Inspectors also did not find evidence, as promoted by the policy, of a reflective space or debrief for the remaining residents either individually or in a group setting such as the young people's meeting. Inspectors requested that any copies of staff reflection and review sessions post placement be provided, and these were later made available.

Two young people had moved from the centre since the last inspection, both were eighteen years old. A further two current young people were recently turned seventeen and another soon to turn seventeen. Inspectors were informed by the centre manager as to the outcomes for both previous young people's move on from the centre regarding their aftercare accommodation, both young people left in a planned manner. The centre manager had advocated internally for a structured programme of support post discharge and following agreement this was provided for a young person for five weeks post discharge and the centre remain in contact with the young person. The company policy is that this would require specific funding from Tusla on a case by case basis. Inspectors recommend that some planning should be made to anticipate a block of provision of support in particular where a young person has been with the company for the whole of their adolescence.

There were sections on the placement plans for independent living skills and preparation for leaving care. Inspectors found that there was good recognition of young people's individual needs, for example what pace of work was best for them.

The actions identified in the placement plans, that underpinned aftercare, were assigned to all staff and required more specifics in terms of who and by when these pieces would be achieved. There was no linked evidence of a discussion completed with a new young person around their existing set of life skills in order to support rapid planning. There was though positive evidence that despite a lack of staff and staff changes that the centre manager and the team did work a unified approach day to day.

One young person had been assigned an aftercare worker at aged seventeen and arrangements were in place for the aftercare worker to visit the young person to commence the needs assessment and planning process. A social worker was happy with the level of bespoke support provided in relation to a young person's specialist needs and identified the centre manager as the key consistent and clear person involved in their care at centre level. The role of the therapeutic support team was also named as a key positive and partner in the work. Another social worker had referred the young person to the regional aftercare team and a new service offered through Tusla which offers life skills and personal development support for care leavers from sixteen to twenty one years of age.

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 2.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management must ensure that training in the preparation for leaving care and discharge policy is completed with the team. Knowledge of the available tools and expanding on those must be a focus of the process also.
- The centre management must provide evidence of the reflective practice and learning outcomes from discharges.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre had staff vacancies ongoing throughout the late autumn and winter months of 2023 through to the time of this inspection in May 2024. The number of vacancies averaged at three to four and there was no deputy centre manager until December 2023. This had been named in the centres audit in September to October 2023, any additional actions related to this finding were not evident to inspectors. According to the organisations own audit the centre team was reduced to five and a half full time social care staff at the time of the audit. The centre manager outlined that where people had been identified they did not always commence employment at the centre.

The regional manager described a process where this centre and others were discussed at a weekly organisational staffing meeting and that they raised the needs of the centre at this forum. Inspectors could not identify how through this process that one centre could be prioritised as needing special attention at any one time. At the time of this inspection visit the centre had nine staff covering eight posts. One of those nine staff was working in another centre at that time. The centre had vacancies for just under two staff to bring the centre to the 9.8 whole time equivalent workforce assigned for this centre. The four young people were to have a team of two sleep over and one day shift available to them, alongside a centre manager and a deputy manager. At the time of the inspection the centre manager and the deputy manager were each covering shifts on the roster to provide cover. For example, in the month of May the centre manager was rostered to cover a minimum of four support shifts. Staff were also recorded as covering a day shift in addition to their sleep over. They were reliant on cover from sister centres and in the case of providing one of their full time staff to another centre they had not received an identified named person in return.

On a review of the April roster inspectors found cover provided by the management and by four other sister centres, on occasion up to two per day to facilitate annual leave, training and other types of leave. Inspectors have requested that specific sets of dates in April be examined for levels of staff cover as the roster indicated a cover of

two and not three persons. Management noted that they thought this may relate to when less young people were present and that they would investigate and revert to inspectors. Daily logs and rosters on occasion did not match fully, for example two staff were recorded as on duty but the daily log was signed off by a person not listed. The centre manager must ensure that the rosters and other daily documents record the names of all staff who step in to cover this centres roster needs.

Admissions of new young people had continued during this challenging and prolonged staff crisis for the centre, with no clear responses provided to inspectors as to how this had been mitigated against and planned for in order to minimise impacts on young people, existing staff and delivery of the stated purpose and function.

Impacts on the centre of this ongoing noncompliance with 'Regulation 7: Staffing - numbers and qualifications' have included loss of staff who were significant to the young people, having one instead of two assigned key workers and increased work load on the centre management. There was an impact on family access and other appointments where the numbers of different staff and the level at which they may have been briefed for the post had been commented upon, this was recorded on file at the centre. The centre manager had responded to those as they arose.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

The centre management were in an ongoing process of inducting staff, supporting probations and re-establishing supervision and support systems. There was transparency at centre level about the previous months being at times “unmanageable and hard”. The team was not, as stated, fully resourced and significant roster adaptations were required on a weekly basis. The centre manager had maintained regular fortnightly team meetings and consultations sessions with the therapeutic support team inputting on the young people’s needs. The staff team had been attending core training and receiving access to ongoing training opportunities in the model of care as well as direct input at team meetings.

The centre management were providing staff with debriefs and support post incident and there was a staff handbook and support services available to all staff once employed by the company. The balance of experienced to inexperienced staff was impacted also by the ongoing recruitment issues. The organisation detailed the developments they had undertaken to enhance recruitment and selection processes as well as to enhance benefits for staff once employed. The staff interviewed were

happy with their experience of working within the centre and within the company to date.

The centre manager informed inspectors that the provision of supervision in line with the current policy had not been achieved in the affected period from August of 2023. An internal audit and internal governance reporting also identified this. The centre manager escalated this to the regional manager and there was evidence of formal communication between them around this, the solutions and interventions were not clearly recorded overall. Inspectors could see that other centre management had been assigned to complete supervision sessions and that the centre manager undertook group supervisions to mitigate against the lack of availability to complete one to one supervision. The supervision sessions and timeframes have improved in 2024 as the centre manager was joined by the deputy manager and both were completing sessions. There were still some areas related to templates and standard of recording as well as supervision file organisation that required attention, but progress had been made and maintained by the managers. There was evidence of roles, responsibilities, policies and training being discussed at group sessions and in one to one supervisions.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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 6.3
Practices did not meet the required standard	Standard 6.1

Actions required

- The organisational management must provide an immediate plan of action to address the deficits in staffing to ensure that the centre management and staff are resourced and supported taking account of the numbers of young people and the nature of their needs.
- The centre manager and regional manager must review the roster for the identified weeks and verify for inspectors what the staffing cover was given the numbers of young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre management supported by the relevant departments within the company must look at their consultation tools and approach in order to refresh and enhance its impact and outcomes.</p> <p>The centre management and staff must ensure that they improve the minutes and format of the young people's meetings.</p>	<p>The consultation tool will be reviewed on 16.07.24 with the policy review group to ensure the voice young person is captured in their words.</p> <p>Home manager completed an informal supervision with all staff on 10.07.24 reviewing the process of conducting and recording young people's meetings to ensure they clearly reflect who was present and meaningful discussions at the meeting.</p>	<p>Regional managers will present updates completed at subsequent management meeting to all managers. Home managers will then present the updated tool to their teams at monthly team meetings and reinforced through informal supervision. As part of monthly visits to the home, regional managers will review how the process is being implemented. This will also be reviewed as part of annual audits from compliance manager.</p> <p>Home or management team will complete monthly audits of the young people's meeting minutes to ensure they contain required information.</p>

	<p>The centre manager and their line manager must ensure that the centre complaint records are reviewed for compliance with policy and procedures, recorded through to outcome and that the young people's views at conclusion are captured. Advice should be clearly recorded regarding what can happen next for young people if still unhappy.</p>	<p>All complaints were reviewed by Home and Regional Manager on the 04.07.24. Review of policy and process was completed with Home and Regional Manager and recorded in the Regional Managers visit notes. As part of team meeting, home management completed training with the staff team on 09.07.24 in relation to the Policy on Complaints with focus on process and responsibilities of staff members.</p>	<p>Complaints policy will be part of supervision in August to reinforce learning and application. Complaints policy will remain on a rolling schedule to be reviewed in team meetings and supervision.</p> <p>As part of the yearly audit to the home, the compliance team will add interviewing staff on complaints as part of this process.</p>
2	<p>The centre management must ensure that training in the preparation for leaving care and discharge policy is completed with the team. Knowledge of the available tools and expanding on those must be a focus of the process also.</p> <p>The centre management must provide evidence of the reflective practice and learning outcomes from discharges.</p>	<p>An informal supervision was issued to the staff team on 09.07.24 focusing on the Policy and Procedure on Planning to Leave Care.</p> <p>Records of ending reflection and internal MDT end of placement meeting have been shared to ACIMS on the 16.07.24 alongside the CAPA.</p>	<p>Planning to Leave Care policy will be part of supervision in August to reinforce learning and application. This policy will remain on a rolling schedule to be reviewed in team meetings and supervision, particularly with allocated keyworkers for young people currently engaging in aftercare planning.</p> <p>Referrals manager will keep a centralised register for all discharges and associated end of placement reports. Learnings from same will be maintained and shared at monthly governance meeting for review</p>

			and action.
6	<p>The organisational management must provide an immediate plan of action to address the deficits in staffing to ensure that the centre management and staff are resourced and supported taking account of the numbers of young people and the nature of their needs.</p> <p>The centre manager and regional manager must review the roster for the identified weeks and verify for inspectors what the staffing cover was given the numbers of young people.</p>	<p>The recruitment plan to actively source suitably qualified and experienced candidates to onboard was discussed in interview with regional manager during inspection. This plan has identified 2 WTE staff members since the time of inspection, both receiving full organisational induction from 10.06.24 and been allocated onto the rota in the home – one staff member completing shifts from 02.07.24 and the second staff member commenced 15.07.24.</p> <p>April rota was reviewed with Home Manager with identified deficits. Information was shared with ACIMS on 11.07.24.</p>	<p>Ongoing Work Force Planning continues weekly to identify needs of the home. Weekly governance reports to the Director of Care will include any escalation required in respect of staffing deficits, so an action plan can be enacted with no delay.</p> <p>Home manager will ensure rota is maintained to reflect changes to planned shifts being covered by staff. Regional manager will maintain oversight of rosters to ensure staffing levels are maintained.</p>