



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 191

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Five young people
Type of Inspection:	Unannounced
Date of inspection:	13th, 14th and 15th February 2024
Registration Status:	From the 14th of May 2024 to the 14th of May 2027
Inspection Team:	Cora Kelly Ciara Nangle
Date Report Issued:	23rd May 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 14th of May 2021. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 14th of May 2024 to the 14th of May 2027.

The centre was registered to provide multi occupancy specialist residential care for up to five young people aged 10-17 years on admission with complex emotional and behavioural problems who cannot be cared for in a mainstream residential setting. The centre had a clear statement of purpose that stated its therapeutic practice model was trauma and attachment informed based on six models; developmentally focused, competence centred, family involved, trauma informed, relationship based and ecologically orientated. There were two children living in the centre at the time of the inspection. A third child was discharged from the centre to live in another home within the organisation on the first day of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1
3: Safe Care and Support	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. They also spoke with a social worker allocated to the young person who had transferred to another centre within the organisation on the first day of the inspection and a social work team leader for the newest admission. They did not have an allocated social worker and due to the staffing crisis within Tusla there was no time frame for when one would be allocated. The social work department had appointed a social care leader to oversee their general day-to day care needs. 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 4th of March 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 19th of March 2024. Following further discussions between the inspectors, the organisations director of care and an ACIMS inspection manager further revised CAPA's were submitted with the final one accepted on the 9th of May 2024.

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: 191 without attached conditions from the 14th of May 2024 to the 14th of May 2027.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs informs their placement in the residential centre.

As required under the National Standards for Children's Residential Centres, HIQA (2018) the centre had a policy on admissions that included procedures for admissions and internal moves/ transfers within the organisation. The policy was last reviewed by the organisation in 2021 with the further review that was due to take place in December 2022 having not occurred. On review of the policy the inspectors found that it took account of young people's rights, aspects of the National Standards, regulations and legislation and the centres statement of purpose but the inspectors also identified areas where improvements within admissions procedures and practices are required. Since the last ACIMS inspection in April 2023 a young person left the centre having reached their 18th birthday, a second young person was discharged on the first day of this inspection due to the centre being unable to manage their behaviours. Whilst the newest admission was planned, there were deficits in robust planning that considered continuity of care for the young people living in the centre and supporting the young person's move.

The inspectors assessed the centres compliance with their own policies and procedures within this inspection and in line with policy comprehensive referral information was provided to the centre for the centre manager to complete the group impact risk assessment (GIRA) task for all three young people. The purpose of this task being to assess the levels of risk behaviours presented from the young person being considered to move to the centre against the two young people already living there. There was no evidence available to the inspectors of the GIRA being approved/ accepted by the centre manager, the social workers it was issued to or of input by the staff team and senior management. The inspectors were informed that for the centre, this had occurred in an informal manner. The inspectors found that the young people's individual behaviours and risks were not captured accurately and the plan of action to meet identified needs was generic and was not individualised to the young people with some steps highlighted in the plan of action not actually in place. For one of the young people two key risk behaviours that had been identified

in a previous GIRA, group dynamics/ group living and vulnerabilities, had been removed from the latest GIRA. A 'professional judgement' approach was utilised by the centre manager to risk rate presenting behaviours rather than the risk matrix approach already in place in the centre for the completion of individual risk assessments. In interview the regional manager and centre manager were aware that the GIRA mechanism required a fit for purpose review. This must occur immediately and before any referrals are looked for with consideration too for a multidisciplinary approach to completing the impact risk assessment.

There was evidence of the centre working with the relevant social work department to plan the last young person's move to the centre with contact records held on the young person's care file. As there was little information recorded in the team meeting records, they did not reflect how the move would occur in line with policy and how staff would plan for same. The young person's transition plan was short and did not include a schedule of visits to the centre by the young person, or by staff to the young person as per procedure outlined in policy. Staff had met with the young person once externally and the young person declined to visit the centre prior to their move.

There was a lack of procedure in the admissions policy of how young people living in the home are informed and prepared for young people coming to live in the centre. On review of key working and individual work records, team meeting records and young people meeting records the inspectors did not find evidence how their needs and rights were considered and planned for. The last admission occurred at a time when a young person was experiencing a significant amount of change in the home and when it was known that they did not cope with change easily and required predictability, routine, stability. They were introduced to the new young person on the day they moved to the centre. The escalation in their behaviour, mostly in collusion with the young person who had moved to the centre, occurred almost immediately after the admission and that ultimately led to their discharge being proposed by the centre after two months. The young person was discharged a month later. Their social worker told the inspectors that they were aware that the potential admission could have an impact on the young person they were allocated to but couldn't foresee the extent of it based on the information provided in the GIRA document. The other young person living in the centre was also known to not cope well with change and had reverted to old behaviour patterns of retreating to their bedroom. A longer transition plan would have been more helpful for all young people with robust planning and better consideration of the needs of the young people already living in the centre.

Compliance with regulations	
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 2.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the outstanding review of the admissions policy is conducted.
- The registered provider must develop procedures within the admissions policy that take account of the rights and needs of young people living in the centre, that they are considered and planned for.
- Prior to seeking new referrals, the registered provider must review the GIRA tool to ensure its effective and fit for purpose with an updated GIRA tool to be provided to the inspectors.
- The regional and centre manager must conduct a review of the events that led to the last young person's discharge from the centre to generate learning and prevent placement breakdowns.
- The centre manager must ensure that future transitions to the centre occur in line with policy.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The centre's had policies that promoted positive behaviour and supported the management of young people's behaviour. These included supporting behaviour change, consequences, the management of behaviours that challenged and guidance

on clinical and therapeutic intervention and restrictive practices. An organisational review of the listed policies was outstanding at the time of this inspection with some review dates back to August 2022. There was evidence of the supporting behaviour change, individual risk management and restrictive practices policies discussed at team meetings. Through interviews and the documentation review the inspectors did not get a clear understanding of how the organisations therapeutic support team and significant event review group were accessed or available to provide knowledge and guidance to the staff team and young people when the centre was experiencing the challenging period in managing the behaviours of two of the young people.

With the exception of four staff members who joined the centre between December 2023 and February 2024 five staff had been provided with model of care training and two were scheduled to attend it. Training dates had yet to be scheduled for the new staff. All staff had been provided with training in the organisation's behaviour management programme with refresher training occurring also. A core element of this training included the need for young people to develop trusting relationships with the staff team to generate positive change. However, as five full time staff members and two regular relief staff left their positions, mostly over a five-month period before this inspection, staff from other houses within the organisation had supported the staff rota. It was evident that the change in staff had led to an escalation in two of the young people's behaviours with one young person telling the inspectors that they 'do not want to get to know staff who do not work in the house'.

The inspectors found that staff were not familiar with the consequences policy with one staff stating they were unsure if consequences were applied. From the review of notification of significant event records (SEN's), daily logs and behaviour management documents over the three-month period prior to this inspection, consequences did not appear to have been implemented as a way of learning and supporting young people in accepting responsibility for their behaviour. The inspectors did not find evidence of the young people being supported to understand their behaviour that challenged and in turn manage their own behaviour. This was evidenced through their review of personal behaviour support plans, individual placement plans, key working records, and life space interview records (LSI's) – a tool to help young people improve their coping strategies. The inspectors found that of the few LSI's conducted with the young people they were not completed by those staff involved in the actual incidents but instead by centre management. To manage behaviours individual plans were in place for all young people. These included individual risk assessments, individual crisis support plans, safety plans and absent management plans. Staff held responsibility for keeping themselves up to date on

these. The inspectors found inconsistencies in some of the plans being followed which could have prevented incidents from occurring.

The organisation's compliance officer had undertaken an audit of the centre's practices pertaining to this standard in April 2023. Actions from the audit related to particular policies and procedures being refreshed with the staff team all of which were recorded as being 'in progress' in the action plan which was last updated in February 2024. The audit completed by the compliance manager had not identified any of the issues of non compliance with the standard that this inspection had found so there was no action in progress to address these.

The policy on restrictive practices was being implemented by the centre manager. A register was being maintained with risk assessments stored in the young people's care files and of the young people being aware of them as part of their admission to the centre. Staff demonstrated their knowledge on such practices in interview which mostly related to environmental restrictive practices. There was evidence of them being reviewed regularly.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the outstanding review of management of behaviour policies is conducted.
- The centre manager must ensure that the young people are supported to develop an understanding of their behaviour and their overall emotional well-being.
- The centre manager must ensure that staff are consistent in their approach to following young people's individual plans.
- Senior management must strengthen auditing arrangements for the centre to improve the quality and safety of care provided in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that the outstanding review of the admissions policy is conducted.	The admissions policy will be reviewed at next policy and procedure review meeting by the policy and procedure review committee 19.03.24. This policy will be updated with relevant required information by referrals manager and issued out to homes by 30.04.24.	Once updated the admissions policy will be circulated to all homes. Regional management will review the updated policy at the subsequent management support meeting 18.04.24. All new admissions to homes will be audited against the admissions policy by the compliance manager within the first 8 weeks of placement.
	The registered provider must develop procedures within the admissions policy that take account of the rights and needs of young people living in the centre, that they are considered and planned for.	Policy is due to be reviewed on 19.03.24 by the policy and procedure review committee; the review will consider the rights and needs of the young people in the centre	Regional manager will support home managers with new admissions to the homes to ensure the process outlined in the admissions policy is followed. All new admissions to homes will be audited within an 8 week period by compliance manager to ensure policy has been followed.
	Prior to seeking new referrals, the registered provider must review the	A full new process is being rolled out driven by the NPT, a new CRA process.	

	<p>GIRA tool to ensure its effective and fit for purpose with an updated GIRA tool to be provided to the inspectors.</p> <p>The regional and centre manager must conduct a review of the events that led to the last young person's discharge from the centre to generate learning and prevent placement breakdowns.</p> <p>The centre manager must ensure that future transitions to the centre occur in line with policy.</p>	<p>The GIRA template will be reviewed by 31/5/24.</p> <p>Internal MDT took place on 01.05.24 to identify learnings from most recent discharge from the home.</p> <p>With immediate effect, home management will ensure they clearly document and record all preadmission meetings and communications with professionals and young persons to evidence all work completed. The home manager will ensure transitions are facilitated and documented in line with policy. The referrals manager will ensure that any transitional planning agreed at preplacement level is documented, signed and shared with home management</p>	<p>An MDT meeting will be held following any end of placement/discharge to identify learnings. Learnings from end of placements will be shared at the governance assurance meetings, so that organisational learnings can be implemented and shared across departments.</p> <p>Regional manager at the next managers meeting will communicate with all managers the importance of documenting all professionals' meetings and plans with young people as part of the pre-admission process so there is clear evidence on file of all the work completed prior to a new admission to the home. Once the policy on admissions is updated, this will be communicated to all managers. Regional managers will support management during the process of admitting a young person to</p>
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			the home to ensure each step is completed, recorded and on file. Compliance department will complete an audit against the policy to ensure policy has been followed and evidenced in the home.
3	<p>The registered provider must ensure that the outstanding review of management of behaviour policies is conducted.</p> <p>The centre manager must ensure that the young people are supported to develop an understanding of their behaviour and their overall emotional well-being.</p>	<p>The management of behaviour policy will be reviewed by the policy review group on 16.04.24. An identified member of the therapeutic support team will be allocated to review the policy which will be updated by 10.05.24 and circulated to the homes.</p> <p>With immediate effect, the centre manager will ensure that learnings are reviewed with young people to help develop an understanding of their behaviour through life space interviews or keywork.</p>	<p>The updated policy will be circulated to all homes and will be reviewed by all home managers at the management support meeting that takes place following the policy being updated. Managers will review the updated policies with their teams. Via team meetings handover and supervisions. Regional managers will temperature check staff's knowledge on the updated policies as part of their home visits. The compliance department will review staff's understanding of same when completing audits of the home.</p> <p>Home management will complete informal supervision with all staff to ensure young people are supported to develop better ways to manage their behaviours and learn from incidents. Home management will review this at each handover with staff to</p>

	<p>The centre manager must ensure that staff are consistent in their approach to following young people's individual plans.</p> <p>Senior management must strengthen auditing arrangements for the centre to improve the quality and safety of care provided in the centre.</p>	<p>With immediate effect, home management will ensure handover incorporates review of young people's individual plans as part of the setting up of the day, so staff are clear on their roles and responsibilities. Guidance provided during handover will be documented on the handover book</p> <p>22.03.24 review of feedback contained in this report is scheduled to be completed and to identify key learnings in the auditing process and implement learnings where appropriate to do so.</p>	<p>ensure this has been completed or plans in place to ensure it is done.</p> <p>Home management will support with the facilitation of handovers to ensure all information is imparted. Regional management will sit on handovers to satisfy themselves that they are being followed consistently and plans are discussed.</p> <p>A review of all inspection reports, and associated actions are completed by the compliance department and director of governance and quality to identify learnings in our own auditing process. A second auditing manager has taken up position in February 2024. This will further support auditing arrangements for each home thus ensuring safe and effective delivery of care.</p>
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