



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 204

Year: 2023 (2)

Inspection Report

Year:	2023 (2)
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	11th, 13th & 18th December 2023
Registration Status:	Registered from 08th July 2022 to 08th July 2025
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	29th February 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service (ACIMS) 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 08th July 2022. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 08th July 2022 to 08th July 2025.

The centre was registered as a multi-occupancy service to accommodate four children aged from 8 to 16 years on admission. The centre aimed to provide residential placements for children with complex emotional and behavioural needs. The model of care was informed by an understanding of child development theories, attachment theories and the impact of developmental and relational trauma, with the inclusion of psychology, art psychotherapy, occupational therapy and education supports. The organisations model of care was supported by the CARE framework (Children And Residential Experiences, creating conditions for change). There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.3

This inspection was conducted following an escalation sent by the National Private Placement team (NPPT) to the ACIMS. This inspection focused specifically on a turbulent six-week period in the centre where two young people had an escalation in behaviour which resulted in an increase in significant events within the centre. One young person was subsequently discharged which resulted in a reduction in significant events within the centre.

Inspectors reviewed documentation, observed how professional staff worked with the 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. Inspectors reviewed records pertaining to only one young person to whom this escalation related to, and they reviewed limited information in relation to another young person. Compliance with the standard is based solely on this information alongside centre records.

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 23rd January 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 06th February 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report 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: 204 without attached conditions from the 8th July 2022 to the 8th July 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The inspectors found that the organisation had policies and procedure in place for the reporting, the management and review of incidents. During the period under review, inspectors found that in general significant events were reported in a timely manner, however on occasion there was a slight delay in reporting. This was also corroborated in interview with the assigned social worker for one young person however, both social workers confirmed that they received regular verbal communication from the centre in relation to significant events.

The inspectors reviewed the staffing information sheet submitted prior to this inspection and they found that the centre had a relatively new team in place. The staff members interviewed as part of this inspection were clear in relation to how to report and notify incidents in the centre however, informed inspectors that they were not confident to complete the written significant event report following incidences.

From a review of significant events during this turbulent period the inspectors found it difficult to determine if the behaviour management framework was being implemented effectively to manage incidents. The inspectors could not always ascertain what intervention was implemented in practice as the detail recorded in the significant event report did not always provide enough clarity. It was not clear to inspectors whether it was the inexperience of the staff team in the application of the behaviour management framework in practice or the recording of this information that was resulting in this lack of detail within the significant event reports. The inspectors reviewed a sample of supervision records however, due to the limited detail recorded in the supervision records the inspectors found it difficult to ascertain what action had been taken and what plan had been put in place to address and develop the staff members competencies in this area.

The organisation had commenced an internal review prior to this inspection as a result of a significant event in which pertinent information was not recorded. This was ongoing at the time of inspection.

On review of a sample of significant event reports inspectors found that there was oversight and feedback from the centre manager. The findings of a significant event review group (SERG) within the organisation identified similar deficits to this inspection in terms of the quality of significant event reports which lacked detail in relation to strategies and interventions utilised. Feedback and learning from these reviews were documented across team meetings however, due to the short timeline associated with this inspection there had not been sufficient time for inspectors to assess the effective implementation of this learning into practice within the centre. Additionally, one of the young people had been discharged which resulted in a decrease in the frequency of incidents in the centre.

Due to the inexperience of the staff team the inspectors found that at times the management team were working directly in caring for the children alongside social care workers, and this was impacting on their management function. This had resulted in a second deputy manager being assigned to the centre the week prior to inspection. The inspectors found that social care leaders lacked the skills required to effectively complete all of the responsibilities associated with this leadership role as some had not written significant event reports or completed shift planning.

In interview staff confirmed that the handover each morning contained relevant information in relation to the previous day which included the recording of incidences in the centre. Discussion at team meetings indicated that identified learnings would be shared at handovers and relevant documentation would be reviewed. The inspectors reviewed a sample of these handovers and found that the recording of information sharing during handover was not always consistent. At times these handover records contained a lot of detail which was added additionally to the standard template however, other times it contained basic information so it was not possible for inspectors to determine what information was shared. Both the centre manager and regional manager in interview, acknowledged that the team were in its infancy however, they confirmed that the centre was in the process of stabilising as they now had a permanent management team and a committed staff team in place. The inspectors found from interviews and in discussion with staff that they were committed to supporting the young people in their placement.

Based on the information reviewed the inspectors found that there was a complex dynamic between two young people in the centre which resulted in an increase in significant events during the period of review. The inspectors found that while learning from these significant events was being identified and discussed within team meetings and SERG's it was difficult to determine where this learning was being actively implemented into practice. This was also compounded by the lack of detail being recorded in the significant event reports and inconsistencies in the recording of handover records.

Compliance with Regulation	
Regulation met	Regulation 16

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 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider and centre manager must ensure that all staff receive training in significant event report writing to ensure that they are competent to complete written records.
- The register provider and centre manager must ensure that when deficits in staff practices or competencies are identified plans to address these concerns are put in place.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered provider and centre manager must ensure that all staff receive training in significant event report writing to ensure that they are competent to complete written records.</p> <p>The register provider and centre manager must ensure that when deficits in staff practices or competencies are identified plans to address these concerns are put in place.</p>	<p>All staff will receive training in significant event report writing by 29.03.23.</p> <p>With immediate effect, the Home manager has completed a review of the team and has a development plan in place based on identified need to support and develop the team.</p> <p>The centre manager will ensure supervisions incorporate learnings for all staff to improve on staff practice where required.</p>	<p>Home management will review all SENS with the staff members involved to ensure they contain all required information.</p> <p>Home management will ensure identified learnings from SENS are discussed at each handover.</p> <p>Home management will continue to use supervisions to address any deficits in staff practice.</p> <p>Home management will reach out to the training department where a need has been identified to upskill staff.</p> <p>Home management will provide ongoing coaching and guidance to staff to ensure best practice is maintained.</p> <p>Home management will ensure the mechanism for sharing learnings with the team is followed at all times [via handovers, team meetings, supervisions].</p>