



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 210**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>26<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup> September 2023</b>
<b>Registration Status:</b>	<b>Registered from 28<sup>th</sup> October 2022 to the 28<sup>th</sup> October 2025</b>
<b>Inspection Team:</b>	<b>Cora Kelly Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> November 2023</b>

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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 28<sup>th</sup> of October 2022. At the time of this inspection the centre was in its first registration and was in year one of the cycle.

The centre was registered as a dual occupancy service to provide short term intermediate, emergency response residential care. It aimed to provide a physically, emotionally, and psychologically safe space to children, aged 0 years to 17 years who presented with higher level complex needs and vulnerabilities so they can heal, develop, and move forward in their lives. The model of care was described as attachment and trauma based with the inclusion of psychology, art psychotherapy, education, and an accredited experiential learning provision. It also included the recently implemented 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
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 17<sup>th</sup> of October 2023. 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 director of care returned the report with a CAPA on the 31<sup>st</sup> of October 2023. Upon review the inspectors requested a further review of the CAPA be undertaken with the final CAPA received on the 13<sup>th</sup> of November 2023. 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: 210 without attached conditions from the 28<sup>th</sup> of October 2022 to the 28<sup>th</sup> of October 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### 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 personal development.

The two children in placement were admitted to the centre on a six-month intermediate basis and had previous care experiences. The intended aims of both placements were for their immediate presenting needs to be met in preparation for their transition to longer term placements. At the request of their allocated social worker and in consultation with Tusla's National Private Placement Team (NPPT) the youngest child's placement was approved a three-month extension that was due to expire at the end of October 2023. A forward on placement had not been identified for this child at the time of the inspection. The second child's placement was also due to end at this time and their allocated social worker and aftercare worker were actively exploring a suitable aftercare placement for them based on the child's wishes. The inspectors found that up-to-date care plans were held on each child's care file and statutory child in care review meetings (CICR's) were being held in line with regulatory timeframes. This included monthly reviews for the youngest child as they were under 13 years of age. Professionals' meetings were also occurring to discuss the placements and in response to issues that had presented in the centre. There was evidence of centre and senior management communicating with social work departments when the centre had experienced delays in receiving care plans. The centre demonstrated good practice in recording minutes of CICR's and other meetings to enable them to respond to actions relevant to them without delay. The inspectors evidenced efforts by staff in involving the children in the development of their care plan at CICR's. However, they chose to not participate in their CICR's.

Each child's care plan was found to have informed individual placement plans (IPP's) that were developed by staff in the centre. In line with the placement planning policy IPP's were found to have been reviewed consistently. It was clear individual goals were set; however, it wasn't clear how the goals were to be met and desirable outcomes achieved. There was evidence of some key working being completed but it was not always linked to goals contained within the placement plans. For both children, progress across their areas of assessed needs was slow due to their lack of engagement, staff having to respond to their immediate presenting and often

challenging behaviours. The inspectors found that an unstable team and the inexperience of staff in engaging young people was a factor. Also, they could not find evidence of them building relationships or using creative ways of trying to engage the young people.

While the aim of the placement as outlined above was to focus on immediate needs, the inspectors found in other care file information that the aim of the placement for one child was to ‘support the emotional, social, educational, and healthcare needs along with developing age-appropriate friendships’. This differing objective was too broad and not viable to realise in a short time frame and when the child was mostly unsettled due to the instability of the placement coupled their significant traumatic experiences and care experiences. The centre manager must be clear of the aim of the placements so that concrete placement planning occurs for the children to achieve that aim. The inspectors recommend that senior management considers reviewing the guiding model of care and placement planning policy to see to see how it can be adapted to meet needs of children when residing in short term emergency placements. Underpinning this is the need to have a stable team with the balance of experience and knowledge of how best to meet the purpose and function of the centre.

The inspectors found that the centre was not complying with its own key working policy. A number of key workers had been appointed to the children over the six months since they had been admitted. This was due to staff turnover and for one staff member, who had been a key worker they asked to be removed from the role as they felt they lacked the required skills, knowledge, and experience on how to carry out the function. In interview, this staff member demonstrated good self-awareness and conveyed their commitment to ensuring they provided good care and support to the children in interview. In general, staff felt that they had no one to learn from. The overall situation was preventing the children from establishing trusting relationships with their keyworker and was potentially inhibiting key workers in fulfilling their advocacy duties.

Staff spoke positively of the input provided by the organisation’s therapeutic support team (TST) in supporting their work with the children and how it was benefiting one of the children who had availed of an occupational therapy programme over the summer period. The inspectors reviewed information relating to this on the child’s care file. There was evidence of the centre liaising with the children’s appointed social workers in planning for their immediate and future care needs. Social workers in interview spoke positively of the contact they had with the centre manager

specifically and that they received regular updates on the children. They were satisfied that the children's immediate needs were being met.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager and senior management must be clear of the aims of the placements so that goals created are in line with the centre's statement of purpose.
- The centre manager must ensure that the key working policy is adhered to, that extra support and direction is provided where gaps in staff knowledge and skills exist.
- The centre must develop the staff team's ability, experience, and knowledge to advocate for the children in placement.

**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 had policies that promoted positive behaviour and supported the management of young people's behaviour. These included policies on supporting behaviour change, consequences, the management behaviours that challenged and guidance both on clinical and therapeutic intervention and restrictive practices. There was evidence of staff being provided with some support and training to assist them in responding to and managing the children's behaviours, but improvement is required. It was recorded on some team meeting minutes that the policies were

reviewed and discussed. However, staff in interview failed to demonstrate their familiarity with the policies listed above and further they did not show their awareness of the individual support plans in place for the children for e.g., positive behaviour support plans, individual risk management plans, individual crisis support plans and safety plans they were required to read and sign. This was found to have hindered the implementation of good consistent practice with the children. The inspectors found that there was a disparity in the centre providing care for the children and trying to use control, which had involved An Garda Síochána being called to the centre, in managing the behaviour of one child which was found to have had an impact on the other child.

There was significant delays in model of care training, which was part of the supporting framework of the behaviour management programme, being provided to some staff, including those who had been working the longest in the centre. Dates had been scheduled for the staff to complete the training, one year following their employment when they should have been provided with it at the six-month mark as previously informed by senior management. Linked to this was the lack of follow through of discussions on the model of care at senior level through to the staff team via team meetings which would have provided the staff team with some information about the model. Staff were up to date with training in the organisation's behaviour management programme with refresher training occurring too. There was good attention being placed by the organisation in providing relevant training to staff for example ASIST and safeTALK training with dates scheduled for some staff to complete these. A behavioural psychologist, a member of the TST, was also providing support to the staff team at team meetings in managing the behaviour of one child.

Essential to the behaviour management programme is the need for children to develop trusting relationships with the staff team to create positive change. However, as this had not yet occurred, due to staff turnover and an inexperienced staff team, it had resulted in challenging behaviour being an ongoing feature in the centre and in the children not progressing across their areas of needs. Another element of the behaviour management programme is for children to be helped to understand their behaviour, learn from, and manage their behaviour. As the staff team had been directed by the TST to refrain from completing this task with one child the centre manager must ensure this complies with specific behaviour management policy and consider other ways that the child will develop the necessary skills to understand and manage their behaviour. The inspectors did not see that this was consistently occurring through key working.

It was apparent that direction was being provided to the staff team by the centre manager around the use of physical restraints, with approved restraints named in the guiding individual crisis support plan's (ICSP's) and that these were regularly updated. It was clearly stated in one child's ICSP that restraints were to be used as a last resort yet, they had experienced a high number, 78 physical restraints since their admission. It was clear that the child had not developed positive relationships with staff which had resulted in the staff team not being able to manage their behaviours effectively and, in the child, not developing strategies to manage their own behaviour. Practices around monitoring and reviewing the need for restraints requires strengthening for e.g., the types of holds, what's appropriate with a greater focus required on the deescalating of behaviour. The stabilisation of an experienced staff team is crucial for all of this to occur.

From the review of a sample of significant event notifications (SEN's) and accompanying significant event review group (SERG) meeting minutes the inspectors were not able to identify from most of the records what learning had occurred from the reviews. Where learning was clear it was not recorded as being discussed at team meetings. In interview, one staff member stated they were not aware of learning that resulted from discussions at SERG level concerning an SEN they were involved in. The inspectors found a lot of gaps in SERG records too with many sections either partially or not completed.

Auditing arrangements for the management of challenging behaviour were in place. The organisation's compliance officer had undertaken an audit of the centre's practices in June and September 2023 details of which were provided to the inspectors. The single area of partial compliance identified in the latter audit related to the lack of signing by the team of the various individual support plans for each child and a lack of training some of which did not relate specifically to behaviour management. Other deficits as highlighted above were not identified including the need for a stable and experienced staff team which is a prerequisite for the implementation of the centre's behaviour management programme.

The inspectors found that procedures contained within the restrictive practices policy were not being adhered to in full. As required, incidences of restrictive practice were recorded on the restrictive practices register and records were maintained on the children's care files. It was evident that each restrictive practice was not always reviewed in line with the timeframes set for e.g., those that related to room searches. These require better review and monitoring to ensure that they are being conducted for safety reasons.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 3.2</b>

### **Actions required**

- The centre manager must refresh those policies relating to positive behaviour and the management of young people's behaviour with the staff team.
- The centre manager must satisfy themselves that the staff team are consistently familiar with all individual plans in place for the children.
- Senior management must ensure that model of care training is provided to staff in line with policy.
- The centre manager must ensure that the children are supported to develop an understanding of their behaviour.
- The centre manager must ensure that learning from all incidents is captured, that feedback is provided to the staff team and where gaps exist in the process that these are followed up.
- Senior management must strengthen auditing arrangements for the centre to comprehensively assess the safety and quality of care provided in the centre.
- The centre manager must ensure that reviews of each restrictive practice occur and there's more robust monitoring of each restrictive practices.
- Senior management must review the incidents and numbers of physical restraints in line with the lack of stable, inexperienced, and ongoing changes within the staff team and the implementation of the behaviour management programme in operation in the centre.

## **Regulation 5: Care Practices and Operational Policies**

### **Regulation 6: Person in Charge**

## **Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

The organisation had systems in place in the centre aimed at delivering child-centred, safe, and effective care and support. However, the inspectors identified that improvement was required across a number of areas to result in safer and more effective care being delivered. The centre manager, as the person in charge, had worked in the centre since it commenced operating under its current statement of purpose in January 2023. They joined the organisation in September 2022 and prior to commencing their role in the centre they had shadowed centre managers in other homes within the organisation to become familiar with its operating policies and procedures. They were qualified as a social worker and had previous in a related field and management experience associated with that role. To assist them in their new role, they were provided with additional support by a regional manager, as their line manager and other colleagues, for a period of time. The centre manager and regional manager informed the inspectors that this additional support was continuing to be provided to further enhance their settling into the role.

In interview, the centre manager demonstrated an awareness of their role and responsibilities, and they described the systems in place to oversee and lead out on staff practices. Their oversight of records was evident with direction on specific areas noted at team meetings and of them fulfilling their reporting responsibilities to the regional manager and keeping them informed of what was happening for the children and the centre. The centre manager provided staff with supervision and attended handovers daily too. Staff in interview identified the centre manager as a good support and they were consistently available to staff. Despite ongoing direction by them there was a deficit in staff not completing all sections of the daily log books and other records in full and they must place great attention to this to ensure they are completed correctly, and that the centre manager ensures staff are held accountable for their work. Further, they must ensure that the team is provided with feedback from senior management meetings and SERG's meetings.



The internal management structure was not appropriate to the purpose of the centre. The centre manager was supported by a suitably qualified deputy manager who had the experience required for the role. They were newly appointed to the organisation and commenced duties in the centre in July 2023. Two previous deputies had been in place with both having moved to positions in other homes within the organisation with one for health and safety reasons. The deputy manager was the appointed person to act up in the centre manager absence. The centre manager worked full-time in the centre Monday through to Friday during normal working hours with the deputy completing a mix of office hours and assisting the staff team with the care of the young people. A written delegation of tasks record was in place with staff having responsibility for completing daily tasks too. There was a deficit in the number of social care leader positions and a total of six full-time, and two-part time social care workers completed the staff team. These staff members held an appropriate and/ or related qualification. Just three of these staff members had remained in the centre since it opened ten months ago, and the inspectors identified a lack of residential care experience amongst the current staff team. Senior management agreed with this in addition to it being named by staff in interview and evident from the review of team meeting minutes.

It was recorded in team meeting minutes that specific policies and procedures had been discussed yet the inspectors were informed that this doesn't happen which had been further evidenced in this inspection by the staff's lack of knowledge on behaviour management policies as mentioned earlier in this report. This disconnect must be addressed without delay.

The centre's policy on risk assessment and risk management included procedures for identifying, analysing, evaluating, and controlling risks. The centre manager held responsibility for maintaining the centre risk register and ensuring risk assessments and risk management plans were completed, reviewed, and updated when required and that the staff team was familiar with these. Following an audit of the risk management processes in the centre the compliance officer included in their action plan the need for the risk register to be kept up to date and include all identified risks. On their review of the risk register the inspectors concurred with this finding too. The centre manager described the risk management plans and safety plans in place for the children. However, staff struggled with this in interview and could not refer to individual plans in place for the children when describing how they were managing the risks presented by them. The inspectors found that the individual risk management plans were lengthy and there were a number of safety plans on suicide ideation for e.g., held in the active folder for one child when one is required. Further,



a safety plan was developed due to the risks presented by one of the children when on activities in the community. Rather, detail could have been included in the child's individual crisis support plan. The inspectors found that the centre was actively engaging with all relevant stakeholders in managing the risks posed by the children, to themselves and their situation.

A service level agreement was in place between the centre and the Tusla National Private Placement Team (NPPT) with reports submitted by the centre as required.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must demonstrate greater leadership, management, and accountability in the centre to include providing the staff team with relevant feedback from discussions from varying types of meetings and audits, having regular discussions on policies and procedures at team meetings and ensuring centre records are being completed appropriately.
- Senior management must ensure that an appropriate internal management structure in place.
- The centre manager must ensure that all staff are familiar with individual support plans and risk management plans in place for the children and that only current plans are contained in the active file.

## **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.**

It was the inspectors' findings that workforce planning for the centre was ineffective and it had resulted in a lack of continuity of care being provided for the children and the children were experiencing instability in their placements. Senior management were fully aware of the staffing deficits and the issues being experienced by staff in the centre through discussions at the weekly held workforce planning meetings and information submitted by the centre manager and sent to the regional manager via the weekly HR reports. In these reports the centre manager had expressed their concern over the lack of experienced social care leaders on the team to support the inexperienced staff team. The staff team's well-being was also recorded on the team meeting records. Individual staff had expressed feeling stressed, tired, 'struggling with all the changes' and want to learn from experienced staff. Staffing levels were found to be not suitable to the purpose of the centre with the right mix of skills, competencies, and capabilities not in place either. The organisation had failed to analyse, identify, and develop a strategy to have an effective staff team to meet the needs of the children.

The inspectors found that the centre was failing to operate in compliance with the Tusla ACIMS regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations. At a minimum, there were not enough staff employed in the centre at the time of the inspection. The staffing complement included the centre manager, a deputy manager, six full-time social care workers, two part-time social care workers and one relief social care worker. The inspectors were informed that there was a deficit in one social care worker position. However, as a 2:1 staffing ratio had been allocated to one child the centre did not have the correct number or a stable staff team to accommodate two sleepover shifts and a day support shift. Staff from other homes in the organisation were filling the gaps however there continued to be deficits in day support shifts being filled. On review of staff rotas, the inspectors found that for September alone a total of 15 staff from other homes within the organisation had worked in the centre. These 15 workers were new to both children. From the review of daily logs, the inspectors found that on another date two staff, who were new to the children, had

completed sleepover shifts in the centre. Staffing arrangements had changed further in the week since the inspectors were onsite. Over the course of the inspection and up until the time of writing this report the changes to the staff are as following:

- one part-time worker who had been placed on suspension was in the process of being transferred to another home following a disciplinary hearing.
- one full-time worker had been transferred out to another home due to being targeted by one of the children and had been injured during an SEN – unclear how long this arrangement will last.
- one full-time worker has transferred to another home for health and safety reasons.

The staff team had since been reduced to four full-time staff and one part-time staff who had returned to college and was limited in their ability to support the team. The single relief worker had also returned to college. One of these full-time staff is due to leave the centre and organisation in November 2023 having accepted a job elsewhere. Another full-time worker had also requested a transfer to another home due to being targeted by one of the children. This had not been actioned at the time of writing the report. The regional manager informed the inspectors that three new staff are scheduled to commence working in the centre on the 24<sup>th</sup> of October 2023. The inspectors requested the curriculum vitae (CV's) of these individuals given the immediate need for appropriately experienced staff. Of the two cv's provided both were new to the organisation; one did not have any relevant work experience with the other person having worked for nine months in a residential setting on a part-time experience. They did have other experience working with children. Even with the addition of these three staff the centre will continue to fail to operate in compliance with the Tusla ACIMS staffing regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations. The centre did not have an appropriate relief panel to support staff in the centre.

As mentioned above one staff member had been subject of a disciplinary hearing the process of which had initially, to the inspector's knowledge, been managed appropriately. However, further queries regarding this staff members practices had occurred since the inspectors were onsite. The inspectors also identified practice issues relating to another staff member that did not appear to have been followed up by centre or regional management when asked by the inspectors. In summary, having attempted to follow up both issues with the centre manager and the regional manager the inspectors are not clear on how both issues were managed. The inspectors are now requesting that a full review of these staff members practices,

relating to incidents that they have been involved in, alleged or otherwise, is undertaken and a submitted to ACIMS without delay.

A total of seven staff had left the centre a six-month period with three transferring to other homes in the organisation and four having resigned. Just three members of the staff team, including the centre manager have remained in the centre since it opened. Of the three exit interview records provided to the inspectors it was evident that staff had issues relating to their employment for e.g., being asked to complete shifts in other homes at short notice, contracts unfilled, unpredictability due to having to cover shifts in other homes, long travel distances when travelling to other homes, manager didn't have time to train staff.

There had been no update to the retention policy. The organisation was in the process of completing a retention study with staff members having been provided with a survey. The regional manager stated that an action plan will be developed from the results of the surveys. Apart from counselling support staff in interview struggled to name other incentives provided to them by the organisation to support them in their work. The regional manager advised that professional reflective practice sessions will be provided to the staff team and the initial date had been scheduled.

In line with policy procedures for on-call were in place. The on-call roster was managed by those holding management positions across the organisation. There were no concerns or issues regarding on-call arrangements identified by staff to the inspectors. Staff in interview were familiar with its operation.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 6.1</b>

## **Actions required**

- The registered proprietor must ensure that the centre is operating with the requirements set out under the Tusla ACIMS staffing regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.
- The registered proprietor must ensure that a panel of qualified and experienced relief staff is available to support the centres rota.
- Senior management must conduct a full review of the practice issues relating to two staff members to include recommendations for future learning and to inform improvements in practices.
- Senior management must ensure that feedback provided from exit interviews informs discussions at workforce planning forums and that it's acted on.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager and senior management must be clear of the aims of the placements so that goals created are in line with the centre's statement of purpose.	11.12.23 The statement of purpose and for pilot short term emergency placements will be reviewed and updated.	Once the SOP is reviewed and updated, this will be rolled out to each other home registered for pilot short term emergency placements. All staff will receive a presentation on the SOP to make clear goals and expectations of the placement. New staff joining the team going forward will receive this presentation as part of the in-house induction
	The centre manager must ensure that the key working policy is adhered to, that extra support and direction is provided where gaps in staff knowledge and skills exist.	With immediate effect, the home manager will review the keywork policy with keyworkers. The key work policy will be reviewed with the team at the next team meeting (2.11.23) The regional manager as part of visits to the home will review the keywork policy with management and provide additional coaching and support where needed.	Policy on key-working will be reviewed with all managers at the next management meeting (23.11.23). Managers will review the key-working policy with their teams at their subsequent team meetings to ensure everyone is clear on the process.

	The centre must develop the staff team's ability, experience and knowledge to advocate for the children in placement.	At the next team meeting (2.11.23), home management with the support of regional management will complete a presentation on the roles and responsibilities of being keyworker. Home management will provide ongoing support, coaching and guidance for staff in their roles.	Presentation on keywork will be delivered by all home management teams to their teams via team meeting. Home management will provide ongoing support to staff to develop their skillset in this area.
<b>3</b>	<p>The centre manager must refresh those policies relating to positive behaviour and the management of young people's behaviour with the staff team.</p> <p>The centre manager must satisfy themselves that the staff team are consistently familiar with all individual plans in place for the children.</p>	<p>At the next team meeting on the 2.11.23 regional manager and home management will review the policies and procedures on positive behaviour support. Snr Psychologist and OT will attend the meeting and review the yp needs and support strategies with management and the team.</p> <p>With immediate effect, home management will review individual plans with staff as part of handover. A member of the therapeutic support team [Snr Psychologist and OT] is attending the team meeting on 02.11.23 to ensure staff fully understand the young person's needs and individual plans.</p>	<p>Regional managers as part of their visits to the homes and compliance manager as part of completing audits in the homes, will satisfy themselves that staff are able to verbalise policies and procedures on positive behaviour support and behaviour management.</p> <p>Regional managers at next management meeting will communicate to all home management to ensure that individual plans are reviewed and discussed at each handover in the homes. As part of Regional managers visits to the homes, they will satisfy themselves that plans in place are being followed. Compliance manager as part of their audits to the</p>

	<p>Senior management must ensure that model of care training is provided to staff in line with policy.</p> <p>The centre manager must ensure that the children are supported to develop an understanding of their behaviour.</p> <p>The centre manager must ensure that learning from all incidents is captured, that feedback is provided to the staff team and where gaps exist in the process that these are followed up.</p>	<p>Remaining staff have been scheduled to complete CARE training in the next 6 months.</p> <p>With immediate effect, home management will liaise with Snr Psychologist and to review plans in place for staff to follow which will support the young person to develop an understanding of their behaviour.</p> <p>With immediate effect, learnings from incidents will be communicated to all staff via handover and brought to and discussed at team meetings.</p>	<p>homes will satisfy this is being completed.</p> <p>All staff receive training in the model of care as part of induction, will receive a copy of the CARE book as part of induction. Managers will become CARE champions within their homes, so that they will champion the use of CARE on a daily basis.</p> <p>Regional management at the next management meeting will communicate to all home managers that where a young person is unable to complete a LSI, an alternative piece should be completed with each young person in order to support them to learn from and understand their behaviours.</p> <p>19.10.23 Regional managers completed a piece with all home managers at the management meeting and reviewed the process around learnings from incidents and how these are shared with their teams.</p>
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	<p>Senior management must strengthen auditing arrangements for the centre as a number of deficits in this report had not been identified through current measures.</p> <p>The centre manager must ensure that reviews of each restrictive practice occur and there's more robust monitoring of each restrictive practice so that they are occurring for correct reasons.</p> <p>Senior management must review the incidents and numbers of physical restraints in line with the lack of stable, inexperienced, and ongoing changes</p>	<p>With immediate effect, compliance manager will complete audits taking into consideration learning from this inspection. Regional management as part of their visits will satisfy themselves through observation, interaction with staff and management and review of documents that policies are being followed and information is shared with the team. Where an audit has been completed, Regional manager will review any identified actions and satisfy themselves that these have been closed out.</p> <p>27.11.23, all restrictive practices have been reviewed in the home. Any restrictive practice used is based on an assessment of risk and documented in the young person's individual risk management plan.</p> <p>23.10.23 a review of restraints was completed and will be forwarded to ACIMS as part of submitting this CAPA.</p>	<p>Compliance manager will ensure all policies and procedures are being followed in the home in respect of positive behaviour support when completing audits. Regional management as part of their visits to all homes will satisfy themselves through observation, interaction with staff and management and review of key documents that policies are being followed and information is shared with the team. Regional managers will ensure clear evidence of any identified actions are being completed.</p> <p>Restrictive practice policy to be reviewed with all home managers at next management meeting to ensure that restrictive practices are only implemented due to an identified risk and that they are reviewed in line with policy.</p> <p>SENs are tracked via the weekly operations reports, where an upward trajectory of trends emerges. Regional management will escalate this to be reviewed with a</p>
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	within the staff team and the requirements of the behaviour management programme in operation in the centre.		member of the therapeutic support team to identify appropriate actions to support the home. A member of the SEN team produces a monthly report outlining restraints used per home to identify emerging trends. Where a trend is emerging, the SEN team member will ensure a review takes place, learnings are clearly identified and documented and shared with the team.
5	The centre manager must demonstrate greater leadership, management and accountability in the centre to include providing the staff team with relevant feedback from discussions from varying types of meetings and audits, having regular discussions on policies and procedures at team meetings and ensuring centre records are being completed appropriately.	With immediate effect, home management team will ensure that actions from meetings are communicated to the staff team via handover, team meeting minutes and supervisions. Home management have communicated to the team the importance of good record keeping and are monitoring documents to ensure they are completed in full daily. Regional manager as part of their visits will temperature check these actions are being followed through observation, speaking with staff and young people, reviewing documentation.	Regional management will communicate to home managers at the next management meeting the importance of good record keeping, communication with their teams on learnings from incidents, support plans via handover, supervision and team meetings. Regional managers will temperature check documentation to ensure this is being followed. Compliance manager will complete audits and satisfy themselves that this is followed.

	<p>Senior management must ensure that there's an appropriate internal management structure in place.</p> <p>The centre manager must ensure that all staff are familiar with individual support plans and risk management plans in place for the children and that only current plans are contained in the active file.</p>	<p>There is a qualified manager and deputy home manager in the home. A social care leader has been identified and will commence their post 01.12.23.</p> <p>With immediate effect, individual support plans and risk management plans are reviewed as part of hand over. The active file was reviewed to ensure that only current plans are on file.</p>	<p>Weekly work force planning meetings will be strengthened to capture any deficits found in staffing. A clear action plan implemented where deficits are in place</p> <p>Regional management will complete a review of the active file as part of home visits to ensure only up to date live information is contained within. Compliance manager and regional manager will test staff knowledge on young people's individual plans as part of their visits to the homes.</p>
6	<p>The registered proprietor must ensure that the centre is operating with the requirements set out under the Tusla ACIMS staffing regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.</p> <p>The registered proprietor must ensure that a panel of qualified and experienced relief staff is available to support the centres rota.</p>	<p>This was reviewed at work force planning on 24.10.23. Two full-time staff are scheduled to take up position on the 27.10.23.</p> <p>There is currently one bank staff available to the team. There is a newly appointed bank staff scheduled to take up post from 27.11.23.</p>	<p>Workforce planning takes place weekly, where a deficit is identified a plan will be put in place to address staffing deficits.</p> <p>There is a recruitment plan in place to extend the bank staff pool within the organisation.</p>

	<p>Senior management must conduct a full review of the practice issues relating to two staff members to include recommendations for future learning and to inform improvements in practices.</p> <p>Senior management must ensure that feedback provided from exit interviews informs discussions at workforce planning forums and that it's acted on.</p>	<p>A full review of said incident was completed by management and human resources. Learnings from the incident will be shared at next team meeting on the 2.11.23.</p> <p>By 30.11.23 a review with management and human resources will take place to agree on how this information will be shared and learnings implemented.</p>	<p>Policy and procedure on working Alone has been reviewed and updated and scheduled for release 31.10.23. Regional managers will discuss the policy at next management meeting 23.11.23. Home managers will review said policy at their subsequent team meeting with all staff.</p> <p>Once the process is reviewed and agreed on how to share learnings from exit interviews. This process will be rolled out throughout the organisation.</p>
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