



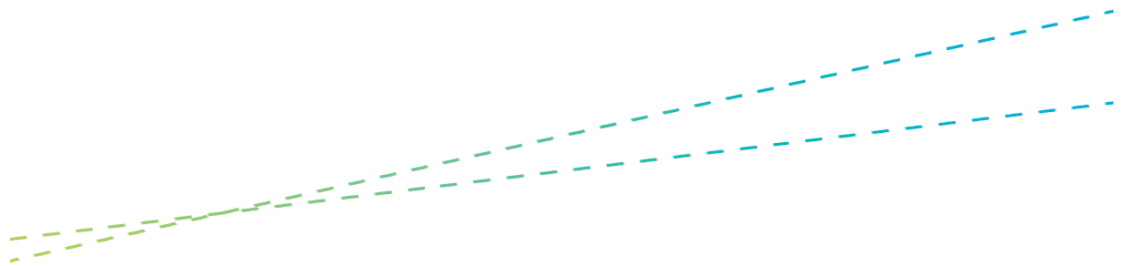
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 210

Year: 2024



Report on the review of CAPA implementation

Year:	2024
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Two Young People
Type of Inspection Activity:	CAPA Review
Dates of inspection activity:	13th May 2024
Registration Status:	Registered from 28th October 2022 to the 28th October 2025
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	27th November 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 implementation of the centre's Corrective and Preventative Actions (CAPA) following on from a themed inspection carried out on 26th-28th September 2023. The centre was granted its first registration in October 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 from 28th October 2022 to the 28th October 2025 without attached conditions.

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 was one young person living in the centre at the time of this review inspection.

1.2 Methodology

The inspectors examined the progress made by the centre with the implementation of the CAPA from the previous inspection in 26th-28th September 2023. A blended inspection approach was utilised that involved an unannounced visit to the centre and a review of documents remotely. Interviews were conducted with centre management, staff and social workers.

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 person, 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 19th July 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have implemented the required actions and therefore 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 28th October 2022 to the 28th October 2025 to Part VIII, and 1991 Child Care Act.

3. Review 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.

Actions Theme 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.
- 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.

Centres Response

- 11.12.23 - The statement of purpose and for pilot short term emergency placements will be reviewed and updated.
- 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.
- 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.

Review Findings:

The statement of purpose for the centre had been reviewed since the last inspection and remained as a short term immediate, emergency response residential centre. Staff were aware of the stated purpose of the centre, and all were aware that they were providing a placement for a young person at this time outside of the this. The young person currently in placement had been there for over a year. This placement was reviewed on a regular basis.

Staff interviewed were clear on the current goals for the young persons placement and that they would not be remaining in the centre on a long term basis. The young persons placement plan was reflective of this however, given the short term nature of the placement this was limiting the longer term work that could be done to support the young person.

Regular key working was being undertaken with the young person. They had two assigned key workers, however given there was only one young person resident in the centre, each staff member was involved in the key working sessions, and the tracking of this was the responsibility of the key worker. Inspectors reviewed team meeting records which evidenced the planning for key working and tools to support the team in completing these sessions. Staff in interview advised that each member of the team was clear on the key working goals for the young person and if the opportunity arose the session would be completed even if it was not their assigned topic. In the sample of key working sessions reviewed it was evident that the identified work was being completed as planned.

The centre manager was developing the team's knowledge through the provision of monthly training during team meetings. The centre manager endeavoured to have a facilitated educational piece once per month in an area relevant to the young person's needs. There was a mix of experienced and newly qualified staff working in the centre which allowed for role modelling and development of the newer staff's skills. The team were also supported by experienced staff from other centres which again supported staff development.

Policies were reviewed within team meetings and the key working policy had been reviewed in November 2023 in line with the CAPA. However, there had been a changeover in staff working in the centre in the last six months. While this key working policy was discussed as part of the induction for these new staff members, a review of the key working policy with the team would be beneficial to ensure they understand and can implement it effectively and that the CAPA is implemented.

Further Action:

- Actions identified within the CAPA under this theme must continue to be implemented into practice within the centre.

Compliance with regulations	
Regulation met	Regulation 5
Regulation not met	None Identified

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

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.

Actions Theme 3

- 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 as a number of deficits in this report had not been identified through current measures
- 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.

- 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 requirements of the behaviour management programme in operation in the centre.

Centre's Response

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 young person's needs and support strategies with management and the team.

- 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.
- Remaining staff have been scheduled to complete CARE training in the next 6 months.
- 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.
- With immediate effect, learnings from incidents will be communicated to all staff via handover and brought to and discussed at team meetings.
- 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.
- 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.
- 23.10.23 a review of restraints was completed and will be forwarded to ACIMS as part of submitting this CAPA.

Review Findings

As noted above, policies and procedure were reviewed through team meetings and within supervision. The staff team currently working in the centre had only been in post for the previous six months and had received training in policies and procedures as part of their

induction. However, it would be beneficial to review the policy around behaviour management again to support the current team's knowledge and to ensure that the CAPA is being implemented.

There was evidence of the therapeutic support team (TST) attending meetings with the team since the last inspection, these were occurring on a weekly basis and strategies to support the team managing the young people's behaviour was provided through these meetings. Staff in interview were aware of the strategies advised during these meetings and spoke about the most recent changes to their approach to managing the young persons behaviour. A decision had been made to change the frequency of these meetings in the month prior to this inspection due to progress being made.

The decisions from these meetings were discussed at team meetings, as were learnings from Significant Event Review Group meetings (SERG). In addition to these learnings being discussed in handovers, staff were expected to review the "hand over folder" which contained the most up to date plans in relation to the young person. While the minutes of the SERGs were not on file at the time of inspection, in interview staff were aware of the learnings from the SERG meetings and the changes that these brought to practical elements of the care being provided to the young person. Documentation within the files relating to the young person was signed off by staff to evidence that they had reviewed it and in interview staff demonstrated a good understanding and awareness of the young persons plans, vulnerabilities and the safeguarding mechanisms that had been implemented to safeguard them.

There were very clear daily plans in place for the young person. These were reviewed with the young person the night before and presented to them in a child friendly way. Any changes or amendments were communicated during hand over and they were recorded within the young person's care record.

Given the presenting needs of the young person and the need for an assessment to determine what exactly the needs are, it was not possible to complete extensive work with this young person to understand their behaviours. However as detailed above, key working was being completed, and when possible work around understanding their behaviour was being undertaken however it was limited.

Two staff members, one being relief, still required training in the centre's model of care and dates for this training had been scheduled.

A full audit within the centre under each of the Themes of the National Standards for Children’s Residential Centres, 2018 (HIQA) was completed in April 2024. Within this, staff’s knowledge was ascertained in various areas including the young person’s plans, risk documents and procedures within the centre. The audit identified areas of good practice and areas where further development was required. Areas of noncompliance with the National Standard were highlighted within the audit, and details of the identified deficits included. In addition to this there were on-going audits within the centre. Learning from audits was shared with the team when actions required were applicable to their role.

Restrictive practice were in place within the centre and these were reviewed in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). In terms of physical restraint, there had been a significant reduction in the use of this, and when it had been used it was proportionate to the risk present. Each physical restraint was reviewed within the SERG meetings to ensure that practice was inline with the young person’s Individual Crisis Support Plan (ICSP) and learnings were identified. The social worker indicated that they were satisfied with the use of physical restraint and felt that it was only used as a last resort. All restrictive practices, including physical restraint were recorded within the centre’s restrictive practice register. This register included dates that practices were reviewed and closed. However, some restrictive practices, while no longer in place following discussion within team meetings or at the end of an event, remained opened on the register. Review of the register to ensure practices include a closure date if no longer in place is required. This would also support the evidencing of management oversight in relation to these practices.

All restrictive practices in place had an associated risk assessment. At times the recording within the risk assessment required some improvement as the risk described was not an accurate description of the risk and was more focused on the rationale for the implementation of the restrictive practice.

When possible, given the needs of the young person, there was also clear evidence of consultation with the young person about the restrictive practice being implemented to ensure that they had an understanding of this.

Further Action Required:

- Actions identified within the CAPA under this Theme must continue to be implemented into practice within the centre.

Compliance with regulations	
Regulation met	Regulation 5

	Regulation 16
Regulation not met	None identified

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

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.

Actions Theme 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.
- Senior management must ensure that there's 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.

Centre's Response

- 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.

- 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.
- 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.

Review Findings

Since the last inspection there had been a change over in management within the centre and a new social care manager was in place. There was a deputy manager also in place and they were both supported by a regional manager. Within the sample of documents reviewed there was good evidence of management oversight on documentation relating to the young person, daily plans and risks assessments. Staff interviewed spoke positively about the support they received from the management team. There was good evidence of information being shared with the team in a timely manner and changes arising to plans from various meeting forums were being implemented into practice. Debriefs following significant events were occurring with staff members and a sample of these reviewed evidenced the support being provided to the team and learning being taken from significant events. The team spoke about being supported when they had had a difficult shift and the manager being in regular contact with them.

At the time of this inspection, there was still only one social care leader in post and as such the management team were at times providing support to the team in terms of role modelling to develop their skills and shift planning. Further development of the team through the appointment of social care leaders is required to ensure that there is sufficient staff available to support the team and their practice development and leadership.

As detailed in previous sections of this report, the staff team had good knowledge of the most recent plans in place for the young person, their needs and safeguards in place.

Further Action Required

- Actions identified within the CAPA under this theme must continue to be implemented into practice.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

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

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.

Actions Theme 6

- 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.

Centre's Response

- 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.

- 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.
- 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.
- 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.

Review Findings

The centre is continuing to operate below the minimum requirements in terms of staffing. There had been eleven staff members who had left or moved within the organisation since the last inspection in September 2023. Two members of the team had left in the two weeks before this inspection. At the time of inspection there was a Social Care Manager, Deputy Social Care Manager, Social Care leader and four social care workers. There was one bank staff member. Ongoing recruitment was occurring at the time of inspection.

Exit interviews were occurring when members of the team left the service. A sample of these were reviewed. There was no clear pattern identified around these exits. A number of the team had requested transfers to other centres within the organisation which had been facilitated.

Additional staff from other centres within the organisation were used to cover shifts when required. During a period of time there was a plan for a male staff member to always be on shift, and due to the male to female ratio in the centre this was facilitated through the use of the same staff members from other centres. There was evidence of the impact of the changing staffing on the young person being discussed in team meetings and SERGs however it was determined that it did not appear to be having a significant negative impact. This requirement for male staff is no longer in place.

Positively staff interviewed spoke about feeling supported in their role by the current management team and were expressed commitment to the young person and to support the placement.

Further Action Required

- The registered provider 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.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
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 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed