



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 246

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	5th & 6th of November
Registration Status:	Registered from the 28th of June 2024 to the 28th of June 2025
Inspection Team:	Eileen Woods Lorraine Egan
Date Report Issued:	23rd December 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support, (Standard 1.1 & 1.4 only)	
3.2 Theme 5: Leadership, Governance and Management, (Standard 5.2 only)	
4. Corrective and Preventative Actions	17

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 28th of June 2024. 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 without attached conditions from the 28th of June 2024 to the 28th of June 2025.

This centre was a multi occupancy centre for six young people aged sixteen to eighteen years of age for medium term care. This centre was registered to provide care for separated children seeking international protection. The young people living in the centre had been displaced by the war in Ukraine and had arrived in Ireland as separated children. Measures introduced under the TPD provided certain rights to young people in these circumstances including permission to reside in Ireland for an initial period of one year (this can be extended), protection and support with child safeguarding, accommodation, education, medical needs and access to the labour market. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people. There were six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.4
5: Leadership, Governance and Management	5.2

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, 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 28th of November 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 director of care and centre manager returned the report with a CAPA on the 13th of December 2024. This was deemed to be satisfactory following discussion and evidence provided by the centre manager and the inspection service received evidence of the issues addressed. A meeting was also held with the senior management team of Ashdale Care Ireland Ltd and the ACIMS regional manager on the 11th of December and actions were put in place for the company to report on staffing details for this and other related centres.

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: 246 without attached conditions from the 28th of June 2024 to the 28th of June 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 12: Provision of Food and Cooking Facilities
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

There were six young people living at this centre, they provided written feedback to inspectors through questionnaires and one young person met with inspectors one to one. The young people were happy with most aspects of the experience of living at the centre bar the security level on the internet and there were ongoing discussions about food and cooking routines. One young person was concerned at being in a rural location far from the friends they had made. The staff described the young people as friendly, independent, good to each other and good communicators.

Several of the young people were unclear about who within the Tusla social work department was assigned to them and were without a link worker in the initial months of their placements, the centre management demonstrated their efforts to resolve this situation. The centre manager informed inspectors that at the beginning of November, a link worker was allocated to the group and their first meeting/visit to the home was on the first day of this inspection. Since the inspection all young people have now got and allocated link worker and this has been communicated to them.

Inspectors found that the management had completed a series of actions to try to establish information related to the young people, they had sought clarity regarding family contact from Tusla and had taken action in communicating with family where critical health care was required. This was completed with the young people's permission and awareness. At the start of the November a named social care worker from the Tusla separated children seeking international protection, SCSIP, social work department was assigned as a point of contact for all the young people. The matter of the assigning of a social worker for a younger person was ongoing. The social work department had not as yet supplied the required section 5 placement

plans and inspectors have to date been unable to establish what the timeline will be for provision of these plans to the young people and the team. One young person placed under a derogation regarding the registered age profile of the centre required consent for medical treatment to be signed by family or by the social work department personnel. The centre had arranged for social workers to come to the centre to meet a young person to discuss their wishes and the arrangements for their safety that were in place.

There was evidence of actions in supporting young people to realise their rights as per the UN Convention on the Rights of the Child. These included but were not limited to accessing primary and specialist health care. There had been delays from the HSE in identifying a GP practice and in the interim the centre had sourced a named GP to hold their primary care. Upon admission to the centre in July 2024 the young people had been provided with information regarding their rights and the centres core policies related to routines, rules and complaints process. There was a centre booklet in the young people's language which contained information related to young people's rights and how the team would support them in those rights' day to day. There was ample evidence of support related to education and english language support, adjusting in line with young peoples wishes where it came to educational options, employment preparation and job seeking, along with the language supports.

The team had gathered community information related to cultural supports and this was available in translated copies displayed at the centre. The young people agreed food options and menu planning weekly with the staff and several young people cooked for themselves on days they wished to do so. Discussions related to shopping remained an ongoing process with young people expressing the changes they wanted in the types and volume of foods available. The team had responded through organising more involvement by the young people in shopping for the house and in preparing their own meals where they wished to do so. The team took the young people out to eat on occasion and created a shared meal option through a pizza night and a roast dinner which the young people enjoyed.

Young people were informed about the centre's complaints and consultation processes. Consultation took place in relation to day to day living, through key working and through the weekly young people's meetings held at the centre. The young people were made aware of the Tusla complaints policy Tell Us and provided with support to understand how to access it. There had been complaints raised by two young people and these had been discussed and appropriately addressed at the centre. One of the two was absent from the designated register at the time of the

inspection. Inspectors found that the recording and tracking of instances related to these complaints required improvement to highlight the learning. Eligible significant events, which can include notifiable complaints, were evidenced as notified to the Tusla SCSIP co-ordinator and to a central social work department email as well as named persons in the social work department where their details had been confirmed.

The centre was in a rural location and the young people were provided with an orientation regarding the nearest towns along with transport and education links. The young people relied on staff to drive to these locations from which point they could travel independently on public transport. Where a young person was struggling with this change in their ability to travel independently they told inspectors that the team were helpful and supportive at this time.

The centre records for each young person displayed a generally low level of information provided at the point of admission. Additional information gathered thereafter often came from the young people themselves. They exercised their right to privacy which was respected by staff. The young people were told that information was recorded about them and offered the opportunity to see the records created by the staff. Inspectors noted that the young people were not made aware of incident and child protection reporting policies and statutory requirements the team must observe and inspectors recommend that this be completed.

There were key workers assigned and placement plans created with a range of short and medium term goals, the young people were consulted about their aims. The format in place was unevenly utilised across the different young people's files. The centre management should review the placement plan structure to ensure it represents the best fit for flexible and dynamic response to this group and that the team are clear as to what elements of the suite of available documents must be on file.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

There were young people's meetings held weekly and the records demonstrated a good process of listening to and communication with the young people. There was a translator present for all these meetings and smaller groups or one to one follow up from the young people's meetings were conducted with the translators involved throughout.

Information was gathered from the young people and acted on in the case of matters within the control of the centre, for example different types of English language support, adjusting food options, activities and sports. Where requests fell outside the remit of the centre there was evidence of the management contacting the social work department to seek answers and responses for the young people.

There was clear direction from the management since the centre opened for staff to provide 24 hour access to a translator and documents including information booklets and information sheets were provided for in translated versions. Inspectors found that the staff acted on those directions and organised access to and ensured the availability of translators as routine.

Inspectors found that there were a number of ways in which the young people had influenced change at the centre. These included a change to the location and type of English language classes and the availability of food. They had raised issues with the security settings on the internet and the centre manager had arranged for the company IT cyber security specialist to visit the centre to review the overall internet provision.

Whilst it was evidenced that there had been discussions relating to children's rights and to existing children's rights organisations in this country, this could be continually built on and incorporated into the admission and placement planning systems at the centre. There had been recent improvements noted in sharing information relating to the youth advocacy service EPIC as well as the Ombudsman for Children Office. Communication had been established with EPIC to arrange a visit to the centre.

As stated, there was little information available related to family and previous life experiences of the young people. In the main this was provided by the young people themselves where they wished to do so. The centres regional manager told inspectors of their wish to build on family communications and their liaison with Tusla in this regard.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1, 1.4
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

Actions required

- None required

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 current care manager took over the role officially on the 25th of September 2024, they had been working at the centre as a social care leader and was identified as the planned future centre manager. Their transition into the role of full time centre manager was ratified by the ACIMS registration panel in August 2024, to commence the in September. The centre manager up to that point was the regional manager, they based themselves at the centre and was assisted in their role by the now centre manager. The centre manager had a social care leader who was now the delegated person to provide cover in their absence. During recent leave taken by the centre manager the social care leader described a robust process of preparation for this and that they were freed from their roster duties to complete the typical centre manager hours and days Monday to Friday. There was an updated delegation list created, and this was maintained by the centre manager and shared with the team regarding tasks assigned. These were also discussed at supervisions.

Inspectors found that in reviewing staffing lists with a number of the companies newly opening centres, also providing the same service type, that two staff members

listed as full time staff for this centre were subsequently listed on a new application for another centre. This matter was raised with the centre manager who stated that they were not aware of this and to their knowledge their team was confirmed including a second social care leader named to commence in December. The matter was also raised with the regional manager who told inspectors that the persons involved would not be leaving the team. Inspectors have requested that this be followed up and verified for inspectors and that staffing lists being provided for inspections must be reviewed and verified by centre managers before being provided to the inspectorate as a statement of fact.

Leadership was demonstrated through commentary throughout the records, the supervision sessions and team meetings. The current centre manager was adapting to the system of care related to this particular client group and stated that they were supported in this by the regional manager. Inspectors found that the centre manager was present, providing supervision and available to the staff and young people. They had recently directed that staff be more specific and clearer in their recordings in daily logs, handovers and planning. Inspectors found that this was relevant and an ongoing area of team development that required work. There had been additional supports provided through probations and formal and informal supervisions. The centre manager was still establishing robust structures around learning and skills development within the team and should demonstrate this more robustly through assignment of tasks at team meetings, review of placement planning and key working to provide guidance to staff.

Inspectors also found on daily logs that staff were failing to record their full name. The team must ensure that they record the full complement of staff on shift. These are key areas of safeguarding that are important within a centre, that a staff list, rosters, daily logs and handovers must be accurate and align. Report writing training should be organised for the team.

The centre had a service level agreement in place with Tusla, an assigned co-ordinator had visited the centre, received incident reports from them and liaised regarding the service provision in line with aspects of the agreed contract. The SCSIP co-ordinator found that this centre had good quality care and systems in place to record and organise the delivery of that care. The provision of night waking staff was a requirement of the current service level agreement and of a derogation provided for the placement of an under sixteen year old. This had been ceased for a period of two weeks but was reinstated in line with the service level agreement, ACIMS inspection findings and the derogation for the younger person.

Centre policies and procedures had been created and adapted from general residential care to reflect the specific group seeking refuge from the war in Ukraine and other groups of young people seeking asylum. The regional manager named that the policies will be reviewed to reflect the learning that had taken place in the first six months that this centre and another had been open. A system of governance through monthly centre manager meetings and weekly centre governance reports had been established to track outcomes and changes required based on general learning, inspection outcomes and internal audit outcomes.

There was a structured risk management framework in place supported by policy, procedure and templates for a risk register, risk assessments and review. The centre manager co-ordinated this system and completed the risk assessments, the reviews and the updates where identified. Inspectors found that they maintained a risk register, completed group impact risk assessments and planning for new admissions, taking note of age and areas of vulnerability. Included in this process were efforts to meet either social work personnel or the providers of other centres where the young people may have resided before moving to this centre. This was not always achievable, but the centre manager continued to advocate, along with the regional manager, for more information and more contact with the social work department to support safety.

Inspectors found an overall commitment to good and safe care though the centres risk assessments and safety plans. Where new individual risks arose they were addressed through a risk management plan. Inspectors recommended that the recurring risks be reviewed for relevance to ensure that they are the most appropriate for each young person, for example newer societal risks had emerged relating to anti migrant activity. The centre management did reflect these concerns on the risk register. The safety plans placed on file upon admission also required review and updating to be a clear reflection of the current situation.

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

Compliance with standards	
Practices met the required	Not all standards under this theme

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

Actions required

- The centre manager must ensure that there is training and ongoing skills building regarding standards of recording and signing by staff at the centre.
- The registered provider must ensure that accurate records of staffing and staff assignment are provided for the inspectorate. The staffing list must be reviewed and verified by the person in charge at the centre before being provided to the inspectorate.
- The centre manager must review the recurring risks and the safety plans to identify and respond to the most relevant areas and aspects of risks for the young people and the service type.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
5	<p>The centre manager must ensure that there is training and ongoing skills building regarding standards of recording and signing by staff at the centre.</p> <p>The registered provider must ensure that accurate records of staffing and staff assignment are provided for the inspectorate. The staffing list must be reviewed and verified by the person in charge at the centre before being provided to the inspectorate.</p> <p>The centre manager must review the recurring risks and the safety plans to identify and respond to the most</p>	<p>The home manager completed a review of Ashdale Care's report writing policy at staff team meeting on the 5.12.2024. to remind staff of expectations re report writing.</p> <p>With immediate effect, the home manager will review staffing list prior to submitting to inspectorate to ensure any changes to personnel are included.</p> <p>Following discussion and clarification with inspection on the 19/12/24 it was agreed that risk assessments would be reviewed to</p>	<p>Report writing training has been scheduled for all staff on the 29.1.2025.</p> <p>Home manager will continue to oversee all records in the home and provide feedback, guidance and direction to support staff in developing good report writing skills.</p> <p>All staffing lists will be reviewed by the home manager and the regional manager. Where there are changes to staff an updated staffing list will be submitted to ACIMS via Director of Governance, Quality & Training or Director of Care as agreed with ACIMS.</p> <p>Regional manager will complete routine checks of the young people's IRMPs to ensure that the risks reflect current</p>

	relevant areas and aspects of risks for the young people and the service type.	take account of the inspection feedback and would be reviewed on a quarterly basis and when any new, relevant information arises for the young people in line with centre policy.	circumstances and are reviewed in line with policy. Ashdale Care's compliance team will review IRMPs as part of scheduled audits in the home.
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