



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 247

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	30th September & 1st October 2024
Registration Status:	Registered from 28th June 2024 to 28th June 2025
Inspection Team:	Lorraine Egan Lisa Tobin
Date Report Issued:	24th 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	16

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 June 2024. At the time of this inspection the centre was in its first registration. The centre was registered without attached conditions from 28th June 2024 to 28th June 2025.

This centre was established under the Temporary Protection Directive, (TPD). 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 dedicated social work department was unavailable for interview prior to the draft report being issued. 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.

Two young people met directly with inspectors during the visit to the centre and one chatted to them over their lunch break when staff were present. All young people were provided with the opportunity to complete questionnaires also. Inspectors interviewed the centre's manager, two staff and the regional manager for the organisation. As referred to above, there was no one available for interview from the dedicated social work team for SCSIP as part of the inspection process prior to the issue of the draft report.

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 18th October 2024. At the time of the inspection, staffing anomalies were raised with the centre and regional managers. These matters were addressed through a registration compliance meeting on the 11th December 2024 where a commitment was given by the provider that they would ensure the issues would not reoccur. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 1st November 2024. 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: 247 without attached conditions from the 28th June 2024 to the 28th 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.

Young people living in the centre were receiving a high standard of child centred care from the staff team that promoted their individual rights, respected their cultural diversity and supported their health and education needs. All young people were progressing well in their placements and were provided with opportunities to fulfil their potential and maximise their individual talents. Staff had developed positive relationships with young people and inspectors observed a warm atmosphere in the centre while they were present on inspection. Five out of six young people were attending a college course and one who had recently moved in was well supported by the staff team to access a course of their choice.

Two young people spoke directly to inspectors in the centre and one chatted with them while having lunch with staff. They expressed very positive views about their care and everyday experiences and commented that they ‘enjoyed living in the centre’ and it was ‘a lovely home’ and their ‘bedrooms were really big’. They said they had formed good relationships with staff and other young people and they felt ‘listened to’. They stated they were aware of their rights and were told how to make a complaint if there was anything they were unhappy about. They said the centre manager was available to them when they needed and described how they were facilitated to pursue their specific hobbies and individual interests such as music, acting, and programming. They said that they ‘liked the food’ and described the local dishes they cooked from their country of origin. Menu planning and shopping with staff regularly took place to buy ingredients of their preferred choice. In addition, young people and staff eating together was promoted and individual health needs were accounted for when preparing meals. Young people also gave positive feedback through the questionnaires provided by inspectors.

There was evidence on young people's files that the staff were aware of children's rights and they promoted and informed them of these initially through the admission process as well as part of key working while they were settling into the centre. There was great care taken by the staff team to find out each young person's level of English. Translators were routinely used as part of the admission process but also at any time when required by young people so that they clearly understood what was being communicated. Ensuring each young person was progressing with English remained a priority for the staff team and opportunities to attend additional English courses were provided to all to improve their language skills.

Children's rights were promoted and protected by staff in practice through sourcing medical and dental care, applying for college courses and joining activities and special interests within their community. These were clearly identified as part of placement planning where actions were reviewed according to each goal. Young people were included in decisions made about their care through one to one sessions, weekly group meetings and daily interactions. Where appropriate their parents were asked for their input and kept informed on the progress made or any matters affecting them that required their support and intervention. Young people's records also showed that staff were proactive and responsive to any emerging individual needs such as health and well being issues and appointments for treatments were arranged promptly to address any underlying medical causes. The centre's policy on children's rights was aligned to the United Nations Convention on the Rights of the Child (UNCRC).

None of the six young people living in the centre had a link worker or social worker allocated to them, nor did they have a Section 5 placement plan completed on admission to the centre. The centre had been told to submit any incidents that occurred in the centre to the SCSIP intake team as well as to the SCSIP coordinator via email. The deficit in social work and link work support for the young people had been escalated internally within the organisation and the concern had been communicated formally to the dedicated social work team by the organisation's regional manager. Staff had supported one young person to make a formal complaint about this gap through Tusla's Tell Us procedure. The centre was informed by the social work team leader that an allocated link worker would be assigned to the group of young people when the current recruitment process was completed. The centre manager informed inspectors that a link worker had been assigned at the time the draft inspection report was issued.

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

Inspectors found good evidence on the young people's care records that as soon as they moved into the centre they had access to and were helped to understand specific information important for them in their placement. This included awareness of their individual rights and how to access these, knowledge of the UN Convention on the Rights of the Child, how to speak out about dissatisfactions in the centre as well as what to expect from living there with other young people. They were also informed of the rules and routines of the house, provided with an orientation of the local area including public transport routes and schedules and how to join the community activities and facilities surrounding the centre.

Young people were supported to learn about college courses of interest to them, informed of the citizens advice agency and how to give feedback through Tusla's 'Tell Us' process. Discussions were taking place too regarding Empowering People In Care (EPIC) and they had been contacted to visit the centre. A young people's booklet was provided at the time of each young person's admission. All content exchanged with young people and their families was translated into their language of choice and as referred to above, the use of translators was routine practice amongst the staff team. Young people were regularly asked in the individual sessions with keyworkers as well as at group meetings, if they understood the information being shared with them. Inspectors were told by young people that they were receiving a lot of ongoing help from staff on their entitlements and education options and said that specialist services were explored with them should they need them as part of health and wellbeing supports. They also understood that they would remain at the centre until they were 18 years of age. This item was part of an agenda topic for the young people's meetings which took place each week.

Staff supported young people to have their voice heard and one young person had made a complaint through the Tusla's Tell Us process because the centre was too far away from their friends and the educational course they attended. They had not received a response despite it being over one month since their submission. Senior management had communicated the young person's dissatisfaction to the dedicated social work department but it was unresolved. Inspectors recommend that staff support the young person to engage in external advocacy services if they remain unhappy. Centre management and staff had a good awareness of the importance for the young people to maintain regular contact with their families in Ukraine as well as involving them in important decisions their children had to make while living in this

country. Young people who spoke to inspectors had been made aware why they were visiting the centre and they also had been provided with some information on the National Standards.

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 Standard 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 identified

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.

Inspectors found that there was evidence of strong leadership demonstrated by the centre manager. They were the person in charge and were responsible for the centre's day-to-day running. Good governance systems and practices had been implemented so that young people would receive effective, safe and child centred care. The centre manager reported to the regional manager and they provided regular supervision to them as well as consistent assistance and advice when required. They maintained external oversight and visited the centre often. All staff at interview said that the

regional manager was accessible and helpful to them and could describe the internal and external management structures.

However, some issues emerged relating to the lines of authority within the centre's internal management structure identified during two staff interviews. A social care leader post was in place and a number of roles had been delegated to them. Although this included acting for the centre manager while on leave, there was ambiguity by staff interviewed relating to who was in charge of the centre during these absences. This also included differences in understanding of this delegated role and responsibilities and if staff were directly accountable to the acting person in charge or to the regional manager. Both staff were aware that the regional manager was providing ancillary support during any absences by the centre manager. Assurances were given by centre and regional management that specific lines of authority were functioning well when the centre manager was on leave. Although there was good evidence that social care leader role issues were addressed by the centre manager during supervision, the centre and regional manager must ensure that the alternative management arrangements put in place are clear, understood and accepted by all staff when the person in charge is absent.

The centre manager was present in the centre from Monday to Friday each week. Staff described them as very supportive and gave examples of this in practice. This included being available when they needed direction in their day to day work, regular supervision and time to reflect on their practice at meetings. They said that the centre manager encouraged learning through handovers, routine team meetings, a review of placement planning and the provision of training when needed. Inspectors found evidence of this support on the young people's files and some on the team meeting minutes which contained progress updates on young people and feedback from young people's meetings. However, improvement was required regarding the recording of the reflective learning discussions taking place with staff at team meetings. This included any specific guidance provided to them by the centre manager on their interactions and practice with young people. This gap was also identified in an external audit completed in September 2024 in preparation for this announced inspection.

External auditing had begun to take place in the centre in September 2024 relating to the specific standards inspectors were inspecting under. In addition, weekly operations reports were completed by the manager and forwarded to the regional manager for their oversight. The centre had policies and procedures developed and there was evidence that these were discussed at team meetings with the staff team.

There was a risk management framework and supporting structures in place in the centre to ensure appropriate identification, assessment and management of risk for young people. This included group and individual risk assessments contained on each file. The risk assessments were quite generic as generally, the same risks were identified for each young person. Inspectors would recommend that the absent management plans record the responses to instances where young people may not return to the centre in clearer detail on their file. A written record of delegated duties had been implemented in the centre and these outlined the roles and responsibilities assigned to the staff team by the centre manager. The registered provider ensured that service-level agreements and contracts were in place for the provision of the service as well as providing evidence to the funders of their compliance with relevant legislation and the National Standards.

While the centre had sufficient staffing levels in place, anomalies were identified by inspectors regarding the full and correct names of all staff working in the centre. One of the core staff team had not been included on the staffing list submitted at the time of the inspection. In addition, two staff working in the centre were recorded on the staffing list as part of a new centre who were currently applying to ACIMS for registration. Inspectors found it difficult despite inquiring and questioning to get a clear and accurate record of staffing in the centre as various accounts were provided for the errors identified. As this issue relates to child safeguarding, it was escalated to the inspector manager for their attention. A complete record of all staff working in the centre was subsequently provided to inspectors by the centre manager. The registered provider must ensure that a full and correct list of all staff working in the centre at the time of the inspection is submitted to ACIMS on the Inspection Information Form provided. Good safeguarding practices includes openness, transparency and full and honest disclosure on staffing arrangements in centres working with children and young people.

The centre had implemented live night cover when it became operational as providers are expected to have one waking night rostered as part of their contract with funders and the registration protocol under which they are registered. However a decision had been made at senior management level to remove this shift in September 2024 as they deemed that it was not needed in the centre. The regional manager told inspectors the reason was because each young person had their own bedroom and no specific wellbeing risks were currently identified for any of the group. Two sleepover shifts were instated to maintain appropriate supervision levels for young people. The social work department had been informed of the amendment by the centre. However, the current protocol states a requirement for live night cover and is the

basis for registration being granted to the registered provider. The live night shift must be in place in the centre until such time as the protocol is reviewed.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre and regional manager must ensure that the alternative management arrangements put in place when the person in charge is absent are clear, understood and accepted by all staff.
- The centre manager must ensure that detail on the discussions taking place with staff is recorded on team meeting minutes including reflection on their learning and any specific guidance provided to them on their interactions and practice with young people.
- The registered provider must ensure that a full and correct list of all staff working in the centre at the time of the inspection is submitted to ACIMS on the Inspection Information Form provided.
- The registered provider must ensure that the live night shift removed from the centre is reinstated and remains in place until such time as the protocol under which it was agreed is reviewed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
5	<p>The centre and regional manager must ensure that the alternative management arrangements put in place when the person in charge is absent are clear, understood and accepted by all staff.</p> <p>The centre manager must ensure that detail on the discussions taking place with staff is recorded on team meeting minutes including reflection on their learning and any specific guidance provided to them on their interactions and practice with young people.</p>	<p>Home manager reaffirmed the management structure with the team for times when home manager is not present in the home. This was discussed at team meeting 17.10.24.</p> <p>With immediate effect, home manager will maintain more details on team meeting minutes of discussions with the team and learnings discussed at team meetings.</p>	<p>Home manager will review the management structure with the team where there are any changes to the management structure.</p> <p>As part of inducting new staff into the home, home manager will review the reporting/management structure to satisfy themselves that staff are clear on the process.</p> <p>Regional manager will temperature check team meeting minutes to ensure they contain all required information.</p> <p>Compliance manager as part of their audits will review team meeting minutes to ensure they capture all required information.</p>

	<p>The registered provider must ensure that a full and correct list of all staff working in the centre at the time of the inspection is submitted to ACIMS on the Inspection Information Form provided.</p> <p>The registered provider must ensure that the live night shift removed from the centre is reinstated and remains in place until such time as the protocol under which it was agreed is reviewed.</p>	<p>Full and correct list of staff was provided to inspectors at time of inspection.</p> <p>24.10.24 wake night was reinstated in the home.</p>	<p>Home manager and regional manager will review staffing list prior to being submitted to ACIMS to ensure there are no errors on the form to avoid any future confusion.</p> <p>Wake night to remain in the home until the protocol has been reviewed.</p>
--	--	--	---