



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 031

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	24th and 25th May 2022
Registration Status:	Registered from the 9th of September 2022 to the 9th of September 2025
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	27th July 2022

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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 09th of September 2013. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 09th of September 2019 to the 09th of September 2022.

The centre was registered as a multi-occupancy service to accommodate three young people of both genders. The aim is to have young people aged from age ten to fourteen on admission, with a provision for young people to remain up to their eighteenth birthday. The model of care was described as providing specialist residential care through a person-centred therapeutic service to young people with complex emotional and behavioural problems. There was one child 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	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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, and the allocated social worker. 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 centre manager, director of services and the relevant social work department on the 9th of June 2022. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 23rd of June 2022.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 031 without attached conditions from the 9th September 2022 to 9th September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was registered as a multi-occupancy unit that could accommodate up to a maximum of three young people. There was a large kitchen, that had been refurbished in 2021, leading out to a small sunroom. There were two separate living rooms that young people could use for recreation or having visitors. There were three identified bedrooms for young people although at the time of this inspection there was only one young person residing at the centre and one of the dedicated children's bedrooms was being used as a staff bedroom at that time. If the centre were to operate at full capacity, the staff office would have to double up as a staff bedroom also. Young people could store their personal belongings in their bedrooms or alternatively, could have items stored securely in the staff office. Whilst onsite at the centre, inspectors observed that some of the wardrobes and drawers in the young person's bedroom were broken and staff were engaging with them to permit maintenance to repair them.

At the time of this inspection, the young person that was resident had been the sole occupant for a period of more than eight months. The play and recreational facilities indoors and in the large outdoor area were reflective of their personal interest and needs. The young person had been afforded the opportunity to choose colours for painting their bedroom and had opted to place photographs of themselves with staff on the walls in the hallway. The manager confirmed that there was a suitable budget available to them to purchase materials and resources relevant to individual needs and interests.

Inspectors observed the premises to be clean on the day of their onsite visit with evidence of a robust daily cleaning schedule in place. The manager confirmed that additional funds had been provided to ensure that there was always a sufficient supply of cleaning materials available to the staff team, and other necessary resources the young person required.

Inspectors observed that the outdoor area was well maintained. However, there had been an incident requiring medical attention when the young person accessed the roadway outside of the property. Centre management must ensure that the staff team are more rigorous in ensuring the safest possible environment that the young person has access to.

The centre was adequately lit, heated and ventilated on the day of inspectors visit and there were no noted deficits in these areas of property management. As mentioned above, the manager informed inspectors that the kitchen had been refurbished in 2021 and that the flooring had been replaced in the young person's bedroom. Inspectors observed from a review of the maintenance record that typically matters reported were responded to promptly. Inspectors did note from a walk around the property that there had been some liquid spilled out the window of the living room and the remnants remained running down the windowsill at the front door. The social worker for the young person stated that, during one visit, they had identified with staff that the condition of the property required attention due to the number of incidents that had occurred resulting in property damage. Management must ensure that, as well as ensuring prompt repairs and replacements, there is always good attention to the aesthetics of the overall property.

There was one main bathroom to be shared by all young people if the centre was operating at full capacity. Whilst the young person was a sole occupant, and had been for eight months, there was several periods during their eighteen-month long placement when they had co-residents. The young person had known challenging behaviours related to their physiology which was having significant impact on their life in the centre at the time of the inspection. This had been an issue from the outset of their placement in this centre and had impacted on one co-resident during their short placement in the summer of 2021. At that time, staff and centre management had not opted to move one of the young people into the unoccupied dedicated child's bedroom with an ensuite which could have reduced the impact of these behaviours on the second young person. That bedroom remained a staff bedroom during that time. If the centre cannot safely and effectively provide care for the stated capacity of three young people, then they may have to reconsider their maximum occupancy levels.

The centre had submitted relevant paperwork at the time of their application for registration in 2019 to demonstrate their compliance with the requirements of fire safety and building regulations. There was an updated site-specific safety statement in place for the centre. There was a recording and reporting system in place for managing risks to the health and safety of children, staff and visitors. The reporting

system in place triggered a root cause analysis of an event only in circumstances when a staff member had been absent from work for more than three days. Centre management informed inspectors that this system was actively under review at the time of this inspection with the organisation's Health and Safety manager. This will be a positive and needed development, as responses to incidents such as near-misses may also require a significant review of practice and policy that was not in place at this time.

There was a risk assessment in place regarding the removal of fire extinguishers from the floor for safety reasons although staff did have access to them if required. The staff in the centre had not completed fire safety training onsite. Centre management plan to complete this when the current resident is discharged as they feel it would not be viable to have it completed whilst they were in the centre. Additionally, the staff team had not completed a 'night-time' drill, which is recommended. These issues must be identified on the centre risk register with relevant and necessary control measures implemented. Inspectors noted that the ramp to the rear of the property outside of the dedicated fire exit did not have a handrail in place. This had been queried by inspectors when first viewing the property prior to their initial registration. The director of care and quality at the organisation stated that expert guidance on this matter had been sought at that time and it was stated that no handrail was needed. Inspectors have asked management to have this opinion reviewed and seek confirmation in writing that this is not required for health and safety reasons.

Inspectors reviewed records relating to the house vehicle tax, insurance, and road worthiness certification. These were all up to date although the centre required an updated insurance certificate for display on the car. The entire staff team are licensed drivers' and inspectors were provided with copies of these to review.

Compliance with regulations	
Regulation met	Regulation 8 Regulation 13 Regulation 14
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 2.3

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

- Centre management must ensure that regular audits of the centre capture the safety and aesthetic needs to ensure these can be responded to appropriately and promptly.
- Centre management must ensure that the matters relating to fire safety are on the centre risk register with the necessary control measures in place.
- Centre management must seek an expert view on the need for a handrail on the ramp to the rear of the property.

Regulation 5: Care practices and operational policies

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had several policies in place that informed and guided a positive approach by staff to the management of behaviour including supporting behaviour change, the management of challenging behaviour, and a policy on consequences. Although only one person referenced the overarching policy in interview, inspectors found evidence that supported a positive approach to the management of behaviour that challenges including role modelling positive interactions and behaviours by staff; efforts by staff to understand all behaviour as communication; and the use of life space interviews (LSI) following significant events as learning opportunities for the young person.

The use of therapeutic crisis intervention was named by staff and evidenced across records as a frequently used tool in responding to behaviours that challenged. Inspectors found that a review of aspects of the implementation of this model of crisis intervention in the centre would be of benefit to determine whether any alterations to practice was required. Based on evidence reviewed by inspectors, the intended efficacy and impact of the LSI's was not being realised. Inspectors recommend that centre management review the use of these to determine any change to practices in the centre. In addition, inspectors noted that some of the behaviours that the young person presented with were not listed as a current behaviour or a behaviour of concern on their current crisis support plan (ICSP) other than in the escalation

phase, where they should be clearly identified in the first section of this planning document.

Inspectors found that the staff team was guided in their practice and interventions with the young person by the organisation's clinical team. There was significant input and direction from the occupational therapist that was evidenced across records and through staff interviews conducted as part of the inspection process. The evidence supported a consistent approach by the staff team. However, a review of the approach by staff in managing behaviours that challenged led inspectors to question whether staff fully understood proactive and intentional behaviours and could safely and appropriately respond to same. Inspectors noted that, in their effort to continue to provide a therapeutic environment for the young person for example using caring gestures, the staff team were potentially miscalculating the young person's return to baseline behaviour. Inspectors noted that reviews of incidents involving challenging behaviour did not demonstrate the level of analysis of all contributing factors required to support staff in altering their interventions in their responses to the young person.

The young person was engaged with a clinical team external to the centre and although their role had been named in the statutory care review as providing direction to the team on how best to manage presenting behaviours, there was no evidence of any direct input from that team on the file. Centre management stated that this team had not in fact provided any specific direction to the care team. The young person had very recently commenced a one-to-one engagement with one of the internal clinicians, a service that the social worker stated had been requested of the centre multiple times since the commencement of placement. Inspectors found that neither the internal nor external clinical teams had provided any robust guidance that would have supported the staff team in their efforts to address the young person's challenging behaviour around their physiological needs. Input from a specialist nurse had been sought however the young person had declined to engage in any aspect of their suggested intervention. In this area, the young person had not made any progress during their eighteen-month placement. Although reviews had taken place via the mechanisms of a significant event review group (SERG) and internal case reviews, and there was evidence to demonstrate the meaning behind these behaviours, none of these records reviewed by inspectors evidenced a specific programme of intervention aimed at successfully addressing the presenting behaviours. Inspectors reviewed a sample of significant event records and noted that multiple escalations of behaviour across one day were documented as one single event. This had not been identified and addressed by the centre manager or through

the SERG process. The oversight by centre management and the established review mechanisms of such events must be sufficiently robust to ensure an appropriate response inclusive of action and learning in accordance with the centre's own policy guidance. Based on the findings documented here, inspectors recommend that centre management review their mechanisms for auditing and monitoring the centre's approach to managing behaviour that challenges.

There was a policy document in place guiding the staff team in the use of restrictive practices at the centre. Inspectors found that staff understood what constituted a restrictive practice and they were recorded on the young person's care file with the reasons for their use accompanied by a risk assessment. A restrictive practices log was maintained at the centre although inspectors noted that the records in this log did not consistently match the details of the use of physical interventions within the centre significant event notification (SEN) register. There was evidence that restrictive practices, such as locking kitchen door at night-time and not permitting the young person to take walks in the local area by themselves, were reviewed at team meetings and daily handovers to determine their continued use. Physical interventions had been employed on several occasions with the current resident and with a previous resident that had left the centre after a six-week placement in the summer of 2021. Inspectors reviewed a sample of the records relating to the current resident as the records relating to the previous resident were unavailable. These records included the record of the event itself (SEN), the minutes of the review at SERG and the record of the corresponding LSI. These records demonstrated that every effort was made by staff to understand and address the behaviour at the earliest possible opportunity for the benefit of the young person. LSI's were conducted with the child in an effort to assist them to understand the reason for the physical intervention; although records of these and staff reports to inspectors noted that there was limited effect arising from these. Debriefs were carried out with staff where a particularly challenging incident had occurred. Inspectors did find it difficult to cross reference all significant events with the content of the centre's restrictive practice register and noted that not all physical interventions and failed physical interventions had been reviewed via the SERG mechanism as indicated in the centre's own policy document. Centre management must ensure that practice is consistently in adherence with the centre's own policy regarding recording, reporting, and reviewing the use of restrictive procedures.

Compliance with regulations	
Regulation met	Regulation 5
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must review the application of the various aspects of the model of crisis intervention for accuracy and effect.
- Centre management must review their mechanisms for auditing and monitoring the centre's approach to managing behaviour that challenges to ensure these are consistently robust.
- Centre management must ensure that practice is consistently in adherence with the centre's own policy regarding recording, reporting, and reviewing the use of restrictive procedures.

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The young person in the centre was not engaged in a fulltime educational placement at the time of this inspection. They had previously been attending an educational setting that was deemed appropriate to their needs, but they had struggled to successfully and consistently attend this. Inspectors found evidence to indicate that the young person had been provided with assessment opportunities and supported to attend education in various settings over the course of their placement in this centre. The manager and staff team were mindful of the child's perception of regressing within their own education and were endeavouring to promote progression despite the challenges that presented. At the time of the inspection, the staff team were attempting to implement an educational aspect to the child's placement and were being guided by the teacher within the organisation. There were daily planners in place to assist the child in engaging with this plan.

The care record showed evidence of ongoing effective communication between centre staff and all relevant parties with a role in providing the young person with their education. A statement of need that had been completed in 2019 was due to be

revised when a new placement was secured, and the social worker confirmed that this would be prioritised in due course. There was evidence that the social worker and staff team had advocated for the young person at various junctures along their education journey for the purpose of assessment, support and to ensure their voice was heard on these matters.

Compliance with standards	
Practices met the required standard	Standard 4.3
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure that regular audits of the centre capture the safety and aesthetic needs to ensure these can be responded to appropriately and promptly.	With immediate effect. Centre management will ensure robust auditing through a daily walk around to ensure the aesthetic needs are captured as well as the safety needs of the centre. Weekly and monthly health and safety checks are recorded which will ensure to capture both safety and aesthetic needs, these will be reviewed by regional management during their visit to the Centre. Following the discharge of young person 1 the home has received a deep clean and all furniture and soft furnishing are being replaced currently.	The centre manager will ensure robust maintenance logs are kept to ensure a prompt response is taken to any issues impacting on the safety and aesthetic needs of the centre. Centre manager will discuss at a team meeting on the 24.6.2022 the importance of ensuring responsibility and accountability of all staff in maintaining the health, safety and aesthetics of the centre.
	Centre management must ensure that the matters relating to fire safety are on the centre risk register with the necessary control measures in place.	With immediate effect. Centre management have placed matters relating to fire safety on the centre risk register and these have been reviewed by the regional manager for the centre.	Following the discharge of young person 1 the centre is now able to safely complete all necessary fire safety elements, and these will subsequently be removed for the homes risk register. On site fire training

	Centre management must seek an expert view on the need for a handrail on the ramp to the rear of the property.	With immediate effect. Centre management have liaised with Ashdale's Health and Safety manager who has sent all information pertaining to the ramp at the rear of the property to a qualified engineer to ascertain if a handrail is required.	will take place on 24.6.2022 and a night time drill will take place before the 30.6.2022. We are awaiting the report from the external engineer to determine if a handrail is required. If this is confirmed as a requirement we will be put in place following a review of the ramp by an engineer if this is required in their expert view.
3	Centre management must review the application of the various aspects of the model of crisis intervention for accuracy and effect. Centre management must review their mechanisms for auditing and monitoring the centre's approach to	With immediate effect. Centre management will ensure a comprehensive review system is in place to determine any change to practices in the centre. In addition, the centre manager will ensure the ICSP's for all future residents will clearly highlight their current behaviours and behaviours of concern in appropriate sections of their ICSP. Centre Management will ensure comprehensive review of the young people's behaviours that challenge during	Centre management will seek advice and guidance on future residents ICSP's from Ashdale's SEN team and TCI trainers. These documents are shared with the SEN team, including TCI trainers on a monthly basis. The home now has a dedicated TCI in house trainer who will work alongside the management team and the staff team at reviewing and auditing approaches to managing behaviour. New placement planning documents including new positive behaviour support plans are now operational which will

	<p>managing behaviour that challenges to ensure these are consistently robust.</p> <p>Centre management must ensure that practice is consistently in adherence with the centre's own policy regarding recording, reporting, and reviewing the use of restrictive procedures.</p>	<p>their monthly placement planning meeting in conjunction with the therapeutic support team. Centre management will also ensure a comprehensive review of behaviours that challenge during the multidisciplinary SERG process.</p> <p>With immediate effect. Centre management have reviewed the restrictive practice register and amended as per findings during the inspection. Centre management will ensure robust oversight of the restrictive practice register and ensure all physical interventions and other restrictive practices used in the centre are accurately recorded in line with policies and procedures.</p>	<p>facilitate a better review of all young people's behaviours that challenge. Centre management will also ensure in house SERGs are regularly completed to capture learning and actions to improve management of behaviours that challenge. These will be reviewed by regional management during their visit to the centre.</p> <p>The restrictive practice register will be reviewed by the regional manager for the centre during their visit once a month and ensure comprehensive cross referencing with SENS that occur. The compliance officer will also review the register and evidence will be submitted during the managers own self audits of the centre.</p>
4	None identified		