



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ashdale Care Ireland Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	31st January 2023
Registration Status:	Registered from 09th September 2022 to the 09th September 2025
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	15th June 2023

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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 September 2013. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered with attached conditions from the 09th September 2022 to the 09th September 2025.

The centre was registered as a multi-occupancy service to accommodate three young people. The aim was 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 were two children living in the centre at the time of the inspection, however at the time of the incident that resulted in this inspection activity there had been three children resident. One of the young people was temporarily moved to another centre while planning occurred and will not be returning to this centre. One of the young people was placed in this centre under a derogation agreement due to their age.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1

This inspection activity was conducted as a result of an escalation sent by the National Private Placement Team to ACIMS in relation to a significant event that occurred within the centre which impacted on two young people. The focus of this inspection was to determine whether appropriate risk assessments, safety plans and actions had been implemented prior to the significant event to support staff in managing or mitigating the risks that had been known prior to this event.

This was a blended inspection which consisted of interviews, a desktop review of documents and an onsite review of care records for all young people including a wide range of centre records relevant to placement planning, clinical supports, key working, risk management and professional meetings.

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 on the 22nd March 2023 and to the relevant social work departments on the same date. 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 7th of April 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 031 without attached conditions from the 9th September 2022 to the 9th September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had policies and procedures in place to protect children from all forms of abuse and neglect. The inspectors found that these policies had been recently reviewed and were in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017. The child safeguarding statement for the centre was in date and contained all relevant information. All staff were trained in the mandatory Children's First online training, and two staff had completed the Designated Liaison Person training at the time of inspection.

In interview staff could identify the vulnerabilities of the young people involved in this incident. They were aware of the potential risks and safety plans that had been put in place at the time of admission to safeguard both young people against these identified risks.

Inspectors found that preadmission group impact risk assessments had been completed prior to the two young people being placed within the centre. They had appropriately recorded the risk associated with this event and had implemented control measures around this, which included full supervision throughout the day, separate daily plans and bedtime routines and the use of the buzzers on bedroom doors at night-time. From the documentation reviewed inspectors could ascertain that in general these measures were adhered to.

The buzzer system that the centre had in place was activated at night-time by staff to support the safeguarding of all the young people. When a young person's bedroom door was opened the alarm system sounded in one staff bedroom. There was a log held where activations to the buzzer were recorded. This was a hand-written log and relied on staff inputting the information into the log book. There was no electronic record generated when the buzzers sounded. There was no policy in place within the centre in relation to the buzzer system and the reliance on staff recordings of

activations presented as a safeguarding issue as there was no mechanism to verify this information and the buzzer only sounded in one staff bedroom.

Additionally, inspectors found that the young people's daily logs did not always include detailed information in relation to night-time wakings, and at times this information was only held in the log which recorded when the buzzer sounded. Should the centre continue to utilise the buzzer system as a safety mechanism in the provision of care to young people within the service, the centre must develop a robust protocol regarding the use of the buzzer system and must improve the recording of night-time activity within the young people's records.

This inspection activity was generated as a result of a specific significant incident which occurred in the centre. Inspectors reviewed this significant event and all associated documentation available e.g. daily logs, buzzer log etc. Inspectors found from the documentation reviewed that the safety measures in place at the time of this event were appropriate and in line with all relevant risk assessments and safety plans. However, on review of the significant event and subsequent disclosures by the young people it was noted that two young people spent a significant period of time, approximately 4 hours, outside of their bedrooms unsupervised at night. Within the documents reviewed, inspectors could not ascertain how the young people could have been outside their room without staff knowledge given the safeguarding mechanisms that had been in place e.g. buzzer system.

During interview the centre manager advised that the events and actions taken by staff during this significant event are currently under review by the organisation. As such, a critical incident review has not occurred to gather learning from the event. Once the internal review is concluded any actions arising should be implemented by the centre and registered provider. Additionally, a critical incident review should occur to ensure that all learning from this incident is gathered and changes, if any, to improve safe care practices within the centre are implemented.

Following the significant event, inspectors ascertained that the centre appropriately took immediate action to ensure both young people were safeguarded and implemented new safety plans. They convened professional's meetings as appropriate and updated risk assessments and safety plans were implemented for both young people. The organisation also implemented additional safeguarding approaches for one of the young people moving into a new centre following on from the learning from this incident.

Inspectors saw evidence of work with the young people following this significant event to support them in relation to the significant event. However, given their age, stage of development and information provided key working that would have related directly to the behaviours presented in this incident had not been completed with the young people in advance of this incident as it was not deemed appropriate or in line with their care plans and placement plans.

The young people did not meet with inspectors on the day of the visit however completed questionnaires in advance and all reported to be happy living in the centre and could identify their likes within the centre and what they might like to change.

Inspectors spoke with the supervising social workers who confirmed that the appropriate risk assessments and safety plans were in place prior to this incident. They confirmed that they were updated in a timely manner following the incident.

The organisation had a protected disclosures policy in place and staff in interview advised that the centre operated an open approach to practice and regularly discussed any concerns or observations of each other's interventions at team meetings, hand over etc. Inspectors saw evidence of poor practice being address in supervision within a sample of files reviewed.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16

Compliance with standards	
Practices met the required standard	Not all standards were assessed as part of this inspection
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards were assessed as part of this inspection

Actions required

- The registered provider must ensure there is a robust procedure in place for use of the buzzer system and staff must be trained in this.
- The registered provider must review the buzzer system currently in place to ensure it is effective in its use within safety plans.
- The centre manager must ensure that young people's daily logs are reflective of any night time activity within the centre.

- The registered provider must action any recommendations from the internal review of the significant event which occurred in January 2023
- The registered provider must provide the Alternative Care Inspection and Monitoring Service with a copy of any reports generated from the internal review.
- The centre manager must ensure that a Critical Incident review occurs in regards to this incident so that learning can be shared with the team.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider must ensure there is a robust procedure in place for use of the buzzer system and staff must be trained in this.	<p>With immediate effect - A new policy has been developed 'Bedroom Door Alarms' which outlines a robust procedure for use of the buzzer system in the home. This policy was brought to the staff team meeting for training purposes on 10/03/2023.</p> <p>On 27/02/2023 The Child Protection and Safeguarding Policy was updated and circulated. This was updated to include a revised night-time routine linked to supervision.</p>	<p>Written and visual instructions have been placed on the wall beside each buzzer to prompt and remind care staff in the correct use of the buzzer system (including setting and re-setting).</p> <p>A demonstration on the use of the buzzer system has been conducted with all management and staff throughout the throughout the homes. All Management and staff have been fully briefed on the policy and procedure for the use of buzzer system to ensure the system is armed consistently and correctly. The policy and procedure will be recorded as part of their in house induction and will be signed by the staff member and management.</p> <p>Where there is a risk present, it may be determined that an additional alarm is placed in the 2nd staff bedroom. This additional safety measure has been</p>

	<p>The registered provider must review the buzzer system currently in place to ensure it is effective in its use within safety plans.</p> <p>The centre manager must ensure that young people's daily logs are reflective of any night time activity within the centre.</p>	<p>With immediate effect, a review of the buzzer system was completed by Director of Governance and Quality for Ashdale Care. This resulted in the development of a new policy and procedure for bedroom alarms along with additional training piece for all users [managers and staff] to ensure the correct use of the system.</p> <p>With immediate effect, staff are required to update the daily nighttime log in the home to reflect if a young person has been up throughout the night. The management team is responsible for monitoring this piece.</p> <p>The night-time buzzer log was reviewed and updated to capture more detail when a bedroom door alarm has been triggered. This will allow for more robust tracking</p>	<p>installed in the centre. The Head of Care will review additional safety measures required in conjunction with Senior management</p> <p>The centre manager is completing a daily check on the current buzzer alert logbook during handover, and this will continue when the new book is in operation. Any concerns or disparities will be raised to the regional manager and Head of Care</p> <p>Learnings from this incident have resulted in the new night- time Protocol, Bedroom Door Alarm policy, visual aids and an update to the Child Protection and Safeguarding Policy all of which have been circulated across the organisation.</p> <p>As part of the Compliance managers role, they will be conducting audits in the home to ensure these updated policies and</p>
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	<p>The registered provider must action any recommendations from the internal review of the significant event which occurred in January 2023</p>	<p>and oversight of night-time activity by the young people in the home. This is currently with the printers and will be in use when printing is complete. Expected completion date is within the next 2 weeks</p> <p>With immediate effect, all actions identified from the internal investigation have been actioned with the exception of waiting on the new night- time logbooks [as mentioned above, expected completion date is within the next 2 weeks]</p>	<p>procedures are being implemented across all homes.</p> <p>Learnings from the internal review were disseminated across all homes via a corrective action plan to ensure corrective actions have been implemented throughout the organisation.</p> <p>Home managers are required to put together a folder of evidence in the homes to evidence all actions are complete.</p> <p>Regional management as part of their home visits will satisfy themselves that all actions have been completed by reviewing the evidence folder and speaking with both staff and management.</p> <p>The compliance manager as part of their audits will satisfy themselves that corrective actions have been implemented in the home.</p>
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	<p>The registered provider must provide the Alternative Care Inspection and Monitoring Service with a copy of any reports generated from the internal review.</p> <p>The centre manager must ensure that a Critical Incident review occurs in regards to this incident so that learning can be shared with the team.</p>	<p>Actioned - This was forwarded to the Alternative Care Inspection and Monitoring service on 23/03/2023</p> <p>The Centre Manager and the Regional Manager completed a Critical Incident Review on 22/03/2023 and as a result of this a safety plan was devised that highlighted the immediate actions that were taken to safeguard the young people and the follow up actions that occurred. This was shared with other resident young person's social work departments and a Guardian ad litem for one young person on 22/03/2023.</p>	
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