



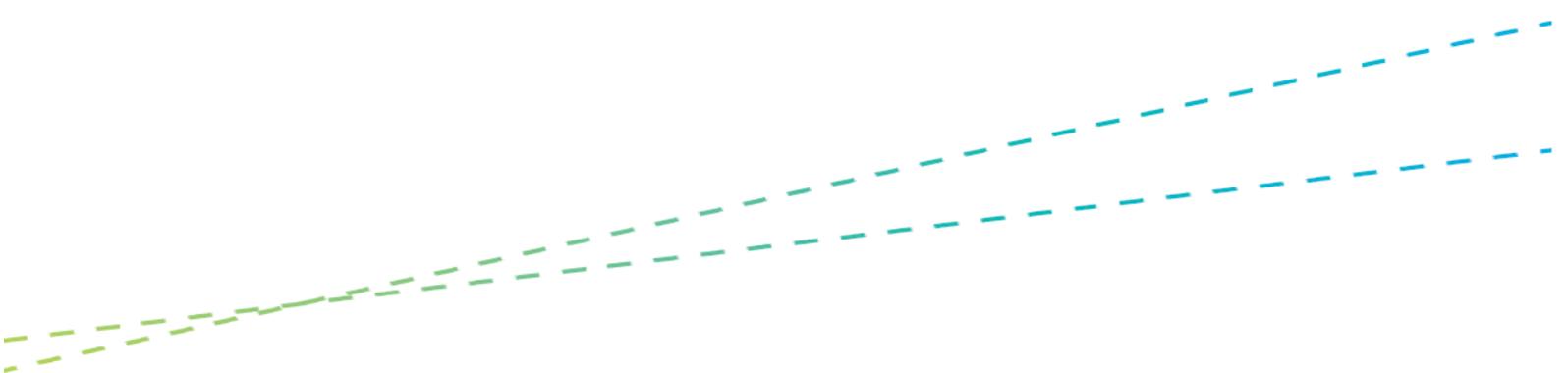
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 056**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Ashdale Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>11<sup>th</sup> and 12<sup>th</sup> February 2019</b>
<b>Registration Status:</b>	<b>From 14<sup>th</sup> January 2018 to 14<sup>th</sup> January 2021</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>17<sup>th</sup> May 2019</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Centre Description

This report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in January 2015. At the time of this inspection the centre was in its second registration and in year two of the cycle. The centre was registered without attached conditions from the 14<sup>th</sup> January 2018 to 14<sup>th</sup> January 2021.

The centre's purpose and function was to accommodate four young people of both genders from age eleven to seventeen on admission. Their model of care was described as providing specialist residential care for young people with complex emotional and behavioural issues. This was through a person-centred therapeutic service that had clinical direction and was based on emotional containment and positive reinforcement. The environment was designed to support young people in developing internal controls and promoting resilience and responsibility.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', standard 8 'education' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 11<sup>th</sup> and 12<sup>th</sup> of February 2019.

## 1.2 Methodology

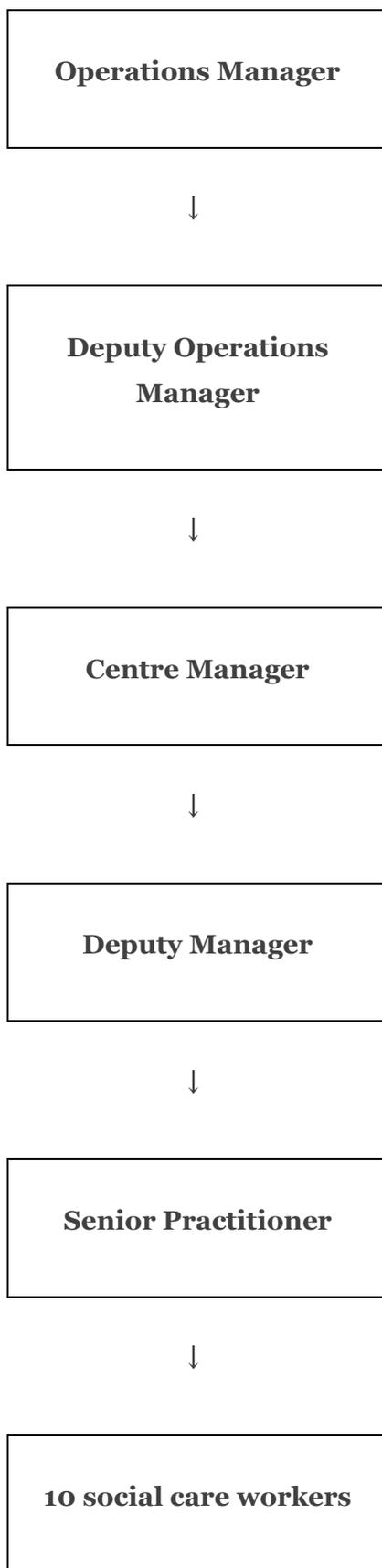
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Ten of the care staff
  - b) The deputy manager
  - c) One young person
  - d) The social workers with responsibility for three young people residing in the centre
- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process including:
  - The young people's care files
  - Staff supervision records
  - Personnel files
  - Handover book
  - Management meeting records
  - Maintenance log
  - Safety documents
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The deputy manager
  - c) The deputy operations manager
  - d) Two social care staff
  - e) Two young people
  - f) The social workers for three young people
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, deputy operations manager and the relevant social work departments on the 18/04/19. 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 02/05/19 and the inspection service received evidence of the issues addressed.

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 056, without attached conditions from the 14<sup>th</sup> January 2018 to 14<sup>th</sup> January 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Management**

The centre had a full time manager who had been in post for eight months and held a qualification in social work. This person had worked in other children’s residential centres in the organisation prior to taking up their role as centre manager. The manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed young people’s daily logs, care files and centre registers as part of their governance. They also chaired staff team meetings and handovers and attended child in care reviews and professionals meetings. The manager was supported in their role by a deputy manager who worked normal office hours and a senior social care practitioner was also allocated to the centre. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends.

The centre manager reported to the deputy operations manager and was supervised by this person and also the organisation’s training officer as part of a dual process. The organisation had recently set up new governance structures and was in the process of bedding these in. The previous system saw annual audits of the centre. However, the new system had a regular schedule of announced and unannounced audits against national standards. These audits required the creation of an action plan and the implementation of this was overseen by the deputy operations manager. The centre manager also created a weekly operations report that was forwarded to the operational management and this included information on young people and operational and organisational issues. These reports included details on staffing, the management of the centre and information on the placements of young people. The organisation also held regular managers’ meetings and inspectors found that these were well attended. There were a wide number of operational and service delivery issues addressed at this forum and records also reflected discussions related to risk management, care practice and the planning of care for young people.

There were 16 staff team meetings held from March 2018 to December 2018. These alternated between individual development plan (IDP) meetings which addressed the planning of care for young people and staff team meetings that focused on operational and centre issues. While it is acknowledged that there had been improvements in the recording and links to planning for young people, further work in this respect was required. Inspectors found that there was not always a set agenda for team meetings and at times attendance was not recorded. The records for meetings were not always in the same format and inspectors found it difficult to track decisions and outcomes. Inspectors recommend that there are improvements to how discussions at team meetings are recorded and that actions agreed and outcomes from previous meetings are always reviewed.

### **Notification of Significant Events**

The centre had a system for the prompt notification of significant events. From interview with the social workers for young people and the lead inspector for the service, it was noted that reports were sent in a timely manner and contained appropriate information. The centre had a significant event notification register that provided details of each incident in the centre. There was a significant event review group that examined incidents for patterns and provided feedback to staff on interventions and practice learning. This was tied in to the therapeutic crisis intervention model for which all staff had received training.

### **Training and development**

Inspectors reviewed the training log and certificates in the centre and found that staff had up-to-date training in children first e-learning, therapeutic crisis intervention, fire safety and first aid. Staff members had also received training in resilience, trauma and emotional regulation, attachment issues, suicide prevention and managing behaviour. There was a training schedule for the coming months to support staff and inspectors found that training in the centre was responsive to the needs of young people.

### **Administrative files**

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Inspectors also noted that there were adequate financial arrangements in place.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Register**

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge dates. However, it was observed that the address of one young person who had been recently discharged was not included. This had not been picked up in recent reviews of the record by the centre manager or deputy operations manager.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

#### **Staffing**

This centre had a staff complement of one manager, a deputy manager and ten social care workers. Inspectors found that there were enough staff to meet the centre's purpose and function; however, there had been changes to the staff team in the period prior to the inspection. Two staff members were due to cease working in the centre at the end of the month and three staff members had recently been recruited and were still on probation. During interview with the operations manager they stated that the organisation was continuing to working on recruitment and retention as this had been an issue in the past. While inspectors acknowledge that there have been improvements in this respect, it must remain a focus for the organisation to ensure that young people are cared for by staff that they know and that understand their needs. Eight of the staff held a qualification in social care or related field and two of the staff were in training at the time of inspection. Through interview and the questionnaires completed, inspectors noted that staff had an awareness of the needs of young people and were familiar with care practices and operational policies.

Inspectors conducted a review of a sample of staff personnel files and found that these contained up-to-date Garda vetting, references that had been verbally verified, training certificates, CVs and copies of qualifications. However, inspectors found that at times employment references were not obtained when they could have been and instead references from course tutors were included. The references from tutors did not have the sections on sick leave, conduct or suitability completed and it is important that employment references are obtained where possible.

#### **Supervision and support**

Inspectors noted there was a comprehensive organisational induction programme and staff also received a centre specific induction when they started work there. The

manager had recently developed new guidance documents for staff and there was evidence of probationary reviews at three months and six months. The centre had a policy that stated supervision would be conducted four weekly and supervisions for each of the staff was occurring within these time frames. The function of supervision of the team was split across the manager and deputy manager. Both were trained in the provision of supervision through a recognised model.

Inspectors reviewed a sample of supervisions' records including contracts that contained agreements on the structure and purpose of supervisions, expectations of both parties and the content and storage of records. As part of supervision, the supervisee and supervisor had to bring agenda items to the meeting – this was not always occurring. Further, at times previous actions agreed were not reviewed and some records had no case supervision attached. There was a good focus on staff member's health and well-being and work life balance. However, inspectors found that case supervision needed to be consistently evidenced across records and linked to the new individual placement plans. Further, actions agreed needed to be clearly recorded in each supervision.

Inspectors attended a handover meeting and found these to be focused on the exchange of information and the planning of care for young people. This handover was also attended by the deputy operations manager and occupational therapist for the organisation. Handover records reflected plans for key working and demonstrated dynamic approaches to supporting young people with their emotional needs. Shift plans were created for each day and these were developed to maximise contact with young people.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***

***-Part III, Article 5, Care Practices and Operational Policies***

***-Part III, Article 6, Paragraph 2, Change of Person in Charge***

***-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

### ***-Part III, Article 16, Notification of Significant Events.***

#### **Required Action**

- The centre manager must ensure that the register of admissions and discharges is up-to-date.
- The operations manager must ensure that employment references for the most recent employer and for social care employment are sought when available.
- The centre manager must ensure that records for supervision reflect discussions on care practice and the planning of care for young people and that actions agreed in supervision are clearly recorded.

### **3.4 Children's Rights**

#### ***Standard***

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

#### **3.4.1 Practices that met the required standard in full**

##### **Consultation**

This centre had a policy on consultation that defined it as young people's involvement in individual decisions about their own lives, as well as collective involvement in matters that affect them. The policy stated that staff would create a culture of listening to ensure effective consultation.

From a review of the care files and interviews with young people placed in the centre, inspectors found that there was good work being carried out by the staff team in relation to consultation. Care files contained evidence of consultation regarding the nature of key working and preparation for child in care reviews. Consultation in the centre was carried out by staff both formally and informally and there was evidence that young people's views were sought on decisions affecting their future and their day-to-day care.

Young people's meetings were held regularly, however, staff acknowledged that at times young people were reluctant to engage. Inspectors recommend that the format for these meetings is reviewed to possibly include workshops on issues affecting

young people in the centre and in the community. There was evidence that young people had been linked in with advocacy organisations and they had allocated key workers that were aware of their needs.

### **Access to information**

This centre had an appropriate policy on access to information that detailed young people's rights in this regard. Young people were also afforded information on access to information through key working and information provided to them. Young people understood their rights to access information but were choosing not to do so at present.

### **3.4.2 Practices that met the required standard in some respect only**

#### **Complaints**

There had been eleven formal complaint entries in the centre complaints register from June 2015 to November 2018. There was evidence of internal and external management oversight of this register. The majority of these complaints related to the behaviours of other young people and aspects of service provision. There were two outstanding complaints that required resolution and there was evidence of on-going work on these by the centre manager.

Inspectors found that the young person's voice recorded in the daily log books reflected a number of informal complaints that had not been recorded in the centre register. While there were key working records to show that some of these complaints had been resolved, there was not always evidence of this. These complaints should be centrally recorded to ensure appropriate oversight, tracking and resolution by management.

### **3.4.3 Practices that did not meet the required standard**

None identified.

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.***

## **Required Action**

- The centre manager must ensure that informal complaints are appropriately recorded for tracking and oversight and that records reflect efforts to resolve these complaints.

## **3.8 Education**

### ***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

### **3.8.1 Practices that met the required standard in full**

Inspectors found that education was valued in the centre and that routines supported school attendance and study. Each of the young people living in the centre was attending an education placement regularly. The individual placement plans for young people were up-to-date and contained identified key working actions in support of education. There was evidence of on-going communication with course tutors and schools. There were psychological and educational assessments on file and staff attended parent-teacher meetings. There were records of young peoples' educational achievements and the structure of the centre supported homework and study.

### **3.8.2 Practices that met the required standard in some respect only**

None identified.

### **3.8.3 Practices that did not meet the required standard**

None identified.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

##### **Accommodation**

This centre was a detached premises in an rural setting in county Monaghan. Inspectors observed it was suitably decorated and homely in nature and that young people had a bedroom to themselves. It was also noted that appliances were domestic in nature, the centre was well lit and ventilated and there was suitable furniture and furnishings. There was room for young people to meet family and friends or their social worker in private if required and there was space for the secure storage of young people's belongings.

##### **Safety**

Inspectors reviewed the health and safety statement and found that this contained appropriate information and had accompanying risk assessments to direct staff on addressing the hazards that existed in the centre. This statement was dated 27<sup>th</sup> June 2018. The centre held records of safety inspections and safety audits and also carried out property inspection reports. These evidenced that there was a focus on safety in the centre and a continued review of hazards.

#### **3.10.2 Practices that met the required standard in some respect only**

##### **Maintenance and repairs**

The centre had a maintenance log that identified when hazards arose and the nature of the work to be completed. This log was then signed when the issue was resolved. Inspectors found that there was a budget for maintenance work and that hazards that arose were generally quickly addressed. From a review of the premises inspectors found the building to be in good repair. However, inspectors noted that an issue arose in relation fencing at the rear of the premises in May 2018 and was not addressed until November. This should have been resolved in a timely manner.

## **Fire Safety**

This centre had a fire safety and general register that held the fire records for the centre. The book contained evidence that fire drills had been completed on the 31/12/18, 12/11/18 and 01/10/18. Monthly checks on fire fighting equipment and emergency lighting were also completed as required and the centre had a contract with a private fire safety company for the maintenance and testing of fire safety equipment in the centre. However, inspectors noted that weekly tests on the fire alarm system were not being completed and that there were gaps in testing of the daily inspection of the means of escape.

From a walk-through of the building inspectors observed that the means of escape were unobstructed and there were no evident fire safety issues.

### **3.10.3 Practices that did not meet the required standard**

None identified.

### **3.10.4 Regulation Based Requirements**

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

*-Part III, Article 8, Accommodation*

*-Part III, Article 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

*-Part III, Article 13, Fire Precautions.*

### **Required Action**

- The operations manager must ensure that maintenance issues are resolved in a timely manner.
- The centre manager must ensure that fire safety checks in the centre are completed as required.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The centre manager must ensure that the register of admissions and discharges is up-to-date.</p> <p>The operations manager must ensure that employment references for the most recent employer and for social care employment are sought when available.</p> <p>The centre manager must ensure that records for supervision reflect discussions on care practice and the planning of care for young people and that actions agreed in supervision are clearly recorded.</p>	<p>The register of admissions and discharges was updated on 15.02.19 and checked by the Deputy Operations manager on the 27.03.19</p> <p>The operations manager has liaised with the HR department and with immediate effect this process for references has been implemented.</p> <p>The home manager and deputy manager will ensure that all supervision records will reflect on care practices and the IPPs for the young people and that actions and goals will be clearly recorded and reviewed through the supervision process.</p>	<p>Both home manager and Deputy operation manager will check that the record has been updated when a young person is admitted or discharged. The Operations manager will also ensure to sign off on the register with all new admissions and discharges.</p> <p>Operational management will ensure to have oversight of personnel files for new members of staff before they take up post.</p> <p>Supervision records will be regularly audited by both the centre manager and the operational team to ensure these processes are followed. At the next management meeting on the 13.5.19, management teams will review the</p>

			supervision template
<b>3.4</b>	The centre manager must ensure that informal complaints are appropriately recorded for tracking and oversight and that records reflect efforts to resolve these complaints.	The home manager will ensure that the young person voice in the log books that reflect informal complaints are documented in the non-notifiable complaints record and interventions are put in place to support the young people with these complaints. The home manager will continue to work in conjunction with the social work department to close outstanding complaints.	The home manager will monitor the young people's voice in the log books and during meetings and record and investigate them. Non-notifiable complaints and formal complaints will be also monitored by the deputy operations manager.
<b>3.10</b>	<p>The operations manager must ensure that maintenance issues are resolved in a timely manner.</p> <p>The centre manager must ensure that fire safety checks in the centre are completed as required.</p>	<p>The issue referred to in this report was dealt with by operational management and had been put on hold as it was not a priority issue.</p> <p>The management team will address this matter immediately. This is now part of the weekly tasks of the management team.</p>	<p>Operational management will ensure that they respond to management in regards to maintenance issues raised via responses' to the weekly operational report. Operational management will liaise with the estates management on a regular basis in regard to updates on maintenance plans for the centre.</p> <p>Management must ensure that they complete a check list in relation to fire safety on a weekly basis. To ensure governance of same this will be audited by operational management and senior management support as part of their house</p>

			visits. Management must also report in their weekly report to Operations if there are any difficulties in having checks completed, so this can be addressed with immediate effect.
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