



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: 2020



Inspection Report

Year:	2020
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	20th and 21st October 2020
Registration Status:	Registered from 14th January 2021 to 14th January 2024
Inspection Team:	Linda Mc Guinness Lorraine Egan
Date Report Issued:	23rd December 2020

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters.	7
3. Inspection Findings	8
3.1 Theme 6: Responsive Workforce	
4. Corrective and Preventative Actions	17

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance 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 their first registration in January 2015. At the time of this inspection the centre was in its second registration and in year three of the cycle. The centre was registered without attached conditions from the 14th January 2018 to 14th January 2021.

The centre was registered to provide specialist care and accommodation on a medium to long term basis to four young people of both genders from eleven to seventeen years on admission. The model of care was described as attachment and trauma based with the inclusion of psychology, art psychotherapy, education and an accredited experiential learning provision. It also included the recently implemented CARE framework (children and residential experiences, creating conditions for change).

There were three young people living in the centre at the time of the inspection. A derogation to the purpose and function had been granted for one young person who was significantly younger than the age range set out in the statement of purpose,

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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 and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff and the allocated social workers. 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. Due to the emergence of Covid-19 this inspection was a blend of onsite and remote activity. This inspection was carried out through a number of online interviews and a review of documentation both remotely and onsite in another of the organisation's unoccupied centres.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 17th of November 2020. 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 of December 2020. 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 056: without attached conditions from the 14th January 2021 to 14th January 2024. pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 6 Person in Charge

Regulation 7 Staffing

Theme 6: Responsive Workforce

Standard 6.1 - The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found that workforce planning took place at both organisational and centre level. There were appropriate numbers of staff employed in the centre with the social care manager, deputy manager, a senior practitioner and 9 full time and one-part time social care worker posts. This allowed for a higher ratio of staff to young people based on the needs of the current group. Inspectors found that eight of the staff team had social care qualification or equivalent with one also currently studying to attain a social care qualification. The remainder of the team had a mix of psychology, education and working with children and young people qualifications. One staff held certificate-level social care which is not adequate qualification. One staff member was appointed as a houseparent and helped with day to day operations in the centre but was not directly involved in the care of young people. This person reported to the centre manager. The management and staff team all felt that this role was really useful in the centre and that it freed social care workers from some daily tasks to complete direct work with young people. There were three relief staff who had degree level qualifications in social work, psychology and youth and community work available to cover for periods of annual and other staff leave

Inspectors noted that while five of the team were appointed in 2020 the remainder of the thirteen care staff and management had been consistent since 2018 with some long standing members in post since the centre opened in 2015. Some of the new staff were recently qualified without significant social care experience and measures were in place to ensure they received enhanced supports through more frequent formal and informal supervision and training opportunities. The centre manager took into account the skills, experience and competencies of the staff team when devising the staff rota. Social workers who spoke to inspectors were satisfied that there were consistent, experienced staff available to their young people and that the staff turnover was not a concern at the time of this inspection.

The centre management team provide operational reports to members of the senior management team and there was evidence that staffing and workforce development was discussed at senior management meetings. Minutes of a specific workforce planning meeting were also provided where data and trends were analysed across the organisation and alerts were raised when centres were not meeting the quota of qualified and experienced staff. This facilitated prioritisation of appointments to certain centres to facilitate compliance with requirements. A staff retention strategy in place included measures such as, career development, staff supports, salary increments, paid leave, pensions and other benefits. A staff retention policy, which had been developed following an action from a recent inspection in another centre within the organisation, was due to be signed off at the time of this inspection. There was a strong emphasis on professional development that commenced upon employment and continued on an on-going basis as part of the overall retention strategy.

There were appropriate on call arrangements in place where staff on shift could seek advice, guidance and direction at evenings and during weekends.

Standard 6.2 - The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

There was a recruitment and selection policy in place to ensure that all staff recruitment processes were in line with the relevant Irish and European legislation. Inspectors reviewed the personnel files of all staff employed since last inspection and found that vetting was not entirely in line with Department of Health circular in respect of recruitment and selection of staff to children’s residential centres, 1994. The organisation had a dedicated department responsible for vetting of staff. A secure personnel file was held for each staff member. These were well organised and facilitated ease of access. There was evidence that these were subject to oversight and regular auditing. It was noted that one staff member had received a reference from a previous co-worker rather than a person to whom they reported. They answered the question relating to re-employing the prospective employee when they had not employed them in the first instance. Another staff member did not have a written reference as one of the three required. There was email correspondence to a person with a hotmail account, however this could not be verified and would not be considered best practice. Inspectors found that Garda vetting had taken place was in line with the National Vetting Bureau (Children’s and Vulnerable Person’s Act 2012 –

2016). Additional police vetting documents were also secured where staff had worked in other jurisdictions.

With the exception of one who did not hold a relevant qualification, the staff team were qualified in social care or a related relevant field to degree level or were in the process of studying to attain a qualification. The centre manager had an appropriate qualification and requisite experience to manage the centre in line with its purpose, aims and objectives. They had not completed management and leadership training and this is recommended. The deputy manager had a relevant qualification, had worked in the centre for four years and had completed the organisation's senior practitioner training programme.

Inspectors found from a sample review of the files that staff in the centre had up-to-date written job descriptions and a copy of their terms and conditions of employment.

There was a staff code of conduct in place. Through review of questionnaires and staff interviews inspectors found that the team were familiar with it and that it was promoted in practice by centre management.

Standard 6.3 - The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors found that there were many systems and processes in place to ensure that the centre was delivering child centred, safe and effective care and support. While these were mostly effective there were deficits in respect of staff training and oversight of restraints of young people in the service. Also, the organisational policy relating to review of restraints was not fully adhered to.

In general, there was evidence that staff were clear about the policies and procedures guiding their work. There were clear lines of accountability and reporting lines. Through review of daily records, young people's care files, team meetings supervision and other records, it was evident that the staff team were supported to exercise their professional judgment and were accountable for their work. Inspectors noted on review of documents that a staff member untrained in the model of behaviour management had carried out a restraint. Notwithstanding that all staff subsequently participated in a post crisis response meeting, no staff had raised this issue with management as would be expected as part of a collective approach to safe care. This

should be reviewed by management at team level to ensure all staff are aware of their obligations to report unsafe practice.

There were procedures in place to protect staff and minimise the risk to their safety. These included training in a recognised behaviour management programme, post crisis response, a robust on-call system and a detailed risk management framework. Each young person had individual crisis management plan (ICMP) in line with the stated model of behaviour management. Clinical advice was also provided in support of work with complex young people who displayed challenging and aggressive behaviour.

The organisation had a proactive approach to providing ongoing learning and development opportunities for management and staff. Notwithstanding the deficits relating to review of restraints referenced above, a culture of daily reflective practice was clearly evident as well as team reflection to share learning and encourage skills development.

There were regular team meetings in place and a team-based approach to the care of young people was evident. Effective communication systems enhanced a collective approach to the provision of consistent care in line with young people's individual planning documents. The centre manager or deputy manager attended the handover meeting on a daily basis and a teaching and learning hour was set aside after this to reflect on staff approaches, outcomes and learning opportunities. It was noted that the houseparent attended these meetings and this is not considered an appropriate sharing of information specific to their job description. They do not hold a social care worker post in the centre and a separate forum to communicate relevant information with this person is recommended.

Some of the newer staff members had yet to receive training in the organisation's model of care. This was delayed due to the Covid 19 pandemic and should be prioritised at the earliest opportunity using remote training, if required, until face to face training is possible.

There was a supervision policy and process in place whereby staff members received formal supervision on a monthly basis. This was increased to bi-weekly for newer members of staff during their probation period. The manager and deputy manager provided supervision to the team and had received appropriate training. Review of records found that supervision was taking place in line with centre policy. Staff who were interviewed and responded to inspection questionnaires, were satisfied with the

quality of professional supervision being provided and felt that it was beneficial and enhanced their work with young people. Inspectors found that supervision was an effective forum to discuss implementation of young people's care and placement plans. Each staff member had a supervision agreement and the records were signed by both parties. The staff team have not yet received supervisee training and this was being considered as part of the organisation's training and awareness programme (TAP) at the time of inspection. There was not a system in place whereby each staff member's work was subject to appraisal on an annual basis. Staff supervision training and formal appraisals are a requirement of the National Standards for Children's Residential Centres, 2018 (HIQA) and should be prioritised.

There were systems in place to support staff to manage the impact of working in the centre. These included, availability of an external counselling service, supervision, post-crisis responses, debriefing and reflective practice. Further training was also sourced or made available to support specific young people's individual needs and enhance staff responses. The clinical team were available for staff consultation on a team and individual basis. The staff stated that the management team acknowledge the difficult nature of the work and provided adequate supports.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors found that in general, appropriate training and development opportunities were provided to the staff team. This was in line with the requirements of legislation, standards and guidelines and the centre's statement of purpose. All staff members received a formal induction into the centre's policies and procedures and they were confident in describing these during inspection interviews however inspectors noted a deficit in relation to implementation of these in practices relating to physical interventions.

While in the main, all staff working in the centre received appropriate training equivalent to their role inspectors found that one staff member who did not hold a social care qualification had taken part in a physical intervention. Further, there were deficits in respect of oversight of restraints of young people and the policy was not fully adhered to. The staff member had not yet completed the organisation's behaviour management training programme which included the safe use of physical restraint and an exam to certify its use as a last resort to keep people safe. The training had been delayed due to the emergence of the Covid 19 pandemic however, as part of their induction to the service the staff member had been informed that they

could not partake in a physical intervention whilst untrained. A post crisis debrief process with all staff who had been on shift was facilitated by the deputy manager and the model of behaviour management co-ordinator. There was follow up with the staff member involved however this process was not formally recorded. There was no formal significant event review relating to the incident and it was not formally escalated to senior management although they confirmed they were aware of it. The social work department was not made specifically aware of this incident and there was no evidence of formal review as part of governance and oversight for learning purposes.

The recording systems in place re the review of restraints by staff were frequently not completed and this hindered the tracking of any deficits in TCI which is a core training competency. Inspectors noted that following other restraints of young people a post incident review had taken place but a formal significant event review group (SERG) did not take place in line with policy. From review of the minutes of other SERG meetings it was found that some sections of the report form were frequently not completed and the staff members involved in a restraint were not specifically recorded to facilitate tracking of trends or confirmation of up to date training. This must be reviewed by organisational management as a matter of urgency to ensure that staff remain competent in all relevant areas.

Mandatory training for staff included child protection training, training in a recognised model of behaviour management, fire safety, first aid and the organisation's model of care training. Due to the emergence of the Covid 19 pandemic all aspects of the core training including Children First were impacted and staff did not receive core training or fell behind with refresher training. This was acknowledged by management, was discussed at governance meetings and had been entered on to the organisation's risk register. A catch up programme was well underway at the time of inspection. Completion of this must be prioritised and the alternative care inspection and monitoring service notified when all mandatory is completed.

A training needs analysis for the centre was maintained by the organisations training officer. They held a database for all staff training and individual members of the team were alerted when any refresher training was due. There was evidence that staff were encouraged and supported to attend training in support of their work and that it was valued in the organisation. Inspectors were provided with a training needs analysis which was reviewed at management level through monthly governance meetings. Training needs were identified through staff supervision, at team

meetings, during individual planning meetings for young people and at a wider organisational level. Each staff member had an individual training record which linked to the organisation’s training database. Inspectors found that some staff files did not contain up to date training certificates and this must be addressed.

Following a recent recommendation during inspection of another of the organisation’s centres, a formal induction policy as required under the National Standards for Children’s Residential Centres, 2018 (HIQA) was provided to inspectors. The initial induction usually took place over a number of weeks in the organisation’s head office and included mandatory core training, policies and procedures, the model of care and HR documents and processes amongst others. There was a follow up on site induction in individual centres usually with the centre manager. Due to Covid 19 some recently appointed staff members had completed parts of their induction remotely with other aspects yet to be commenced as referenced above.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	Standard 6.2 Standard 6.3 Standard 6.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that all vetting takes place in line with national policy and legislation.
- The registered provider must ensure that only staff who have completed training in the model of behaviour management and are certified can carry out a physical intervention.
- The registered provider must ensure appropriate review of each physical intervention to ensure analysis of staff competencies and link to training. They must also ensure that that appropriate management responses take place if policy is breached.

- The registered provider must ensure that there is a clear policy relating to the sharing of information with staff members who hold different roles to the care staff in the centre.
- The registered provider must ensure that all staff are provided with supervisee training and that an annual staff appraisal system is developed and implemented.
- The registered provider must ensure that all deficits in core training are addressed as a matter of priority and communicated to the ACIMS.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	<p>The registered provider must ensure that all vetting takes place in line with national policy and legislation.</p> <p>The registered provider must ensure that only staff who have completed training in the model of behavior management and are certified can carry out a physical intervention</p>	<p>HR have requested additional references from the staff referenced within this report and home management will continue to liaise with HR until appropriate referencing is sourced. This has taken place with immediate effect</p> <p>With immediate effect this feedback has been given to Senior Management, Regional Management, Home Management, and the Training Co-Ordinator. A meeting was held with the Training Co-ordinator, Director of Care & the TCI team to review the training for the team in respect of TCI and ensure that all is up to date and all refreshers are scheduled at an appropriate time.</p>	<p>Home manager will audit personal files of new staff members when they commence employment regularly and ensure referencing is in line with legislation. Any issues arising from personnel files are to be placed on the Senior Team meeting agenda each week going forward</p> <p>Home management will ensure that staff who have not completed the physical component of TCI will be briefed in relation to their responsibilities.</p> <p>Home Management will ensure to liaise with the training co-ordinator to ensure that staff who have not received their physical component of TCI are red flagged as high priority. The training co-ordinator will ensure that this will then be raised at the monthly governance meetings.</p>

	<p>The registered provider must ensure appropriate review of each physical intervention to ensure analysis of staff competencies and link to training. They must also ensure that that appropriate management responses take place if policy is breached.</p> <p>The registered provider must ensure that there is a clear policy relating to the sharing of information with staff members who hold different roles to the care staff in the centre.</p> <p>The registered provider must ensure that all staff are provided with supervisee training and that an annual staff appraisal system is developed and implemented.</p>	<p>With immediate effect. All SERG's will be reviewed in a timely manner and will ensure an appropriate management response</p> <p>This is currently being reviewed by the Director of Care. A policy is currently being devised regarding same. Completion date for same by the 31.12.2020</p> <p>This is under review at present via management meetings for existing staff as to the roll out of same. Home management are discussing addressing the subject during their team meetings with subsequent follow up conducted via</p>	<p>Home management will formally request an SERG review after all incidents including a physical intervention when registering the significant event notification.</p> <p>Regional management will continue to ensure oversight of this process</p> <p>This will be revisited regularly through supervision and team meetings with the house parent and staff to ensure that the confidentiality of our young people is upheld, and information only provided on a need to know basis.</p> <p>Going forward this training will be built into the induction programme and the training co-ordinator will keep a record of all those in receipt of same.</p>
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	<p>The registered provider must ensure that all deficits in core training are addressed as a matter of priority and communicated to the ACIMS.</p>	<p>supervision. For new staff this training will be provided via the induction. Appraisals will now be reintroduced following a review and update of the former process. The Director of Care is currently working on same with Regional management with a view to bringing to the Governance meeting on the 17.12.2020 for discussion.</p> <p>Home management are liaising with the training co-ordinator and outstanding training is being sourced and completed as soon as possible. Once all is complete ACIMs will be notified.</p>	<p>The training co-ordinator is to advise the Director of Care with immediate effect if there are staff members who have not received their core training. Home Management are to advise the Regional manager if a staff member has not received their core training in a timely fashion. Deficits regarding staff receiving training will become an agenda item at governance meetings.</p>
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