



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 137

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	29th & 30th of March 2022
Registration Status:	Registered from the 6th of July 2021 to the 6th of July 2024
Inspection Team:	Cora Kelly Sharon McLoughlin
Date Report Issued:	16th June 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 6th of July 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 6th of July 2021 to 6th of July 2024.

The centre was registered to provide dual occupancy placements for two young people aged between 11 to 17 years on admission. The centre aimed to provide high levels of support to young people on a medium to long term basis. 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 a framework for working directly with children and young people who have experienced trauma called the CARE framework (children and residential experiences, creating conditions for change). There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the 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 and to the relevant social work departments on the 4th of May 2022. 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 19th of May 2022. 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: 137 without attached conditions from the 6th of July 2021 to the 6th of July 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found that there were opportunities for young people to contribute to the daily living arrangements and decisions made in the centre such as weekly house meetings, daily plans, individual placement plans/IPP'S and key working. There had been a new template introduced for the young people's house meeting and inspectors found it to be a child friendly format inclusive of questions based on hearing the voice of the young person. Whilst the template was good inspectors found that it did not include space to record feedback to questions raised by young people. That might, for example, include feedback from the centre manager, from consultation with their social worker or from team decisions made at team meetings. This was echoed by a lack of recording of discussions relating to young people's house meetings at team meetings despite it being an agenda item. This was evident across five team meeting records reviewed by inspectors. The centre team must ensure to record their discussions and decisions based on young people's meetings requests or queries and to record where they have gone back to the young people on these matters.

There was further evidence of the young people's voice being sought for, and heard at, child in care reviews and at Looked After Children meetings for young people placed from Northern Ireland. A social worker stated that staff were available and present for young people, good at listening to them and hearing what they had to say and that they experienced the young people as actively involved in shaping their daily routines.

During the inspection process inspectors found evidence of a culture of openness and transparency that welcomed feedback, suggestions, and complaints. Young people were aware of the complaints system and staff had a good understanding of it too. There was an up to date complaints policy in place and there was evidence of the staff implementing the complaints policy and procedures as well as advocating on the young people's behalf. There was complaints register in place which was maintained

appropriately, it recorded notifiable and non-notifiable complaints in line with the policy in place. Inspectors could see records of complaints being followed up internally and externally with social workers, especially when delays were being experienced in concluding them. There were complaints forms for young people and a separate ‘complaint feedback to young people form’ that was being utilised for each complaint. Inspectors found good practices here in capturing the views of young people, where they made comments, after a complaint was concluded.

The centre manager and staff displayed evidence of a learning outcome following one complaint regarding staff mobile phone use. Inspectors found direction was given at a team meeting about this and for ongoing learning purpose inspectors recommend that this be linked to staff code of behaviour when discussed at future team meetings. There was no recorded evidence of other complaints being discussed in detail at team meetings. Whilst there was a concrete example of changes to practice following a complaint in general the numbers and types of complaints were just referenced. Inspectors found therefore that there may be missed opportunities for further learning here especially when complaints are made by young people against each other.

There was a young person’s booklet in place that contained information relating to the complaints process, to EPIC and the Tusla complaints process ‘Tell Us’ along with the Ombudsman for Children were detailed within it. There was good overall record keeping on the young people’s care files around complaints. There was also a parents’ information booklet that outlined a complaints process for them and there were feedback forms available. The booklet did require some updating to reflect changes in complaint terminology.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	None identified

Actions required

- The centre management must ensure that they record on their team meeting minutes discussions and decisions on queries brought forward by the young people from their young people's meetings. The young people's meeting records must also record the follow through brought back to the young people.
- The centre management must ensure regular discussion of complaints at team meetings for ongoing tracking, trends, interventions, learning and outcomes.
- The organisational management must ensure that they update the information booklet to ensure that they reflect the most up to date complaints terminology and procedures.

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.

Inspectors found that the organisation had policies in place, that were regularly reviewed and updated following learning, and complied with the Children First: National Guidance 2017 and The Children First Act 2015. Inspectors found that the centre was operating in compliance with child protection and safeguarding policies and procedures. Inspectors found that this was an improvement in practice since the last inspection in June 2021. This was most notable in the areas of identification and reporting of child protection and welfare report forms/CPWRFs and follow up of same with the relevant social workers. The centre manager was the designated liaison person/DLP and had been provided with relevant training in undertaking this role, the regional manager was the named deputy DLP. The staff team were aware of those with DLP roles for the centre and displayed a good understanding of safeguarding policies and their role as mandated persons. There was an up-to-date child safeguarding statement in place including a letter of compliance from the dedicated Tusla office for same. A list of mandated persons was held also. The training record submitted to inspectors indicated that Children First training was outstanding for four staff with one due for renewal.

There was an anti-bullying policy in place and there was reference to the clinical team's anti-bullying programme but there was no evidence yet of this being implemented during review of young people's files. It was evident to inspectors that young people were supported to speak out when they were feeling unsafe or vulnerable because of good relationships developed with members of the staff team.

Inspectors found there was a lack of recorded evidence that the area of safeguarding and child protection was regularly discussed at team meetings, learning from submission of CPWRF's and feedback provided by social work departments or follow up from previous inspection action plans. There was evidence of significant event reviews held after high-risk incidents, an example of which related to an incident of physical harm to a staff member. The review included clinical input and an examination as to whether policy and procedure were followed. Inspectors found that with regard to this specific significant incident review that it displayed that in fact policy and procedure were not accurately followed. Thereafter poor practice was named and acknowledged, and safety plans were updated to alert staff about environmental factors. The updated directions to staff were found in team meeting record that followed this review and that staff were to be mindful of safety, boundaries and consistency at all times. There were clear directions around entering bedrooms and how this must be carried out to ensure safety for all. Inspectors found that ongoing follow up must be done with the relevant young person involved in this incident and the staff to continue to increase safe behaviour and safeguarding. There were up to date plans in place regarding areas of vulnerability for the young people and individualised safeguards through the individual crisis support plans/ICSP, the absence management plans/AMP's, the risk assessment and management plans/RAMP's and the behaviour support plans. A review of the young people's key work and individual work records though evidenced that improvements were required with regards to young people developing self-care and protection skills in terms of having resources to inform key working in these areas. It was evident that the staff reviewed and developed the plans for the young people and worked in partnership with social workers and families where deemed appropriate. There was a protected disclosures policy in place and the staff interviewed demonstrated knowledge of this policy. It would be beneficial for there to be evidence recorded at relevant team meetings where policies of different types were reviewed or circulated.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that there are varied and relevant resources available to support key working options in working with young people to support their ability for self-care and self- protection.
- The minutes of team meeting must be reviewed to evidence more detailed record of discussions on safeguarding and child protection, learning from submission of CPWRF's and feedback provided by social work departments or follow up from previous inspection action plans.
- The centre manager must ensure that all relevant child protection training and renewals are scheduled and completed for all staff.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The two young people had a GP assigned and had medical cards and free GP care through the NHS or HSE primary care as required. There was evidence of follow up on general medical needs and that ongoing dental work and eye checks were occurring. Inspectors found that there was a good focus on health in the young people's individual placement plans and that the health care needs identified in care plans were being met. The social workers informed inspectors that they had no issues around health care and physical development.

There were a range of supporting health and well-being policies in place including a policy on the storage, administration and disposal of medicine. There were deficits in the administration of medication training given to staff, the training records noted five staff were awaiting completion of this training. A total of seven new staff between full time and relief had joined the team in the preceding nine months. The centre management had oversight that medication records for both young people were being kept in line with procedure, there was some untidiness in the files which inspectors found should be attended to though.

Both the young people were linked with specialist services through the child and adolescent mental health service/CAMHS but for both, at the time of the inspection, this was for prescription of medication purposes only. Neither young person had active clinical or therapeutic treatment or counselling in place from CAMHS and nor from the centres clinical service. There were recommendations for interventions from CAMHS for implementation with one young person for when the time was right but inspectors advise that the management and staff keep oversight of timeframes to ensure that this young person has the best possible opportunity to gain from these interventions and experience them. Due to their home jurisdiction this young person could leave care sooner than expected. Inspectors also found that advice and input on diversity and cultural identity advocacy, was required for this young person. The young person took great pride in and identified with their background, and this would support future planning and options for them.

Inspectors found that for the other young person that the clinical team were providing oversight and advice for the team. The allocated social worker stated that direction was needed for the young persons care but that a delay in receiving a neuropsychological report was impeding this being progressed. Inspectors recommend that one to one counselling support to be secured locally as soon as possible

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	None identified

Actions required

- The centre management must ensure that appropriate awareness, links and advocacy are sourced for young people that takes account of their diversity or ethnic minority grouping.
- The centre management must ensure that the staff awaiting training in the safe administration of medication complete this without undue delay.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre management must ensure that they record on their team meeting minutes discussions and decisions on queries brought forward by the young people from their young people's meetings. The young people's meeting records must also record the follow through brought back to the young people.	With immediate effect, the young person's meeting minutes will be brought to the staff team meetings and any decisions/feedback will be communicated to the young people. The young person's meeting template has been updated to include feedback from staff team meeting.	Young person's meeting is now a permanent agenda item at staff team meetings. The young person's meeting template has been updated to include feedback from staff team meetings.
	The centre management must ensure regular discussion of complaints at team meetings for ongoing tracking, trends, interventions, learning and outcomes.	With immediate effect, team meeting minutes will provide greater detail regarding discussions on complaints to include ongoing tracking, trends, interventions, learning and outcomes. Home management to ensure detailed minutes are provided in relation to discussions in relation to complaints.	All complaints are now reviewed by the Significant Event Review Group for the purpose of tracking, identifying trends and interventions, and to establish learnings and outcomes.
	The organisational management must	With immediate effect, the young person's	Young people will receive an updated

	ensure that they update the information booklet to ensure that they reflect the most up to date complaints terminology and procedures.	booklet has been updated in May 2022 to include updated complaints terminology and procedures.	young Person's booklet and be provided an opportunity to review the booklet alongside their keyworker. The policy review group will update the booklet going forward with any updates/terminology or any recommendations from inspection
3	<p>The centre manager must ensure that there are varied and relevant resources available to support key working options in working with young people to support their ability for self-care and self- protection.</p> <p>The minutes of team meetings must be reviewed to evidence more detailed record of discussions on safeguarding and child protection, learning from submission of CPWRF's and feedback provided by social work departments or follow up from previous inspection action plans.</p>	<p>Home management have secured a date for the therapeutic support team to complete a bullying workshop, 30.6.2022. The focus of this will be on self-care, self-protection, and respectful peer relationships.</p> <p>With immediate effect, team meeting minutes will provide greater detail on the discussions being had regarding child protections, learning from CPWRF'S, feedback from social work departments. The centre has an inspection CAPA folder where all actions relating to inspections are evidenced.</p>	<p>The regional manager will monitor the centres efforts in ensuring that continued keywork in relation to group dynamics and respectful peer relationships occurs. Continued support will to be sought from the therapeutic support team in relation to supporting young people in establishing more adaptive coping skills. Periods of respite away from the centre will be considered when deemed necessary.</p> <p>All action plans pertaining to inspections across the organisation's homes are correlated and sent out to all homes to ensure that recommendations and actions are rolled out throughout the organisation.</p>

	The centre manager must ensure that all relevant child protection training and renewals are scheduled and completed for all staff.	With immediate effect. The home manager has liaised with the training team to ensure training for all staff, inclusive of bank staff is completed within the specified timeframes.	The training team now and will continue to send monthly training audits to the homes, which identifies when and what training is due, and date for completion. This eliminates the risk of staff training going out of date. As part of the governance structure there is now an escalation process for training if there are deficits in personnel attending or receiving mandatory training.
4	<p>The centre management must ensure that appropriate awareness, links and advocacy are sourced for young people that takes account of their diversity or ethnic minority grouping.</p> <p>The centre management must ensure that the staff awaiting training in the safe administration of medication complete this without undue delay.</p>	<p>The staff team received cultural awareness training in 2021. The organisations clinical psychologist has linked in with a local support group who have provided links with bereavement counselling and information on upcoming Cultural day.</p> <p>With immediate effect, home management have requested with the training team that any staff members with outstanding training are scheduled ASAP. This has been scheduled for the next session in June 2022.</p>	<p>The organisation remains committed to providing ongoing staff training to ensure the highest standard of care is provided to the resident young people, taking into consideration their ethnicity and background.</p> <p>All staff will be provided with safe administration of medication training as part of their induction programme.</p>