



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 150

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ashdale Care Ltd.
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	1st & 2nd of March 2023
Registration Status:	Registered without attached conditions from 29th March 2022 to 29th March 2025
Inspection Team:	Catherine Hanly Lorraine Egan
Date Report Issued:	23rd March 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support (standard 1.5 only)	
3.3 Theme 3: Safe Care and Support (standard 3.2)	
3.4 Theme 4: Health, Wellbeing and Development (standards 4.1 & 4.3 only)	

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 29th of March 2019. 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 the 29th of March 2022 to the 29th of March 2025.

The centre was registered to provide multi occupancy specialist therapeutic residential care to a maximum of four young people of both genders from age 10 to 14 years on admission, up to 18 years of age. The centre was described as providing a person-centred therapeutic service that was clinically guided, based on emotional containment and positive reinforcement. Their model of care was described as attachment and trauma informed with the inclusion of psychology, art psychotherapy, and education supports/resources as well as an accredited experiential learning provision. There were four young people living at the centre at the time of this inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.1, 4.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, 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 13th of March 2023. There were no identified shortfalls during the inspection, therefore there was no requirement for centre management to submit a completed CAPA. Centre management indicated that there were no factual inaccuracies in the draft report.

The findings of this report 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: 150 without attached conditions from the 29th of March 2022 to the 29th of March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Statutory care plans and individual placement plans for each of the young people clearly outlined the arrangements in place regarding family contact for each individual child living in the home. There was evidence that all family contact was planned, supported and facilitated by the care staff working at the home and the respective social work departments. Records of meetings, statutory care plans, and general communication between the home and social work departments evidenced detailed attention to organising family contact. The manager and staff team were cognisant of the critical role that families play in the lives of the children. There were clear plans in place to keep parents and other relevant family members informed about important aspects of the children's lives and they were consulted and involved in relevant planning meetings. Inspectors found that the care team were mindful and respectful of young people's individual needs and abilities in this aspect of their lives. There was evidence that with some young people, significant strides had been made over the course of their stay at the home in terms of family contact and relationships. It was evident that these progressions had occurred at the child's pace and there was an awareness of the need to cater the support provided to each child.

Families and friends of the children could visit the home when this could be facilitated mindful of the privacy of other young people. Two of the social workers inspectors interviewed had a different understanding and this was relayed to the home manager who informed inspectors that they would clarify the arrangements with the two social workers. Efforts were made to involve and include families in their child's life such as parent teacher meetings at school.

None of the children in this home were siblings of each other, however there were clear plans in place to support each of the children to spend time with their siblings, in accordance with their statutory care plan. This was done in as normal a fashion as possible so that the children could be supported to have a positive experience.

All the children in the home were placed away from their original community. Where it was appropriate to do so, links with community of origin and significant persons in the child's life had been supported by the care team to be maintained. For one young person who had commenced the formal preparation for leaving care, the care team were attuned to supporting them to develop links in the community to which they may possibly move on when leaving care.

Inspectors found that special occasions including Christmas, personal achievements and birthdays were celebrated, marked for each young person, and documented so that others, such as family and social workers, were made aware of these events. The children were involved in a wide range of social activities linked to their school and local communities. Their varying interests were encouraged and supported well by the staff team resulting in a positively busy home environment appropriate to the age of the children.

Each of the children had access to either the home telephone or their personal mobile and could contact their social worker, Guardian ad litem, and family members, in line with their individual care plan arrangements. There were televisions in the house and each child had access to the internet which was supported and monitored in accordance with arrangements agreed by the respective social work departments.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

There was a range of policies in place that informed the overall approach in the home to promoting positive behaviour and supporting the management of young people's behaviour that challenged. These included policies on supporting behaviour change, consequences, the management of challenging behaviours and guidance both on clinical and therapeutic intervention and restrictive practices. Staff demonstrated their understanding to inspectors of, and described well, the behaviours of young people that challenged. There was a positive approach to managing behaviours described well in interview and evident across records reviewed. Inspectors noted that positive behaviour was promoted within the home, and it was supported by the implementation of the home's trauma and attachment informed model of care in an environment that nurtured the individual care and development of each child living there. There were clear routines in place for each of the young people that allowed individual therapeutic work to happen daily with supported interactions with each other in the shared living environment. The young people were clearly informed about expectations of them regarding behaviours displayed and were supported to find alternative ways of expressing their feelings that did not negatively impact on themselves or others. There was evidence that occasional natural consequences were utilised as a learning tool and equally. There were multiple records of positive behaviour and achievements having been warmly rewarded and encouraged. These included achievements at school and in the children's hobbies outside of the home. Social workers confirmed that they were satisfied with the level of information received from the home, including notification of events related to the behaviours of the children. The use of consequences had been periodically reviewed. Individual placement plans, positive behaviour support plans and key working outlined the individualised approach used to guide the care team in responding to and managing behaviour that challenged. Inspectors noted that a more streamlined update of these documents would ensure that the care team focused on only current presenting behaviours of note.

There was evidence that young people had been helped and continued to be helped to understand their own behaviours that challenged as well as their own vulnerabilities and to build strengths to enable them to be safer and more appropriate in their

interactions. The care team understood the purpose of the individualised approaches being used and emphasised positive outcomes continuously. Records reviewed and interviews with both care staff and two of the young people demonstrated the importance of positive relationships between care staff working at the home and the children living there. Significant stability had been provided by the constancy of the manager and had enabled them to oversee the delivery of care that was true to the theoretical therapeutic model. Key working records demonstrated that the care staff were quick to initiate positive, genuine relationships with young people that enabled the child to express themselves emotionally in a safe environment. There was an awareness of and attentiveness to mental health issues and a sensitive and proactive responsiveness to same. There was evidence that the children that had been in placement for some time had made notable progress in many areas of their lives. Two of the social workers and the two young people that inspectors met with referred to the impact of changing staff faces at the home. The stability of the staff team is a matter that the regional manager is attuned to and aware that it will require ongoing management to limit the negative impact on the children living in the home.

Not all the staff team had completed the training available in the home's model of care, though all staff were provided with a level of information as part of their induction to the organisation. Staff placed a value on the availability of, and access to, all relevant training that supported them in their work with the children. This included internally through the organisation's in-house training and awareness programme (TAP) to support the young people; as well as externally where it was funded by the organisation and provided information and guidance on working with children with mental health challenges. Some of the children were engaged with therapeutic services both within and external to the organisation at the time of this inspection. These supports were valued by the children and the care team ensured that these appointments were prioritised within the weekly structure of the home. The home management acknowledged that there had been gaps in the clinical services being provided by the organisation due to vacant posts but were firmly of the view that this had not negatively impacted the children in this home. At the time of the inspection, the organisation was actively recruiting to fill existing vacancies. A new head of therapeutic services team had recently commenced with the company, and they had provided direction to the team about one of the young people that had disengaged from supports and therapies offered to them. This input had already been formulated within a plan for the young person in the home and the care and management teams were monitoring its implementation.

The organisation's compliance officer had undertaken an audit of standard 3.2 in this home in January 2023. There were no areas of non-compliance identified in the audit report provided to inspectors.

There was a policy and guidance document on restrictive practices. Inspectors found from a review of records and through interviews that restrictive practices were understood, used minimally, and were reviewed consistently. Evidence of this review was clearly detailed in the team meeting minutes with rationale documented for the continued use or cessation of a restrictive practice.

Compliance with Regulation	
Regulation met /not met	Regulation 5 Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The home had a range of policies that provided the care team with clear guidance around young people's health and overall wellbeing. Inspectors found that the policy on general physical health which stated the homes' aim to endeavour to "*provide young people with a range of healthy lifestyle options incorporating physical exercise, a nutritional diet and age-appropriate information relating to healthy choices*" was being implemented and realised in an organic way. There were adequate quantities of food and drinks at the home that young people were

encouraged to be active participants in selecting through the mechanism of consultation at the young people's meeting. There was evidence that the care team discussed food choices with the children and that their individual likes and preferences were accounted for. Young people were encouraged to cook meals and to prepare food for themselves and this was supported in a natural way that ensured the development of necessary life skills. It was noted in some records, and reported by care staff during interview, that there was an awareness amongst the care team of potential challenges arising for young people related to their diet and eating habits. The staff team were attuned to these and conscious that the natural approach generally undertaken may have to be adapted to be more structured and supportive for some young people.

There was evidence that the statutory care and placement planning processes took account of physical and mental health and wellbeing with age-appropriate guidance and education being provided to the children through key working in areas including puberty, appropriate social interactions, peer dynamics, social engagements, safe relationships and identity. There was evidence, through the records reviewed, that the staff team were making strong efforts to provide each child with opportunities to develop necessary life skills including those that would support them in building resilience and dealing with adversity. Records showed that there was effective communication between the home, the social work departments, and external services to promote the health and development of children.

It was evident from the various sources available that children were encouraged to be age-appropriately autonomous across various aspects of their lives – including school, their individual hobbies, family contact, the rules in the home, making appointments/phone calls, and cooking. Young people were provided with educational opportunities that best fit their ability and need, including the provision of structured support within the service. There was clear evidence that the living environment provided to the children in this home supported and actively facilitated this autonomy and growth in independence.

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

Each of the four children had a formal educational placement at the time of this inspection. Three of them were actively engaging with theirs and there was a newly implemented supportive plan in place to facilitate the reengagement in education for the fourth young person. This plan included the input of the clinical psychologist within the organisation who had been consulted with in a broader way regarding the

young person's general engagement and wellbeing. The care team had secured a new school placement for the child that had been most recently admitted to the home within a week of their admission. Their previous school placement could not be maintained due to the geographical distance. This child informed inspectors that they felt they were already settling within the new school and were engaging in multiple extracurricular activities linked to the school.

There were clear records on file of educational achievements and progress made by each child to date. There was evidence of positive and regular communication between the home and each school, including attendance by the care team at parent teacher meetings. As mentioned earlier, parents were also offered the opportunity to participate in these educational meetings and to have their views heard on their educational wishes for their child. The care team supported young people with homework and there was internet access within the home to research school work and projects as necessary. As mentioned previously, there was additional structured support within the organisation in the manner of a homework club. There was a structured plan in place for one young person to provide them with the support they required to attend school daily. This was regularly reviewed and was effective for them. One of the children that spoke with inspectors informed them that this had ceased for them since Christmas, and they were not aware of the reasons for this. They reported that it had been a positive and enjoyable experience for them. The care team should strive to reinstate this activity for the young person if possible and to ensure they are communicated with about the matter.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.