Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 160

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Ashdale Care Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**3rd & 4th of May 2022**
Registration Status:	**Registered from 30th August 2022 to 30th August 2025**
Inspection Team:	**Catherine Hanly** **Eileen Woods**
Date Report Issued:	**29th June 2022**

Contents

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 30th of August 2019. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 30th of August 2019 to the 30th of August 2022.

The centre was registered to provide multi-occupancy medium to long term care for up to four young people aged from ten years old to fourteen years old upon admission. The 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. It also included the organisations' CARE framework (children and residential experiences, creating conditions for change), although much of the staff team in this centre had not completed this training at the time of this inspection. The programme of care was identified as being for one year minimum in length. Exceptions outside of the age range for admission were permitted in line with the Alternative Care Inspection and Monitoring Services (ACIMS) derogation process governing same. At the time of this inspection there were two young people residing at the centre.

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	3.2
4: Health, Wellbeing and Development	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/social work team representatives 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 20th 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 director of services returned the report with a CAPA on the 31st of May 2022.

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 160: without attached conditions from the 30th of August 2022 to the 30th of August 2025 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 evidence throughout records and in interviews of consistent and varied ways in which the staff team sought and heard the child's voice through their daily practice. Staff clearly demonstrated the ways in which they encouraged young people to have their views heard in aspects of their daily lives including food and menu planning and activities. There was an emphasis on building trusting relationships with young people and an acknowledgement of the length of time this can take to be realised and inspectors observed positive and caring interactions between staff and young people during their onsite visit.

Overall, inspectors found strong evidence to indicate that a culture of openness existed at the centre. For example, in the records relating to staff individual interactions with a recently admitted young person, there was evidence that staff were explaining to them how they could make their dissatisfactions, or any complaints known to staff in the centre. Young people's meetings records showed multiple occasions of revisiting the complaints process to ensure that young people understood the mechanism. External agencies were made known to young people including the Ombudsman and the Voice of Young People in Care (VOYPIC). VOYPIC had already been in contact with both young people in the centre. Due to the age of the young people in the centre and neither of them having their own phones, inspectors suggested providing stamped addressed envelopes for them to utilise for contacting any external professional if they so wished.

Inspectors were informed that young people were consulted with prior to the development of their individual placement plans and prior to their statutory care planning processes. The centre utilised their own structured approach (MAPS) to consult with young people to seek their views for their placement plans. There were two records of this on one young person's file that had been in the centre for a period of approximately eleven months. Although inspectors were informed that this same mechanism had been utilised for both young people, there was no record of this

document, nor a documented key working session supporting that this discussion and consultation had taken place with the second young person resident. Inspectors did find that both young people's voices were well recorded in daily logs and young people's meetings as well as in key working sessions for one young person. The manager must ensure that regular key work sessions are completed and documented evidencing that the second young person's views are sought on an ongoing basis regarding their placement goals.

Inspectors were informed by care staff and the manager at the centre that young people were regularly afforded opportunities to contribute to their statutory review processes but that both had thus far declined to attend. These reviews have not been convened in person primarily due to the Covid-19 pandemic and restrictions arising from same. Inspectors recommended that the centre consider, in conjunction with allocated social workers, ways in which young people can be offered opportunities to attend statutory planning processes in person. One young person had not had an allocated social worker or team leader for a period of approximately six weeks at the time of the inspection. Inspectors spoke with the service manager responsible for this case as part of the inspection process and they confirmed that a social worker had been appointed to the case and that they would commence visits with the young person. The service manager was aware of complaints and dissatisfactions that this young person had raised within their placement in 2021. They were also aware of difficulties in interactions between the current residents and the service manager was satisfied with the approach that was being taken by staff and management to monitor, address and communicate with the social work team about these.

The centre had a policy on complaints and there was information on the process available to young people detailed in their centre information booklet. The policy made a distinction between notifiable complaints (complaints notified to the allocated social worker via the significant event system) and non-notifiable complaints which were essentially resolved 'in-house' by either the staff or the manager. There had been two complaints, one from each category stated here, in the previous six months. Both were concluded, satisfactorily in the young person's view, during the time of this inspection. The regional manager had observed that there were few non-notifiable complaints and had discussed the matter with the centre manager to ensure that the staff team were maintaining open channels of communication with young people.

The centre policy on complaints required some amendments for the purposes of refining the guidance provided to staff. For example, providing some examples of

complaints that fit both categories would assist staff understanding of same. The policy stated that social workers would be made aware of non-notifiable complaints however this information was not consistently understood and communicated to inspectors during interviews. Centre management must ensure all staff are familiar with expected practice in accordance with policy. The policy stated that notifiable complaints would be concluded within twenty-one days however perhaps centre management should consider rephrasing this aspect of the policy as they cannot guarantee this timeframe and instead ensure that responsibility for reporting and pursuing an outcome is clearly outlined.

The centre had a complaints form for recording individual complaints. A summary of all complaints, with a distinction between notifiable and non-notifiable, was maintained in the centre register. As stated earlier, there was information on the complaints process contained within the child's information booklet which had recently been reviewed and updated. Further additions to this information are required to ensure that the process for young people, including timeframes for investigation and appeal mechanisms, is clearly outlined. The social work team responsible for the most recently admitted young person were aware of their non-notifiable and notifiable complaints that had been recorded. The centre manager and senior social worker confirmed that the child's parent had been made aware of the notifiable complaint, in line with centre policy. The manager conceded that this was not stated on the complaint form and should have been recorded there. The social worker reported that that young person was satisfied with how these matters had been investigated, responded to, and concluded. A conclusion to all complaints made and recorded in the centre was not clear to inspectors in all instances. The organisation does have a 'complaints feedback form' however inspectors did not find evidence of its use in this centre. Its use may assist in ensuring that all complaints are appropriately responded to and concluded in a timely manner and that young people are aware of this.

An information booklet on the centre was available to parents also. This booklet needs to be updated to ensure that the language used is reflective of the language used in the centre's current policy document and identifies to whom, and how within Tusla a parent can make a complaint, in line with current Tusla policy 'Tell Us'.

Inspectors noted that the significant event review group mechanism and process had undergone significant review and reform based on inspectors' feedback across the service. This had resulted in a much-improved system of review of significant events including complaints. There was clear evidence of staff reflection, clinical input,

thorough consideration of all relevant factors, an attempt to understand the meaning behind the behaviours being demonstrated and learning for all parties being implemented in practice. Whilst complaints had not been a strong feature in this improved mechanism thus far, the changes made should support a thorough review of and learning from any complaints that are reviewed within this forum in the future.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The manager must ensure that key work sessions are consistently delivered to both young people providing them with opportunities to contribute to their placement goals. This contribution should be documented within placement planning.
- Centre management must ensure that all staff clearly understand all aspects of the policy on complaints.
- Centre management to amend the information booklets for children and parents so that they contain adequate information on the complaints process and the language used is reflective of current structures and persons within Tusla.

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.

Inspectors found that a positive approach to the management of behaviour that challenges was being promoted and realised in the centre at the time of this inspection. Staff spoke in interview about the importance of building trusting positive relationships with young people and of role modelling positive and appropriate interactions with their colleagues and young people. These practices were supported and guided by several policies including supporting behaviour change, the management of challenging behaviour, and consequences, amongst others. Records at the centre reviewed by inspectors, including key working sessions and young people's meetings provided evidence of an emphasis on respectful interactions amongst all in the centre; with clear messages being communicated to young people about what was acceptable behaviour. Individual placement and behaviour support plans reviewed showed evidence that all the relevant influencing factors had been taken into consideration when devising plans that best supported the young person in managing any presenting behaviours that challenged. Staff showed an awareness of young people's capacity and ability to manage their own behaviours and the individual factors that impacted on this. Their respective assessed needs were considered, and staff were acutely aware of the ongoing need for support to be provided to the young people as a result. Life space interview (LSI) records reviewed showed evidence that staff were engaging with the young person to develop their understanding of their own behaviours that challenged and to support them in identifying alternative ways of communicating their needs to others.

There was evidence across records and in interviews with staff and management that input from the organisations' own clinical team as well as external services had contributed to the staff team being well informed to respond appropriately to behaviour that challenged. There had been a relatively recent reported and evidenced shift in approach by the team towards crisis co-regulation. This was informed by the input of clinicians as well as learning from the significant event review mechanism (SERG) process and was realised in the implementation of interventions at an earlier stage. Staff spoke about positive developments they had

seen in the challenging behaviours demonstrated by one young person and their ability to manage these better on occasions.

Centre management monitored and audited the provision of positive behavioural support through the SERG on a regular basis. As noted earlier in this report, this SERG mechanism had been significantly developed by organisational management and, based on records and information reviewed at the time of this inspection including feedback from staff and management, was providing a robust system of oversight of the approach to behaviour management at the centre. It was comprehensively reviewing events and through this process was providing staff with important feedback and learning that they were implementing in practice at the centre. In addition to this ongoing review process, the centre manager had conducted an audit on Theme 3 of the National Standards for Children's Residential Centres in February 2021. This audit was accompanied by an action plan to address the issues identified through the audit. Two issues identified related to standard 3.2 were the availability/provision of training that would inform and support staff interventions and the recording of some restrictive practices where they were required from a health and safety perspective. The first of these remained an issue at the time of this inspection as, according to the centre manager, most of the staff team had yet to complete training in the centre's recently introduced model of care. The regional manager informed inspectors that there was a plan in place for the rollout of this training. Centre management must put the necessary measures in place to ensure that this plan is adhered to and that all staff complete the model of care training.

There was a detailed policy and guidance document in place relating to the use of restrictive practices at the centre. Inspectors found that staff clearly understood what constituted a restrictive practice. These were recorded on individual care files and the reasons for their use/need was supported by an accompanying risk assessment. A summary record of these practices was also maintained in a restrictive practices log. Inspectors noted that the detail in this centre log had reduced in more recent times and contained less information where a physical intervention had been employed, than was recorded previously. There was evidence that restrictive practices, including physical interventions, were reviewed at team meetings to determine their continued use and there was evidence in key working and one-to-one records, as well as in life space interview records (LSI) that they were discussed with the young people to assist their understanding of these practices. Physical interventions had been employed on several occasions with one of the current residents and with a prior resident that had left the centre late in 2021. Inspectors reviewed a sample of

these individual records as well as the records of their review by the significant event review group (SERG). These records were for the most part appropriately detailed and evidenced being reported to social workers as well as including commentary by the centre manager. Inspectors found it difficult to cross reference all significant events with the content of the centre's restrictive practice register. Inspectors did however note that comprehensive qualitative records inclusive of the categorisation of event was maintained by management personnel for the purpose of informing the SERG meeting. Attached to the minutes of each meeting, was the number of restrictive practices including physical interventions in the period under review. The minutes of these meetings reflected a thorough review and analysis of the event, including contributing factors, staff actions, an assessment of whether the action taken was guided by the ICSP, and any learning identified that needed to be implemented in practice and how this should happen. Inspectors found evidence that one young person had made several comments about physical interventions that they had experienced and separately about their views on staff. Whilst none of these were deemed to be a complaint and there was evidence that the matters were responded to when raised. Inspectors noted that staff were consistently using the LSI mechanism to assist the young person to understand the reason for physical interventions having been used with them. Inspectors discussed these matters with the Guardian ad litem and service manager with responsibility for this young person. Inspectors suggested that the manager create a system of formally tracking these to satisfy themselves that they continue to be appropriately responded to with the young person.

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

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure that training in the centre's model of care is delivered to all staff as a priority.

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

Theme 4: Health, Wellbeing and Development

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

Inspectors found evidence to indicate that all young people were provided with the necessary support, effort, and resources to assist them in achieving their potential in learning and development. There was evidence in key working records and minutes of both team and young people's meetings that staff were working with young people to identify their interests and abilities. There was evidence in staff interviews, individual placement plans, and minutes of team, multidisciplinary, and significant event review group meetings that all involved in working with these children understood the challenges that they faced in learning and developing socially, emotionally, and educationally. There was evidence that the young person that had been living in the centre for almost a year, had made significant progress across these domains during their placement.

At the time of the inspection, both young people were engaged with the company's teacher who was based in a hub located close to this centre. Staff brought each young person daily for their individualised education programme. Both young people were also engaged in activities outside of the centre that supported their emotional and social development and inspectors observed both young people being facilitated to attend these during their onsite inspection. It had not been possible to maintain either child's educational placement at the time of their respective admission to this centre. Staff and management had been working with the allocated social work team, their own clinicians and the local Education and Welfare Officer to assist them in sourcing educational settings that might best fit the need of the young person that had been in the centre for almost a year. Their efforts had been hampered by people being unavailable/out of post, and the difficulties experienced in cross-jurisdictional work. A decision had been taken by the social work team for the most recently admitted young person at statutory review to hold off on seeking an educational placement until a more thorough review of needs could be determined whilst in this placement. In addition, this young person had significant gaps in their education which wasn't apparent from the file reviewed at the centre. Management have committed to gathering all known information for this young person to support decision-making for this young person's education.

Inspectors found that both social work teams and centre management and staff were committed to sourcing the most appropriate educational placement for each young person. All parties were also in agreement, when speaking with inspectors, that an updated educational assessment for each young person would be of benefit to inform decision making. Clarity remained to be sought on the transferability across jurisdictions of approval of special needs assistance for one young person in their educational setting. Inspectors have asked both centre management and social work teams to prioritise the attention and decision making for both young people so that their respective educational planning can progress.

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

Compliance with standards	
Practices met the required standard	**Standard 4.3**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The manager must ensure that key work sessions are consistently delivered to both young people providing them with opportunities to contribute to their placement goals. This contribution should be documented within placement planning.	The Individual Placement Plan (IPP) document has been reviewed and updated lending itself to capture and represent the young person's voice to ensure full representation in placement planning.	Clear action plans have been established to ensure consistent planned keywork is completed with young people. On the 10.6.2022 the Home Manager will complete group supervision with all allocated key workers to provide training and guidance around role and responsibility in line with updated IPP documents. Additionally, all YP individual action plans will be discussed in formals supervisions.
	Centre management must ensure that all staff clearly understand all aspects of the policy on complaints.	Home Manager completed an informal supervision with all staff members in May 2022 to ensure clarification around the complaints procedure.	Complaints policy will feature as part of individual supervision sessions and will be included in team meeting discussion over the coming months to support full understanding and application of the process.

	Centre management to amend the information booklets for children and parents so that they contain adequate information on the complaints process and the language used is reflective of current structures and persons within Tusla.	Children and parents' booklet was updated in May 2022. (Booklets currently with inspector for any further recommendations before going to print)	Such booklets will remain under review by our Policy and Procedure and Documentation Review group to ensure all information is current and relevant, and communicated in an accessible fashion to all parties.
3	Centre management must ensure that training in the centre's model of care is delivered to all staff as a priority.	The model of care was reviewed and updated in May 2022. This will be rolled out to all staff members through the formal supervision process from June 2022 onwards.	The staff team will continue to avail of training opportunities in contemporary models of care applicable to the organisational model of care.
4	None identified.		