



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 178

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	8th and 9th November 2022
Registration Status:	Registered from the 22nd of September 2020 to the 22nd of September 2023
Inspection Team:	Cora Kelly Sharon McLoughlin
Date Report Issued:	21st December 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 22nd of September 2020. 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 22nd of September 2020 to the 22nd of September 2023.

The centre was registered as a dual occupancy service. It aimed to provide specialist therapeutic care and accommodation on a medium to long term basis to young people of both genders from age 11 to 16 years on admission and up to 18 years of age. The organisation had developed their own model of care based on six principles. It was primarily attachment and trauma informed with an emphasis on relationships, reflective practice and involving families. It was a strengths-based approach with a focus on the importance of routine and environment. There were two young people 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	3.2
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 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 and the centre manager and the relevant social work department on the 22nd of November 2022. The registered provider was afforded the opportunity to respond identifying any factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document to the inspection and monitoring service. Centre management informed the Alternative Care Inspection and Monitoring Service on the 5th of December 2022 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: 178 without attached conditions from the 22nd of September 2020 to the 22nd of September 2023 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.

The centre demonstrated a good knowledge and understanding of the policies and procedures that guided management and staff in their work in hearing the voices of the young people in placement, listening to them, respecting them, and working jointly with them in decision making processes. Related policies included for example complaints, children's rights, consultation with young people, intimate and personal care, care planning and placement planning. The inspectors found that staff were utilising their knowledge and skills effectively in these areas. For the two young people in placement, it was evident that a child centred approach was utilised in promoting the rights of the young people in addition to their care and support needs. There were opportunities available for young people to contribute to the daily living arrangements and decisions made in the centre such as weekly house meetings, daily plans, weekly plans, individual placement plans and keyworking. The inspectors review of young people's care files and centre records coupled with information gathered from interviews evidenced this.

There was evidence of the young people's views being sought and heard at child in care reviews/ looked after children reviews. If a young person chose to not attend, their views were represented by the centre management who also updated the young people on decisions made after.

There was evidence of a culture of openness and transparency that welcomed feedback, suggestions, and complaints. Both young people stated to the inspectors that they were aware of the complaints system with both stated they would speak with staff if they wished to make a complaint. In interview staff had a good understanding of the complaints system including its implementation and their duties to advocate for young people in placement. Social workers for the two young people stated in interview that staff were very proactive in hearing young people's voices daily and that for one young person they had developed the confidence to speak freely and honestly with the staff team. They also stated that they received

complaint records in a timely manner. The centre's complaints register that recorded both notifiable and non-notifiable complaints was being maintained appropriately. From the review of a sample of complaint records it was found that they were concluded in a timely manner. There was evidence of learning outcomes following complaints and of discussions occurring at team meetings. Complaints records were filed in the young person's care files. Information relating to complaints and the rights of young people was outlined in the young person's information booklet in addition to the contact details for the advocacy services in the Republic of Ireland – Empowering People in Care (EPIC) and in Northern Ireland – Voice of Young People in Care, VOYPIC in addition to Tusla Tell Us, and the Office for the Ombudsman for Children. The parents' booklet also contained information on complaints.

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

Compliance with standards	
Practices met the required standard	Standard 1.6
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 were a number of policies in place that promoted positive behaviour and supported the management of young people's behaviour. These included policies on supporting behaviour change, consequences, the management of challenging behaviours and guidance both on clinical and therapeutic intervention and restrictive practices. Through interviews the inspectors found that staff demonstrated a good knowledge of the policies and procedures named above. From the review of young people's care files there was evidence of the promotion of positive behaviour and effective implementation of the centre's trauma and attachment informed model of care in a therapeutic and nurturing environment. To assist the promotion of positive behaviour the centre had in place clear routines, expectations, and boundaries for both young people. A system of natural and restorative consequences was applied for negative behaviour. Upon review of related documentation consequences were found to have been appropriately placed.

The inspectors found that staff in interview described clearly and with confidence the individualised work undertaken with young people in helping them understand their behaviours and to develop techniques and skills to cope with their behaviour too. They were clear on the purpose of the positive behaviour support plans and individual crisis support plans in place to manage behaviour and clearly described the interventions and strategies outlined in the plans. Staff were up to date with training in the organisation's behaviour management programme. A core element of this training included the need for young people to develop trusting relationships with the staff team to generate positive change. The positive relationships both young people had developed with the staff team was resulting in both having progressed significantly across areas of need over the course of their placements to date. The young people told the inspectors that they got on well with the staff team and that they helped them to talk about, listen and manage their feelings and emotions. Social workers for both young people verified this in interview with one

social worker satisfied with the staff teams' approach in consulting with their young person in identifying what approach works best for them in managing their behaviour.

Three newest members of the staff team had been provided with information on the centre's model of care. Training had yet to be scheduled for them. The regional manager advised this would occur early 2023 after they had gained some experience of working in the centre and becoming familiar with centre management and staff practices. Staff valued the regular training they were receiving through the organisation's in-house training and awareness programme (TAP) to support the young people. It was evident that the contribution by various clinicians attached to the therapeutic support team was benefiting the young people individually through therapies they were receiving and their input in guiding the staff team through TAP and at staff team meetings.

Auditing arrangements for the management of challenging behaviour were in place. The organisation's compliance officer had undertaken audits of the centre's practices in May and October 2022 with paperwork for the former audit provided to the inspectors. The second audit not been completed in full at the time of the inspection. There were no areas of non-compliance identified during the audit.

Restrictive practice procedures were being adhered to with the restrictive practice register up to date. Processes for the regular review of the single restrictive practice were occurring at team meetings and with the regional manager. Social workers were aware of the single restrictive practice that was being utilised in the centre when deemed required for the safety of the young people.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
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.

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.**

There was a good commitment shown by the centre in promoting and supporting the educational needs of both young people in placement and boosting their individual strengths and abilities. Mechanisms were in place that assured both young people's educational needs were regularly monitored and reviewed in an age-appropriate and developmental manner. With the support of staff, the young people had made significant progress in their education journey since the last inspection in 2021. One of the young people had progressed from attending the organisations onsite educational facility to now attending a learning support unit attached to a mainstream school. The young person told the inspectors they didn't like school. Yet, their school attendance was good, and they liked some of the teachers. For the second young person, who also attended a learning support unit, they had been introduced to mainstream classes with a plan for them to be introduced into further mainstream classes as they make further progress. This young people told the inspectors they were happy in school, liked their school and named the subjects they enjoyed learning.

Staff were found to have been supportive in helping the young people transition to their current school placements. Individual keyworking sessions that were undertaken with the young people over an extended period evidenced this. There were good routines in the centre that supported education for example morning and evening routines and each young person had their own individual rooms, outside of their bedrooms, to complete homework/ study. The organisation had a 'homework club' if the young people required additional support. The centre had established good relationships with both educational providers to keep up to date on everyday schooling needs. There was good attention to the follow up of outstanding assessments and progressing these with the relevant bodies in collaboration with the social workers. Both social workers were satisfied with the work provided by the centre in supporting the young people educationally with one describing the

communication between them, the school and centre as very fluid. Education records were maintained in the young people's care files.

There was a positive promotion of extra-curricular activities with staff actively exploring the young people's interests, strengths, and abilities. Outdoor equipment had been provided based on the young people's interests. The approach by centre management and staff in providing a therapeutic environment was promoting the development of young people's skills and talents in a child centred manner.

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.