



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: ID 183**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>06<sup>th</sup> &amp; 07<sup>th</sup> of April 2022</b>
<b>Registration Status:</b>	<b>Registered from 02<sup>nd</sup> December 2020 to 02<sup>nd</sup> December 2023</b>
<b>Inspection Team:</b>	<b>Sharon McLoughlin Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> June 2022</b>

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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 2<sup>nd</sup> of December 2020. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 2<sup>nd</sup> of December 2020 to the 2<sup>nd</sup> of December 2023.

The centre was registered as a multi occupancy to provide care for four young people of both genders from age ten to fourteen years on admission. The centre's stated purpose was 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 the recently implemented CARE framework (children and residential experiences, creating conditions for change). There were three children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff and the allocated social workers. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. Due to the emergence of Covid-19 this inspection was a blend of onsite and remote activity. This inspection was carried out through a number of online interviews and a review of documentation both remotely and onsite.

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 on the 3<sup>rd</sup> of May 2022 and to the relevant social work departments. 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 17<sup>th</sup> of May . 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 183: without attached conditions from the 2<sup>nd</sup> of December 2020 to the 2<sup>nd</sup> of December 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 17: Records

#### Theme 2: Effective Care and Support

#### **Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.**

The inspectors found that the staff in the centre were providing a supportive and caring environment for the three young people living there and there were systems in place to respond to individual needs of the children. There were statutory care plans and Looked After Children (LAC) plans in place for the young people in the centre. One of the young people in placement was under 13 so there should have been a monthly statutory review of the placement in line with the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive. Inspectors found that this had not formally occurred however there were minutes on file of professionals meeting occurring each month to discuss the placement. The allocated social worker when interviewed stated they were unaware of the policy but had been informed by the centre that it was an expectation to have the monthly meetings.

The care plans and LAC plans reviewed identified the goals of the placement and were used to inform the centre individual placement plans (IPP). The IPPs reviewed were reflective of the voice of the child and were very detailed in the actions to be taken and who was supporting the young people in meeting these. The inspectors found that the young people were progressing in their placements and that the staff were being supported by the clinical team with behaviour management and specifically by the occupational therapist in guiding the work in the centre. The young people were also supported to access external specialist services and any recommendations from these were incorporated into the care plans and IPPs. The family where appropriate were kept informed and involved in planning decisions for the young people and access arrangements were facilitated by the staff in the centre in line with the care plan.

There was good evidence of joint working and effective communication between the staff and the allocated social workers. The social workers interviewed were satisfied

with placements and the work being done with the young people, commenting on the centre being child focused and that the staff keep the social workers up to date with all aspects of the care. One social worker did comment that more ongoing work needs to be done regarding the young person taking more responsibility for their actions and has seen very little progress in this specific area. This is an ongoing area for discussion between the centre management and the social worker as it has been identified that life story work and an agreed explanation for the child of their life history in care is still an outstanding piece of work that needs to be completed by the social worker.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Action Required**

- None

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 6: Person in Charge**

#### **Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

At the time of the inspection in April 2022 the inspectors found the centre to be well lead and managed by an experienced manager who was supported by a deputy manager. However, since the centre was first registered in December 2020 there have

been two other centre managers who have been named as the person in charge. In 2021 the centre experienced a very turbulent and disruptive period with staff assaults and extensive property damage following this the centre manager resigned and a temporary manager was assigned. The current manager took up the post on a permanent basis from October 2021. Staff in interview described the current manager as supportive and a good leader and that since coming to the centre they have stabilised the operation of the centre resulting in a more child centred and focused provision of care to the young people. The inspectors found this to be the case, the staff had confidence in the manager and the deputy, and the records evidenced good leadership from the management team. The team meetings were well led, and the staff were being supervised and guided by the management.

Overall, the inspectors found that the management structure was appropriate and effective. The manager maintained a governance folder and inspectors found evidence of good oversight by the manager and deputy of the running of the centre on a day-to-day basis. The manager submitted a weekly governance report to the senior management team and carried out audits of the centre compliance with standards. There were also audits carried out by the compliance officer and the regional manager visits the centre on a routine basis and records were maintained of these visits.

The organisation's policies and procedures were under review and based on the on-going inspections of all the centres within the agency, being updated and amended to reflect any direction from the inspectorate. Where policies were amended and reviewed the inspectors found evidence these being brought to the team meetings and discussed.

There was an on-call system in place for when the person in charge was absent and staff were aware of who to call out of hours. There was also a delegation of tasks and staff were assigned specific tasks such as health and safety checks and medication checks. The manager then carried out audits of these to confirm that were being done.

The organisation had a risk management framework in place that identified organisational risk and centre specific risks. There were also systems in place to identify, respond to and manage risk associated with the individual children such as absence management plans, individual crisis safety plans.

The centre risk register was reviewed every three months or more regularly if necessary, and risks that could not be managed locally were escalated to the senior

management team. The inspectors found that the centre risk register identified all the current risks responses were appropriately named and that measures had been put in place to mitigate and minimise the risks.

The organisation was contracted to provide a service to the Child and Family Agency through Tusla's national private placement team (NPPT). They provided the funding body with progress reports and updates regarding young people's placements.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Action Required**

- None

### **Regulation 6: Person in Charge Regulation 7: Staffing**

#### **Theme 6: Responsive Workforce**

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

The registered provider had systems in place to organise and manage the work force to deliver care to the young people in the centre. The organisation had a dedicated HR department that was responsible for the recruitment and selection of staff. At the time of the inspection there was a manager, a deputy manager, two staff at senior practitioner level and seven full time social care staff and one part time social

care staff in post. There was a plan to increase the staff team by one social care post in May 2022 this will bring the staff team to ten social care workers. Of the current team submitted as part of the information for this inspection one of the staff was only qualifying in May 2022 with the social care qualification. One staff although qualified did not have the required qualification as outlined in the Staff Numbers and Qualification Memo February 2020 order to be compliant with the Child Care (Standards in residential centres) 1996 Regulation 7 Staffing. However, the agency has discussed this with the person and have agreed to support them to complete further studies that will bring them to the equivalent to level 8 in social care. This will commence in September 2022.

There were three social care staff working in the centre each day and at the weekends, two staff completing the twenty-four-hour sleep over shift and one staff on a day shift. With the current young people this staffing arrangement was meeting their needs and there was adequate staff cover to allow access to be facilitated and children to be brought to and from school.

The manager takes responsibility for the rostering of staff and ensuring that the more experienced staff are working with newer staff and leading the shifts. There has been some turnover of staff since the last inspection in March 2021, four of the staff listed in the staff information at that time have left however seven of the current staff team were also working at the time of the last inspection.

Staff retention was an ongoing issue for the agency and all attempts were being made to maintain a stable staff team. The staff reported that agency supports such as paid sick leave a wage increase from April 2022 and budgets being provided for team building had assisted them in remaining in post.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

## **Actions required**

- The registered provider must ensure that going forward only staff with the relevant and related qualification as outlined in the Alternative Care Inspection and Monitoring Service Memo Staff Numbers and Qualifications April 2022 will be employed to work in the centre.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The registered provider must ensure that going forward only staff with the relevant and related qualification as outlined in the Alternative Care Inspection and Monitoring Service Memo Staff Numbers and Qualifications April 2022 will be employed to work in the centre.	With immediate effect the registered provider will ensure that only staff with the relevant qualifications as outlined in the Alternative Care Inspection and Monitoring Service Memo Staff Numbers and Qualifications April 2022 will be employed to work in the centre.	All applications for employment will be screened and shortlisted to ensure they meet the April 2022 memo requirements. The HR department have been fully appraised of same and this will be overseen by the Director of HR and the Director of Care and Quality.