



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 191

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	13th & 14th April 2022
Registration Status:	From the 14th of May 2021 to the 14th of May 2024
Inspection Team:	Lorraine Egan 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 14th May 2021. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 14th of May 2021 to the 14th of May 2024.

The centre was registered to provide multi occupancy specialist residential care for up to three young people aged 12-16 years with complex emotional and behavioural problems who cannot be cared for in a mainstream residential setting. A person-centred therapeutic service was the model of care utilised in the centre. 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
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 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 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: 191 without attached conditions from the 14th May 2021 to the 14th May 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 evidence of good commitment, care and support being provided to young people by the staff team. At interview, staff were aware of the importance of creating an environment in the centre where trusting relationship-building could take place and warm interactions with young people were observed while inspectors were onsite. Young people participated in decisions being made about their care and were working towards agreed goals with the support of staff, social workers, and significant others in their lives. This was observed on centre records such as young people's meetings, key working sessions, daily logs, and joint planning work relating to their identified needs and ambitions.

In general, there was a culture in the centre of openness, listening to what young people had to say, giving voice to these opinions and hearing what their preferences were. However, for one young person who had strongly expressed the unhappiness they were experiencing of being in care and how this impacted on their rights and liberties of everyday living, there was no evidence on centre records that this had been identified and addressed by the staff team and social workers in a planned way or that the young person was being heard regarding this issue. Inspectors did not observe a plan on the young person's file to assist them in coming to terms with living in residential care. The registered proprietor and centre manager must ensure that all expressions of dissatisfactions by young people in the centre are heard, given consideration, and responded to as part of an integrated plan in a timely way. Reasons for any decisions taken should be explained to the young person in accordance with their age and stage of development.

Young people participated in decisions about their living arrangements and raised issues through peer meetings as well as writing in their individual daily logs. This provided some feedback to the staff team about what they were happy or discontent with and changes and adjustments did take place that reflected the various requests

and suggestions. However, inspectors found that improvements were required in how complaints were being recorded and managed by the centre overall. Further, while there was a complaints policy in place, it was not clear what procedures were being followed by the staff team in practice to resolve young people's dissatisfactions, or where these complaints were being documented and whether young people were informed of the outcome and provided with an opportunity to respond. The centre manager must ensure that the staff team follows the complaints procedure so that the steps taken to resolve dissatisfactions and issues are recorded along with how young people are informed of the outcome and their feedback sought. The centre kept a complaints register with one complaint recorded on the log which was made on behalf of the young person by a staff member. Inspectors had observed communication with the allocated social worker on the centre's files in respect of this issue and noted that the young person's preference was considered and advocated for on their behalf.

Allocated social workers told inspectors that they weren't aware of any outstanding complaints for young people living in the centre currently but stated that the communication and working relationship was positive with the staff team and they were regularly informed of incidents and issues occurring in a timely way. Staff at interview described the complaints process and stated how young people were made aware of it on admission to the centre and by providing them with the young people's booklet as well as it being a topic at the weekly peer meetings. Inspectors reviewed key working sessions completed with the young person who had recently moved into the centre on how to make their dissatisfactions known and who they should talk to if they had concerns or issues. Staff understood their role in supporting young people to be heard and to make a complaint if they wanted to. From a review of the young people's booklet, inspectors noted confusion in the description of what a complaint was, and the content must be reviewed and updated in this section to represent it in a more child-friendly way. The external manager stated at interview that discussions had begun to revise the policy. While the contact details for supports outside the centre were included should young people wish to escalate their complaint, there was an absence of guidance on how to make an external appeal should they take the option of accessing independent advocacy services such as the Ombudsman for Children's Office and Tusla's Tell Us. This must be addressed promptly.

There was no mechanism in place for young people to provide feedback on the complaints procedure. This deficit was identified in one of the centre's external themed audits, however it had not been actioned. Neither did the monitoring

conducted in the centre identify the outstanding issues relating to complaints that have been highlighted in this report.

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 registered proprietor and centre manager must ensure that all expressions of dissatisfactions by young people in the centre are heard, given consideration, and responded to as part of an integrated plan in a timely way. Reasons for any decisions taken should be explained to the young person in accordance with their age and stage of development.
- The centre manager must ensure that the staff team follows the complaint's procedure so that the steps taken to resolve dissatisfactions and issues are recorded along with how young people are informed of the outcome and their feedback sought.
- The centre must ensure that the complaints section in the young people's booklet is reviewed and updated to reflect the process in a more child-friendly way. The external appeal process should also be included.
- The registered proprietor and the centre manager must ensure that there is a mechanism in place for young people to provide feedback on the complaints procedure.

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.

The centre had a child protection policy in place that was operating in compliance with relevant policies as stated in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. However, the policy required some updating specifically relating to clarity regarding the various reporting procedures along with the inclusion of the retrospective disclosure procedure. Inspectors were told by the regional manager that this review had already begun. Some of the procedures contained in the policy to ensure that young people were kept safe while living in the centre included, a code of behaviour, anti-bullying, mandated reporting, reasonable grounds for concern, safe recruitment of staff, child sexual exploitation, whistle blowing/protected disclosures and guidelines for working alone. A child safeguarding statement along with a letter of compliance from the Tusla Child Safeguarding Statement Compliance Unit was on file. The centre manager was the appointed designated liaison person (DLP), and they had completed training to support them in this role.

One of the findings from the previous inspection in September 2021 was the gap in centre management and staff's knowledge and understanding of child protection procedures including mandated reporting. This deficit remains the same and there were conflicting accounts of the mandated reporting process described at interviews. While the staff team had recently completed training relating to the centre's policy as required, refreshers must be provided to address the discrepancies in procedural knowledge for both centre management and staff. In addition, while some amendments were noted since the last inspection in the area of the organisation's governance arrangements in ensuring the centre's compliance with safeguarding procedures, further improvements are required. This relates specifically to a retrospective disclosure concern. While the centre manager as the DLP had followed guidance and sought advice from the social work department and the concern was processed using the social worker's own procedure, the centre had a responsibility themselves to report using the dedicated reporting form provided through the Tusla portal for reporting child protection and welfare concerns. The registered proprietor must ensure that the centre's child safeguarding policy is reviewed, updated, and

implemented and satisfy themselves that all staff have a clear understanding of the various reporting procedures outlined in the policy. The centre manager must as part of their governance function and DLP responsibilities ensure that the centre's child safeguarding procedures are being followed in practice. A child protection register was kept by the centre to support the tracking and monitoring of reported concerns and those logged were managed appropriately and submitted to the social work department in a timely manner.

The staff team worked in partnership with children, families, where appropriate, and allocated social workers to establish a sense of safety and wellbeing in young people. Strategy meetings were scheduled where required and consistent updates and information sharing was provided by the centre to the social work departments. At interview, staff had a strong practical awareness of how to keep young people safe from harm and had good knowledge of their specific vulnerabilities and how to detect and identify abuse. They were able to describe the interventions contained within the safety plans, risk assessments and absence management plans that were routinely in place and regularly updated. These protected young people from harmful incidents while they were in and out of the centre. There were set routines in operation as part of daily living plans and young people were supervised closely. Young people were learning about keeping safe and were provided with key-working sessions on self-care, online safety and they were encouraged to speak out if they were feeling unsafe in any way.

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 registered proprietor must ensure that the centre's child safeguarding policy is reviewed, updated, and implemented and satisfy themselves that all staff have a clear understanding of the various reporting procedures outlined in the policy.

- The centre manager must as part of their governance function and DLP responsibilities ensure that the centre's child safeguarding procedures are being followed in practice.

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.

Young people's health, wellbeing and development was promoted and addressed in the centre. Individual placement plans identified the goals that were outlined in the care plans to meet each young person's individual health needs. Two of the three young people were registered with a GP and had medical cards in place. The third young person had recently started living in the centre and a local doctor was in the process of been sourced for them. Access was provided for all young people to dental, audiology and optimal care services when required and schedules, contact sheets and appointment information was observed on centre files.

The staff team had good awareness of young people's health and welfare needs and benefited from regular access to the organisation's clinical team. Robust guidance for each young person was formally provided by the specialists at dedicated meetings as well as the significant event review group (SERG). The clinical psychologist and occupational therapist at various stages of the young people's placement had also provided individual therapeutic plans (ITPs). Inspectors were told that the ITP system was currently been revised as staff and inspectors had given feedback that these were very comprehensive and therefore challenging for the staff team to adapt in practice.

From a review of the young people's files there was evidence that recommendations from all guidance along with the individualised plans informed the placement plans, key-working, daily and weekly planners, safety plans, absent management plans, risk assessments and health and wellbeing plans. All of which were incorporated into young people's care and daily living by the staff team. There was evidence of progression for some young people in the interventions put in place to address particular health and wellbeing needs of young people. However, for one young person, where they had gradually disengaged from interactions with the staff team

and was refusing one-to-one therapeutic supports, there had been some disimprovement in their emotional well-being over a period of time. While the staff team were responding to the young person's needs based on specialist direction provided in-house, including a referral to CAMHS, further targeted strategies are required promptly. Inspectors observed extensive therapeutic recommendations across the young person file from various assessments and child in care review minutes. However, some of these had not been realised and the centre manager in collaboration with the clinical team and the social work department must ensure that a review of these takes place as soon as possible so that realistic and achievable goals can be set to respond to the young person's most immediate psychological needs. At interview, social workers described a staff team that were dedicated and child-centred and skilled in the way they worked in practice with young people. While opportunities had been offered by the organisation to social workers to attend IDP meetings, two of the allocated social workers stated that they were not aware of the details of the clinical input that was provided by the service to young people placed there and would like the communication to improve in this regard. Inspectors recommend that the registered proprietor ensures that this is responded to with the appropriate social work departments.

While self-harm and suicidal ideation were presenting behaviours for young people, there was good evidence from staff interviews and individual risk assessments of through interventions and practices in place to mitigate risks. Inspectors noted that some risk assessments were more comprehensive than others and recommend that these are reviewed. Further, inspectors discussed with senior management the possibility that a dedicated sensory room would be allocated to an area of the centre where there was adequate space. This had already been a recommendation from the clinical team for one young person in February 2022 as part of their individual strategy, and could benefit other young people living in the centre too. Regular exercise, activities and good eating and sleeping habits were encouraged by the staff team and young people contributed to menu planning which included their own preferences.

There was a medicines management policy in the centre, and inspectors were told that this is being updated currently. Medication recording systems were maintained for each young person and all logs in relation to medication administration were complete and up to date and monthly audits were taking place. Training on safe administration of medicines and first aid was outstanding for some staff members and this needs to be completed.

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 manager in collaboration with the clinical team and the social work department must ensure that a review of specialist support recommendations takes place for one young person as soon as possible so that realistic and achievable goals can be set to respond to their most immediate psychological needs.
- The centre manager must ensure that training on safe administration of medicines and first aid is provided for the staff team members that require it.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The registered proprietor and centre manager must ensure that all expressions of dissatisfactions by young people in the centre are heard, given consideration, and responded to as part of an integrated plan in a timely way. Reasons for any decisions taken should be explained to the young person in accordance with their age and stage of development.</p> <p>The centre manager must ensure that the staff team follows the complaint's procedure so that the steps taken to resolve dissatisfactions and issues are recorded along with how young people</p>	<p>With immediate effect. All expressions of dissatisfaction will be responded to in line with the centre's complaints policy, which outlines the procedure for notifiable and non-notifiable complaints. Feedback regarding any notifiable or non-notifiable complaints will be provided to the young person and an opportunity given for them to respond, which will be captured via the 'feedback to complaints' template. All decisions agreed will be formally communicated to the young people and will be evidenced via feedback forms and/or young person's meeting.</p> <p>Complaints procedure will be reviewed with the staff team on the 25.5.2022 at staff team meeting. Knowledge of this will be formally evaluated via the supervision process.</p>	<p>All management teams have been directed via the management support meeting on the 19.5.22 that any expressions of dissatisfactions by resident young people are to be responded to in line with the centre's complaints policy. Regional managers will also review non-notifiable complaints during home visits.</p> <p>Review and evaluation of knowledge regarding the complaint's procedure will be assessed via the supervision process. All notifiable complaints now being reviewed by the significant event review group.</p>

	<p>are informed of the outcome and their feedback sought.</p> <p>The centre must ensure that the complaints section in the young people's booklet is reviewed and updated to reflect the process in a more child-friendly way. The external appeal process should also be included.</p> <p>The registered proprietor and the centre manager must ensure that there is a mechanism in place for young people to provide feedback on the complaints procedure.</p>	<p>Young person's feedback form to be completed following the outcome of a complaint.</p> <p>Young Person's booklet was reviewed and updated in May '22 to include details of the external appeals process and ensure that the booklet and process is more child friendly.</p> <p>With immediate effect - A 'young person's feedback to complaints' template has been established to capture a young person's feedback in relation to the complaints process and outcome.</p>	<p>The regional manager will review non-notifiable complaints during home visits.</p> <p>The young person's booklet will be reviewed by the policy review group as and when needed, following any updates which may be required to reflect changes to terminology or recommendations from inspections</p> <p>The complaints policy will be updated at the policy and procedure review meeting on the 7.6.2022, to include young person's feedback as part of the procedure. This will be shared with all staff for review and sign off.</p>
3	<p>The registered proprietor must ensure that the centre's child safeguarding policy is reviewed, updated, and implemented and satisfy themselves that all staff have a clear understanding of the various reporting procedures outlined in the policy.</p>	<p>The Child Safeguarding Policy was updated by the Policy and Procedure Review Group on the 4.5.2022. A new allegation policy was also established. Both these new policies have been issued to the staff team for review and sign off.</p>	<p>Child Safeguarding is a permanent agenda item at staff team meetings and at formal supervision. Review and evaluation of staff's knowledge of said policies will be regularly reviewed via these forums. All staff are trained in Children's First. The centre has a Designated Liaison Person (DLP) and deputy DLP in place.</p>

	<p>The centre manager must as part of their governance function and DLP responsibilities ensure that the centre's child safeguarding procedures are being followed in practice.</p>	<p>An informal supervision pertaining to child safeguarding has been completed with the staff team on the 12.5.22. The Child Safeguarding policy was also reviewed by the team at the staff team meeting on the 12.5.22.</p>	<p>Regular review of staff's knowledge of child safeguarding policies and procedures will take place via handovers, staff team meetings and supervision.</p>
4	<p>The centre manager in collaboration with the clinical team and the social work department must ensure that a review of specialist support recommendations takes place for one young person as soon as possible so that realistic and achievable goals can be set to respond to their most immediate psychological needs.</p> <p>The centre manager must ensure that training on safe administration of medicines and first aid is provided for the staff team members that require it.</p>	<p>A meeting is scheduled for the 20th of May 2022 to review therapeutic supports to plan how best to meet the young person's needs.</p> <p>The staff team have been scheduled to attend Safe Administration of Medications training in June 2022.</p>	<p>New therapeutic framework and placement planning documents will allow for greater oversight of required therapeutic supports.</p> <p>All new staff members joining the organisation will now receive Safe Administration of Medication training as part of the induction process.</p>