



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 204

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	17th, 18th & 20th July 2023
Registration Status:	Registered from 08th July 2022 to 08th July 2025
Inspection Team:	Lorna Wogan Sinead Tierney
Date Report Issued:	27th September 2023

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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 08th July 2022. 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 08th July 2022 to 08th July 2025.

The centre was registered as a multi-occupancy service to accommodate four children aged from 8 to 12 years on admission. The programme of care was identified as being for a minimum period of twelve months. The centre aimed to provide residential placements for children with complex emotional and behavioural needs. The model of care was informed by an understanding of child development theories, attachment and the impact of developmental and relational trauma, with the inclusion of psychology, art psychotherapy, occupational therapy and education supports. The model operated under the organisation's 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
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4

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 01st September 2023. 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 15th September 2023. 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: 204 without attached conditions from the 08th July 2022 to the 08th July 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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.

There was evidence that the children had input into forums where planning for their care was undertaken. Consultation forms were completed by the children prior to their child in care reviews. Additionally, the inspectors found evidence that the voice of the children was incorporated into their placement plans and their individual crisis support plans. The development of a new recording system to reflect the child's own experience within the service was evident on the children's care records. However, the inspectors found these forms did not evidence the feedback to the children following issues raised by them and feedback forms reviewed were not dated. The manager must ensure when they are inviting feedback from the children about their care, they evidence on the forms the response to feedback provided. The inspectors found there was a system in place for undertaking house meetings with the children to support the group dynamic and give opportunities to the children to be involved in decision making and planning. There was evidence that the children received feedback following team meetings and written messages of encouragement and support to the children regarding their engagement in the house meetings was evident on the records. Group co-operation and engagement of the children in house meetings was challenging at times; however, it was evident staff constantly sought ways to improve engagement of the children within the group setting.

The complaints policy was updated and revised in May 2023 and there was evidence that the centre manager had undertaken an individual meeting with each staff member to ensure they were familiar with the policy. The policy identified the stages of complaint resolution, external bodies where children could take their complaints and outlined the internal escalation process within the service in the management of complaints. Complaints related to day-to-day functioning that could be resolved in-house, through a local resolution process, were classified as non-notifiable complaints. A complaint that cannot be resolved at local level or where the child was not satisfied with the outcome of the local resolution process were classified as

notifiable complaints and reported to externally through the significant event reporting system. There were systems in place to track non-notifiable complaints and where patterns of similar complaints emerged, they were also reported under the notifiable complaints notification system. Following a review of the policy and interviews with managers and staff the inspectors recommend that the policy specifically outlines a screening process with the children's social worker to decide who is best placed to investigate notifiable complaints. It may not be appropriate in all instances for the service to investigate notifiable complaints particularly where they relate to practices within their own service. The inspectors also recommend the service reviews the timeframes for resolving complaints which, as outlined in the policy, are very protracted and would not be conducive to an effective complaints process for children living in the centre.

The children and their parents were provided with written information about the centre on admission that included information on how to make a complaint. The parent's information booklet was not fully aligned to the centre's recently updated complaints policy and the service must ensure this update occurs. Additional policies on children's rights and consultation with young people in care were found to be evidenced in practice in the centre. A child interviewed by the inspector stated they felt their voice was heard and staff sought their views. There was evidence the children were aware of the complaints process and complaint forms were easily accessible to them. Individual work with the children on complaints was evident on their care files. One of the children told the inspectors they knew about EPIC (Empowering People in Care) and 'Tell Us' – Tusla's complaint procedure. Information booklets signposted a range of independent services and personnel the children could access should they wish to make a complaint about their care.

Inspectors reviewed the centre's complaints register and complaint records maintained on the children's care files. The inspectors found that staff were strong advocates for the children and supported them to make complaints or recorded and reported the complaint on their behalf. However, a number of complaint records on file indicated that there were significant delays providing feedback to the children in relation to their complaints. While there was a system in place to collate all complaints across the service in order to track patterns and trends for learning and service improvements this was at a more a senior governance level. The practice of managing complaints in the centre required more close monitoring and review. The centre management and the regional manager must ensure there are robust governance systems in place around complaints to track them and to provide feedback in a prompt manner.

A recent complaint by a relative of one of the children was found to be managed well; however, the register was not updated to evidence that this complaint was resolved and closed. The inspectors found there were six complaints on the register that remained open and the status of these complaints must be recorded on the register. Additionally, the complaints register did not indicate if the complaint was upheld or evidence whether the child was satisfied or not with the outcome.

The inspectors found that sections of the complaint forms to be completed by the centre manager were incomplete therefore the inspectors were unable to assess if the children were satisfied with the process or the outcome or if the complaint was upheld or not. Staff interviewed were not clear on the appeals process open to the children and the complaint records did not evidence if this option was discussed with them in circumstances where they were unhappy with the outcome of their complaint.

Three parents interviewed confirmed that they were satisfied with the current systems in place for communicating issues and concerns with staff and they found the current manager was open and transparent in their dealings with them. Communication issues previously identified by parents were resolved to their satisfaction. Additionally, the social workers were satisfied they received prompt notification about any complaints made by the children.

The centre maintained a register of positive feedback and compliments and positive feedback from a social worker and a parent indicated their satisfaction with the quality of care in the centre. Two of the parents interviewed by the inspectors also commended the care provided by the staff team. One guardian ad litem interviewed commended the work undertaken by the centre that was instrumental in advancing the reunification plan for one of the children.

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 1.6

standard in some respects only	
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The manager must ensure when they invite feedback from the children about their care, they must evidence the response to the feedback provided.
- The head of care must ensure the complaints policy provides clear guidance on the screening and investigation of notifiable complaints and review the timeframes set out for resolving the children's complaints.
- The parents' information booklet must be updated and aligned to the centre's complaints policy.
- The centre manager must ensure that the complaint records evidence the outcome of the complaint and a record of whether the child is satisfied with the outcome and where not satisfied that the options for appeal of their complaint are explained to them and recorded on the care record.
- The centre manager must ensure that all staff are familiar with the appeals process open to the children.
- The centre manager must ensure that all complaints on the register are closed off when resolved and evidence if the child is satisfied or not with the outcome.
- The centre management and the regional manager must ensure there are robust governance systems in place around complaints to track them and to provide feedback in a prompt manner.

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 and safeguarding policy that was revised in 2023. The inspectors reviewed the policy and noted that the thresholds for reporting mandated concerns under each of the categories of abuse were not included. Further, the policy did not detail the training in child protection undertaken by staff. Inspectors recommend that the policy is reviewed to include these points and that any references to previous editions of Children First guidance are removed. The

policy outlined that all staff working with the children were mandated persons and their role and responsibility in this regard was set out. However, the reporting procedure outlined that staff completed the child protection and welfare reporting form in conjunction with the manager. While Children First: National Guidance for the Protection and Welfare of Children, 2017 allows for joint reporting, staff interviewed by the inspectors did not demonstrate confidence to report concerns of harm or abuse without the support of management. Additionally, staff stated they did not have access to the reporting portal except through their manager. The inspectors found one instance, where a child was potentially at risk of immediate harm, the mandated report was not submitted until four days after the incident. This is an area that requires immediate review by management. It is imperative that staff members have access to the Tusla portal to submit child protection concerns particularly in instances where there may be an immediate risk of harm.

Further, inspectors found significant deficits within the centre's practices relating to the recognition, reporting and management of child protection and welfare concerns. Following a review of the child protection and welfare records on the children's care files the inspectors found, in one instance, a significant event was not initially identified or reported as a child protection concern, yet there were significant concerns of potential harm identified on the records. This concern was subsequently submitted through the Tusla portal as a mandated concern 10 days after the incident occurred and after management had internally interviewed and investigated the allegation. Inspectors found there were several staff involved in the internal investigation, therefore information was lost or not acted upon, with conclusions reached prior to the centre manager or social worker being consulted or having an opportunity to direct actions in a co-ordinated manner. Overall, the inspectors found there was poor management of this concern and lessons must be learned from this. Management and staff must be clear that it is not their role to investigate allegations of risk or harm, this is the role of the social work department. The inspectors reviewed another care record that was recorded as a significant conversation which contained information of a child protection concern that was not subject to a significant event notification or a mandated report. The regional manager was not aware of this concern when interviewed by the inspectors. The allocated social worker interviewed by the inspector was aware of the concern but was unable to verify to the inspector if the concern had been reported by the external professional who initially raised the concern and informed a member of the staff team. The social worker assured the inspector they would follow this matter up internally within Tusla.

The inspectors found deficits in the records maintained in relation to child protection and welfare concerns. In one instance written communication with the social worker did not accurately reflect the actual incident of concern, another mandated report reviewed did not record the reporters' details or the person to have allegedly caused the harm. Additionally, a mandated report recorded on the centre's child protection register did not have the corresponding mandated report form on the child's individual care record. The regional manager informed the inspectors that follow up on the status of all reported child protection and welfare concerns was undertaken regularly; however, the centre register for such reported concerns did not reflect their current status.

There was evidence on the centre records that one of the children's parents were informed of an incident of concern however it was unclear from the records reviewed of parents being informed when concerns of harm or abuse occur. In one instance following interviews with staff, the social worker and social work team leader it was unclear whether one of the children's parents was notified of a concern that had arisen within the centre. The social work team leader stated they would follow up on this matter. There must be a clear agreement in place with the social workers to ensure parents and or guardians are informed of any incident or allegation of abuse or harm.

The child safeguarding statement was displayed in the centre and staff were familiar with the purpose of the statement and the potential risks of harm or abuse identified. The centre had a range of safeguarding policies such as lone working, staff code of conduct, physical contact with children, safe recruitment and training of staff. The inspectors found that the policy on lone working was due for review in August 2022 and this had not been undertaken. However, overall, the inspectors found there were systems in place to update policies and inform staff of new and revised policies. There was evidence that a presentation was given to all managers on the revised child protection and safeguarding policy in 2023 and the manager subsequently undertook a review of the policy with the staff team.

The centre had recently updated their anti-bullying policy and this was reviewed with the staff at a team meeting. The policy referenced the reporting of bullying under Children First where such behaviour reached the threshold of harm. Procedures for managing and reporting bullying were set out in the policy. There were several incidents where bullying was identified by staff within the group dynamic and the centre records showed that where these concerns were identified by staff, individual work was completed with all the children. The staff team were alert to signs of

bullying and updated individual risk assessments and put strategies in place to manage the risk of bullying. The inspectors found that incidents of bullying were notified as significant events and social workers confirmed they were informed promptly of such incidents.

In terms of identifying areas of vulnerability the care plans on file for the children were not up to date. There was evidence on file that updated care plans were requested and escalated as a concern by the centre managers both within the service's management structure and externally to Tusla. There was no evidence on file of progress of one child's referral to CAMHS for assessment. Social workers interviewed stated that the care plans for the children were updated however they were either awaiting sign off within the department or issuing them was delayed due to the implementation of a new information system within social work.

Aside from the concern that updated care plans were not on file, the inspectors found the centre staff worked in a co-ordinated manner internally to understand the needs of the children and best to respond to them. Environmental assessments undertaken by the service's psychologist were completed for one child and had commenced for another. Additionally, this psychologist undertook an assessment to address the group dynamic amongst the children in placement. There was evidence that this assessment was used to inform the team approach and responses to particular patterns of behaviours and the complexities of the group dynamic. The service's occupational therapist completed additional assessments however it was not clear following a review of the placement plans how the recommendations were to be implemented. The centre manager must ensure that the placement plans are further strengthened by linking the recommendations outlined in the occupational therapist report and the environmental assessments thus progressing those recommendations and monitoring their impact through the placement planning processes.

Individual risks were understood by staff interviewed and the support from the therapeutic team was evident. All individual vulnerabilities were risk assessed in one main plan however the risk template itself was not utilised to the best ability in terms of monitoring risks. There were two additional risks identified by the inspectors in their review of the records that were not subject to a formal risk assessment as required. Additionally, safety plans were in place to address specific vulnerabilities relating to the children however safety plans were not up to date and should be reviewed and updated by the team. The inspectors reviewed the centre risk register and found it did not identify the risk of staffing shortages as a risk to safe and effective care. There were several changes in staff personnel over the past six months

and the risks associated with staff changes must be placed on the centre register with appropriate control measures in place.

The inspectors found evidence of effective key working on file to assist the children to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection appropriate to their age and stage of development. There was a specific key working plan for one of the children developed by the in-service psychologist with a plan to undertake observations of the child's identified vulnerabilities over a specific period of time to track, monitor and find appropriate responses to these vulnerabilities. The inspectors reviewed life space interviews (LSIs) that were undertaken with the children following significant events. The inspectors found that a number of the LSI's solely relayed staff's insight to the behaviour, and the child's understanding of the event including their insights and feelings was not evidenced on the LSI. As LSI's are a recommendation within the environmental assessment - coaching, mentoring and monitoring of the quality of LSI's must be built in.

Following the inspector's observation of staff practice in relation to physical contact and boundaries with the children, interviews with staff and a review of the care records, the centre manager must review the team practice in relation to physical contact with the children and the required boundaries and be assured that physical contact with the children does not develop into physical horseplay. A high arousal environment was reported in review meetings of significant events and observed by external professionals and referenced as a feature of the living environment for the children. The centre manager in conjunction with the service's psychologist and the team must review their practice and boundaries in relation to horseplay and high-level physical contact which is contrary practice recommendations of the environmental assessment dated May 2023.

The inspectors found that the staff training data base was not up to date for all staff working in the centre. Certificates relating to child protection training were not located on the personnel files reviewed by the inspectors however the senior managers informed the inspectors that the service was migrating staff training certificates onto to an electronic system at the time of the inspection. Training certificates were subsequently forwarded to the inspectors to evidence training undertaken by team members in Tusla's e-Learning module Introduction to Children First and Tusla's Mandated Person e-Learning training.

There was evidence of safe recruitment practices in place. Personnel files for six staff members recruited since the last inspection were reviewed by the inspectors. The vetting records evidenced Garda vetting/overseas police checks as required and vetting was secured before staff commenced in the centre. There were also three references on file and verbal checks on references.

The centre had a written policy on protected disclosures and staff aware of the purpose of the policy and how they could raise any concern about the operation of the centre or the service to without fear of adverse consequences for themselves. The staff interviewed were aware of other external organisations they could bring concerns to for example, the Gardaí, Tusla, the Revenue Commissioners or Health and Safety Authority. The senior management team confirmed there were no protected disclosures or staff disciplinary issues since last inspection.

Compliance with Regulation	
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The head of care must ensure the child protection and safeguarding policy is updated to include the thresholds for reporting mandated concerns under each of the categories of abuse, child protection training undertaken by staff and ensure references to previous editions of Children First guidance are removed.
- The centre manager must ensure that all staff members have access to the Tusla portal to submit child protection concerns independent of their manager.
- The regional manager and the centre manager must review the learning from deficits identified in the inspection as they relate to the recognition, reporting and management of recent child protection and welfare concerns in the centre and discuss learning outcomes with staff.

- The regional manager must ensure that centre managers and staff are made aware that it is not their role to investigate concerns of abuse or harm and this should be explicitly outlined to staff and incorporated into the centre's child protection policy.
- The centre manager must rectify the deficits found within the centres recording procedures as they relate to child protection records outlined in the inspection report.
- The centre manager must ensure there is a clear agreement in place with the social workers to ensure parents and or guardians are informed of any incident or allegation of abuse or harm.
- The centre manager must review the risk assessment template and ensure the template is fully utilised to the best effect in terms of monitoring risks.
- The centre manager must ensure that the safety plans developed to address the children's vulnerabilities are reviewed and updated by the team.
- The centre manager must include on the centre risk register the risk associated with staff recruitment, retention and staffing deficits as it presents significant risk to providing safe and effective care.
- The centre manager must incorporate recommendations from the therapeutic team into the placement plans to ensure the recommendations are progressed and monitored through the placement planning review processes.
- The regional manager in conjunction with the centre manager must monitor and review the quality of LSI's undertaken by the staff.
- The centre manager in conjunction with the in-service psychologist and the staff team must review their practice and boundaries in relation to horseplay and high-level physical contact with the children.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were a number of systems in place whereby managers reviewed the quality, safety and continuity of care provided to the children. These included reports on the regional managers visits to the centre, management meetings, team meetings, staff

supervision and internal and external reviews of significant events. Additionally, there were arrangements put in place by the registered provider to assess the care provided in the centre against the National Standards for Children's Residential Centres, 2018 (HIQA) though compliance audits undertaken by personnel external to the centre.

There were two compliance audits undertaken since the last inspection in December 2022 that examined compliance of the centre against Theme 2 and Theme 3 of the National Standards. These audits were undertaken in April 2023 and were reviewed by the inspectors. There were a significant number of non-compliance issues identified in both audits that had not been addressed at the time of the inspection. There was no evidence that the audit reports were reviewed by the regional manager in conjunction with the centre manager to date but both managers interviewed stated this was on their priority agenda to be addressed. The inspectors also found that staff interviewed were not that familiar with the purpose of the compliance audits and there was no evidence of feedback to the team following these audits. Additionally, there was no evidence that a review of the centre's corrective action plan following the last inspection was undertaken. This was in part due to three changes in the centre manager since December 2022. The centre manager and the regional manager must ensure that recommendations from statutory inspections and service compliance audits are evidenced as addressed as a matter of priority.

There was evidence of regular visits to the centre by the regional manager and additional visits undertaken to support the centre manager and the team due to the challenges faced by the centre both in terms of the children's presenting behaviour and in response to the changes in management and staff since the last inspection. The continuity of care for the children was impacted due to three different managers in post since the last inspection and six staff changes within the team. The regional manager completed an audit template on each visit to the centre and there was evidence of them reviewing records, meeting staff, attending handovers, assessing staff practice, meeting the children and enquiring about their welfare and happiness. The record of these visits as currently structured does not provide any qualitative analysis of the care approach or of the quality of the records reviewed. Additionally, while the regional manager received data on the frequency of staff supervision, they did not undertake any review of the supervision records to ensure the supervision process evidenced staff accountability, learning and development of staff. There was evidence that the regional manager attended two team meetings in 2023. The inspectors found the team meetings records were not maintained to a sufficient standard to evidence learning from audits, regional manager reports, complaints or

significant event reviews. The records were handwritten and were not always legible. The recording practices for team meetings must be brought up to a sufficient standard that reflects learning, key discussions and actions taken. In light of the changes in management and staff combined with the complexities of the group dynamics and the children's needs the inspectors recommend more frequent attendance of the regional manager at the team meetings until the team and the new centre manager become more cohesive and established. The regional manager at this time needs to support the centre manager to further develop the team meeting process and guide the decision making and reviewing processes to ensure the meeting is an effective and efficient forum to support the children's care.

There were three significant event review group meetings (SERG) undertaken following a number of significant events of concern relating to one of the residents. The learning identified in SERG meetings with input from the therapeutic support team was evident and guidance and direction evident in relation to understanding the function of the children's behaviour and how to respond in practice. There was direct input to the team from a member of the therapeutic team and there was evidence that staff found this beneficial to them in their work with the children. There was evidence of protocols developed to support more challenging periods such as bedtime routines. Following a review of significant event reports, the inspectors found that in some instances the responses to the children were not fully aligned to the therapeutic approach and this must be highlighted by management and addressed within the team.

Following the in-service environmental assessments, the inspectors found that there were robust systems in place to review agreed interventions and assess their effectiveness with the centre management and staff team. There was evidence that this work was beginning to have some positive impact on the group dynamic and staff were becoming more confident and cohesive in their approach.

Management support meetings were undertaken on a monthly basis and included senior staff at all levels within the service. The meeting records evidenced actions identified across a range of service functions with monthly reviews and updates of previous actions identified. The meeting records evidenced managers supporting service development and improvements in care practices. There was evidence of oversight of the approved behaviour management intervention with a competency review undertaken across the service in terms of staff's knowledge, understanding and implementation of the intervention.

The compliance manager completed an annual review of compliance and a quality improvement plan for the centre. This report however was not dated therefore it was not clear what period of time was subject to review of compliance. The report evidenced the centre's compliance against National Standards for Children's Residential Centres and set objectives for the year ahead. The report could be further enhanced with a review of compliance of the centre's objectives. Inspectors found that the centre experienced a number of challenges in their first year of operation including the children's access to internal therapists, the supports required by the team to provide safe, effective care for children with complex needs, and the turnover of staff and managers which impacted on the continuity of care for the children. These were all significant factors in realising the centre's stated purpose and function.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and the regional manager must ensure that the staff responses to the children are fully aligned to the therapeutic approach and this must be highlighted by management and addressed within the team.
- The centre manager must ensure the recording practices for team meetings are brought up to a sufficient standard that reflects learning, key discussions and actions taken.
- The compliance manager must also review how well the centre met its aims and objectives throughout the year and incorporate this into the annual report along with actions to place to improve outcomes for the children in placement.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again with Time Scales
1	<p>The manager must ensure when they invite feedback from the children about their care, they must evidence the response to the feedback provided.</p> <p>The head of care must ensure the complaints policy provides clear guidance on the screening and investigation of notifiable complaints and review the timeframes set out for resolving the children's complaints.</p>	<p>With immediate effect, the home manager will ensure they evidence feedback on a keywork form provided to young people following review of feedback forms requested from them.</p> <p>13.09.23 The policy and procedure for complaints is scheduled for review by the policy and procedure review group. The policy will be reviewed to ensure the policy provides clear guidance on the screening and investigation of notifiable complaints. Timeframes set out for resolving complaints will also be reviewed.</p>	<p>Home management will ensure the form is completed in full following request for feedback. As part of the compliance managers audits, they will review the forms to ensure feedback has been documented and acted upon.</p> <p>Regional managers will bring the policy to the subsequent management meeting to review with home managers. Home managers will bring the policy back to their teams and review at their next team meeting. Compliance manager as part of their audits will ensure the policy is being followed in the homes.</p>

	<p>The parents' information booklet must be updated and aligned to the centre's complaints policy.</p> <p>The centre manager must ensure that the complaint records evidence the outcome of the complaint and a record of whether the child is satisfied with the outcome and where not satisfied that the options for appeal of their complaint are explained to them and recorded on the care record.</p>	<p>30.09.23 The parents' information booklet will be reviewed and updated to include updated information on the complaints policy.</p> <p>With immediate effect, home management will ensure that complaint records evidence the outcome of the complaint and a record of whether the young person is satisfied with the outcome.</p>	<p>By 30.10.23 the updated parents' information booklet will be issued out to all homes to provide a copy to parents of young people residing in Ashdale Care where appropriate. As part of the compliance auditor's role, they will satisfy themselves during audit that this information has been shared with families where appropriate.</p> <p>All complaints are submitted to a dedicated email whereby a member of the SEN team maintains a central register of complaints. A member of the SEN team will monitor complaints and will seek evidence from home management that the complaint process is being followed. This includes confirmation that feedback has been sought as well as information on the right to appeal. As part of the compliance managers audits, they will review files to ensure the policy is being followed in full.</p>
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	<p>The centre manager must ensure that all staff are familiar with the appeals process open to the children.</p>	<p>The home manager will complete a presentation on the policy and procedure on complaints and the appeals process at staff team meeting scheduled for 26.9.2023.</p>	<p>Regional managers will review the complaints policy at the next management meeting and review the process on appeals. Home management will review the policy with their teams and satisfy themselves that staff fully understand details contained within. As part of the compliance managers audits, they will ensure the policy is being followed through review of documentation and also speaking with staff and young people to ensure they fully understand the policy.</p>
	<p>The centre manager must ensure that all complaints on the register are closed off when resolved and evidence if the child is satisfied or not with the outcome.</p>	<p>12.09.23 The complaints register has been updated to reflect all complaints that have been closed and those that remain open. Young person's complaints feedback forms have been completed/updated to include whether the young person is satisfied with the outcome of the complaints.</p>	<p>Home management will submit evidence via the allocated email address to confirm when a complaint has been resolved and evidence of whether or not the young person is satisfied with the outcome. All live complaints will be monitored centrally to ensure policy is being followed. Compliance manager as part of their audits will ensure that there is evidence complaints policy is being followed.</p>

	The centre management and the regional manager must ensure there are robust governance systems in place around complaints to track them and to provide feedback in a prompt manner.	13.09.23 The complaints policy is scheduled for review which will include a review of the governance systems in place to track and provide feedback in a prompt manner.	Regional management will review the updated policy at management meeting scheduled 19.10.23 and review the updates within. Home management will review the updated policy with their teams at their subsequent team meeting. A member of the SEN team will maintain the register of complaints and seek evidence that complaints are being followed in line with policy. Compliance manager will satisfy themselves the policy is being followed as part of their audits.
3	The head of care must ensure the child protection and safeguarding policy is updated to include the thresholds for reporting mandated concerns under each of the categories of abuse, child protection training undertaken by staff and ensure references to previous editions of Children First guidance are removed.	13.09.23 the Child Protection policy and procedure is due to be reviewed by the policy and procedure review group. A number of updates are required that include the threshold for reporting mandated concerns under each of the categories of abuse, child protection training undertaken by staff and ensure references to previous editions of Children First guidance are removed. The policy will be finalised by 20.09.23.	Regional Managers will complete a presentation on the updated policy at the Management Support Meeting on the 21.9.2023. Home management will complete presentation on the updated policy at subsequent team meetings.

	<p>The centre manager must ensure that all staff members have access to the Tusla portal to submit child protection concerns independent of their manager.</p>	<p>With immediate effect, home manager communicated to all staff the process they can follow to submit a child protection concern without their manager.</p> <p>20.09.23 The Child Protection policy will be updated to outline details of how staff can submit a child protection concern independent of their manager.</p>	<p>Regional managers will present the updated policy at the next management meeting. Home management will review the policy with their teams at the subsequent team meeting highlighting key updates inclusive of how staff can submit a child protection concern independent of their manager.</p>
	<p>The regional manager and the centre manager must review the learning from deficits identified in the inspection as they relate to the recognition, reporting and management of recent child protection and welfare concerns in the centre and discuss learning outcomes with staff.</p>	<p>22.10.23 Regional and Home management will review the learning from deficits identified in the inspection.</p>	<p>Regional Managers will complete a presentation on the learnings from this inspection at the next management meeting and as part of delivering presentation on the updated policy. An organisation action plan detailing learnings will be issued to all homes with actions to address.</p> <p>As part of the compliance managers role, they will satisfy themselves that all actions have been addressed as part of their audits.</p>
	<p>The regional manager must ensure that centre managers and staff are made aware that it is not their role to</p>	<p>22.10.23 Regional management will attend team meeting and review the updated policy with staff and management.</p>	<p>Regional managers will communicate to all managers at the next management meeting that it is not the role of centre managers or</p>

	<p>investigate concerns of abuse or harm and this should be explicitly outlined to staff and incorporated into the centre's child protection policy.</p>	<p>Regional management will make clear that centre managers and staff are made aware that it is not their role to investigate concerns of abuse or harm. This will be reflected in the policy.</p>	<p>staff to investigate concerns of abuse or harm. Regional managers will review learnings from this inspection. Home managers will review this at their next team meeting with all staff. Compliance manager as part of their audits will satisfy themselves that staff fully understand the policy on child protection and processes contained within are followed.</p>
	<p>The centre manager must rectify the deficits found within the centres recording procedures as they relate to child protection records outlined in the inspection report.</p>	<p>With immediate effect, regional manager and home manager reviewed said records to ensure they are reflective of deficits noted in the inspection report. 22.09.23 home manager will review the learnings with the team at the next team meeting to ensure all staff are clear on the reporting and recording procedures. investigation of child protection concerns and the responsible persons.</p>	<p>Policy and procedure for child protection will be updated to ensure any deficits identified in this report are addressed. The Regional management will review this at the subsequent management meeting. Home management will review this at the subsequent team meeting. Head of training are in the process of developing bespoke training for all homes as an additional measure to ensure staff fully understand the policy. Compliance manager as part of their audits will satisfy themselves that the policy is being followed.</p>

	<p>The centre manager must ensure there is a clear agreement in place with the social workers to ensure parents and or guardians are informed of any incident or allegation of abuse or harm.</p>	<p>With immediate effect, all allegations of abuse or harm will be forwarded to social workers and parents as soon as is reasonably practical and no longer than the next working day. All allegations of abuse or harm will be reported through the pathway.</p>	<p>Policy and procedure on Child protection will be updated and delivered at next management meeting to all managers. This will highlight the requirement under Childrens First and local policy on the process of reporting allegations of abuse. Home management will deliver this to their teams at next team meeting. Compliance officer will complete audit in the homes to ensure this process is being followed.</p>
	<p>The centre manager must review the risk assessment template and ensure the template is fully utilised to the best effect in terms of monitoring risks.</p>	<p>Following the inspection, all resident young people's individual risk management plans have been updated to include all relevant and current risks inclusive of all actions to help manage and reduce risk.</p>	<p>Management are responsible to review and update risk assessments as per policy. Regional management will review the risk management policy at next management and will highlight the importance of capturing all risks and updating the associate safety plans accordingly. Any updates to risk assessments will be communicated to staff via hand over/supervision/ team meetings.</p>

	<p>The centre manager must ensure that the safety plans developed to address the children's vulnerabilities are reviewed and updated by the team.</p>	<p>As and when required, the home manager will review safety plans with the team as part of team meeting. Safety plans are also reviewed and developed in collaboration with relevant professionals. Any up dates to plans will be communicated via handover/supervision.</p>	<p>Regional managers will ensure that all home managers review safety plans with their team and in collaboration with relevant professionals [SWD/GAL/TST] This will be brought to the next management team meeting. All safety plans will be signed off by all staff in the home.</p>
	<p>The centre manager must include on the centre risk register the risk associated with staff recruitment, retention and staffing deficits as it presents significant risk to providing safe and effective care.</p>	<p>At the time of inspection there were no staffing deficits in the home. Risk register was updated on the 11.9.2023 to include the effects of staff turnover on the young people.</p>	<p>A staff retention working group has been developed within the organisation and comprises of multidisciplinary attendees. It focused on developing further retention strategies aimed at reducing the risk of staff turnover in the homes. Regional managers will formally communicate to all home management teams to ensure the Centre Risk Register contains risks associate with staffing retention/recruitment/deficits.</p>
	<p>The centre manager must incorporate recommendations from the therapeutic team into the placement plans to ensure the recommendations are progressed</p>	<p>With immediate effect, Home management will ensure all recommendations are incorporated into the placement plan review process.</p>	<p>The Therapeutic Support Team attend quarterly MDT placement planning meetings where recommendations are discussed, agreed and reviewed for efficacy</p>

	<p>and monitored through the placement planning review processes.</p> <p>The regional manager in conjunction with the centre manager must monitor and review the quality of LSI's undertaken by the staff.</p> <p>The centre manager in conjunction with the in-service psychologist and the staff team must review their practice and boundaries in relation to horseplay and high-level physical contact with the children.</p>	<p>The regional manager organised for one of Ashdale Care's TCI trainers to complete a focused training piece on LSIs with the staff team on the 14.9.2023. This is complete.</p> <p>TST to attend team meeting scheduled for 26.09.23 so as to guide practice around horseplay. This will be reviewed and updated in the young persons plan.</p>	<p>purposes. TST facilitate fortnightly consults with the home to review, monitor and update where required recommendations pertaining to the young people's placement plans.</p> <p>Home manager can seek advice and guidance from Ashdale Care's TCI team in relation to LSI's. Compliance officer to audit LSIs to ensure that the standard of same is in line with TCI expectations.</p> <p>Whilst horseplay remains on the GIRA, this will be reviewed each quarter as part of the placement planning meeting. Members of the TST attend these meetings and will provide support and guidance on same.</p>
5	<p>The centre manager and the regional manager must ensure that the staff responses to the children are fully aligned to the therapeutic approach and</p>	<p>With immediate effect, Home Management will observe practice and will role model good practice to all staff in line with the therapeutic approach. As part of</p>	<p>Director of Therapeutic Support Services completed a presentation on the updated Model of Therapeutic Care with the Home Managers on the 24.8.2023. Home</p>

	<p>this must be highlighted by management and addressed within the team.</p> <p>The centre manager must ensure the recording practices for team meetings are brought up to a sufficient standard that reflects learning, key discussions and actions taken.</p> <p>The compliance manager must also review how well the centre met its aims and objectives throughout the year and incorporate this into the annual report along with actions to place to improve outcomes for the children in placement.</p>	<p>regional managers visit to the home, they will observe practice and provide feedback where required to ensure practice is fully aligned to the therapeutic approach.</p> <p>With immediate effect, standardised team meeting template with permanent agenda items to be used to record team meeting minutes. This template helps to guide and focus discussion/learnings and required actions.</p> <p>The compliance manager will conduct a review of how well the centre met its aims and objectives throughout the year and incorporate this into the annual report.</p>	<p>manager will in turn complete a presentation on the Model of Care at the staff team meeting on the 26.9.2023. TST are completing fortnightly consults with the staff team, which will focus on interventions and approaches.</p> <p>Regional manager to complete reviews of team meeting minutes during monthly home visits to ensure they are of good quality and standard. As part of compliance managers role, they will review team meeting minutes to ensure standard is met.</p> <p>Managers are responsible for completing actions identified in the annual compliance report. Compliance manager will monitor the action plans to ensure all actions are closed out.</p>
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