



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Four children
Type of Inspection:	Announced
Date of inspection:	05th, 06th & 07th December 2022
Registration Status:	Registered from 08th July 2022 to 08th July 2025
Inspection Team:	Lorna Wogan Sinead Tierney
Date Report Issued:	13th March 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 one of the cycle. The centre was registered without attached conditions from 08th July 2022 to 08th July 2025.

The centre was registered as multi-occupancy and to accommodate four children, of all genders, 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/resources/input. The model operates 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
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
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, 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 children, 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 14th February 2023 and to the relevant social work departments on the 14th February 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 28th February 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 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 wellbeing and personal development.

The updated care plans for two of the children were not on file in the centre at the time of the inspection. There was evidence that the centre manager had requested the outstanding care plans from the social workers and in one instance this request was subsequently escalated by the regional manager of the organisation to the social work department. The relevant care plans and accompanying minutes of the care plan review meetings were received at the centre and forwarded to the inspectors during the inspection process. These care plans were found to be comprehensive and detailed in relation to the individual child's needs. The social worker for another child in placement confirmed the outstanding care plan following the most recent review was completed and would be forwarded to the centre.

There was evidence the children were subject to monthly statutory care plan reviews as required by under the *National Policy in Relation the Placement of Children Aged 12 Years and Under, in the Care or Custody of the Health Service Executive*. There were systems in place to ensure the children's voices were heard in the care planning processes. The children were prepared for their care plan meeting by the staff and/or their social worker, they completed statutory review consultation forms, and the children were invited to participate in part of the meeting and had attended recent reviews. The staff also provided children with the opportunity to comment on their care through child friendly feedback forms. Additionally, the children completed a document with their keyworker whereby they set out their goals and hopes and wishes for the future. There was evidence across the centre records that the children were facilitated to express their views and opinions.

The centre practice was that placement plans were updated every four months and identified goals were signed off when completed. There was evidence that the placement plans were live working documents that were added to as particular needs emerged. The placement plans were comprehensive and covered aspects of the

children's needs and goals while living in the centre. There was evidence of the children's input to the placement plans. Action plans developed from the placement plans set out the specific pieces of key work and individual work to be completed by staff. However, inspectors noted that the action plan for one young person was incomplete and was not up to date at the time of the inspection. The centre manager must ensure that all placement planning documents are monitored and reviewed to ensure they are up to date.

The inspectors found that the therapeutic support team was not operating to full effect following the resignation of the service's psychologist. The inspectors found that the children in placement were not directly engaged with external therapists; even though the care plans indicated the requirements for specialist interventions given their complex presentations. There was however evidence that guidance was provided to the staff team by the in-service occupational therapist. Social workers, a Guardian ad Litem and two parents, who were interviewed as part of the inspection process, expressed their concern that the children had not received the one to one therapeutic and psychological support they had expected them to receive on admission to the centre. The external professionals for one young person raised concerns about the lack of one-to-one therapeutic input and individual specialist support since the child's admission to the centre. This child had a range of therapeutic supports available to them in the community prior to their admission and the social worker and Guardian ad Litem were of the understanding that these supports would be available to the child within the service. This issue of psychological support by the organisation was also raised by the parent of another child who was interviewed by the inspector. Another parent informed the inspectors that there was poor communication with staff at the initial stages of the placement, however, this matter was resolved at the time of the inspection. All professionals and relevant parents were informed that the service had recently recruited a new psychologist who would join the organisation in January 2023.

A social worker and Guardian ad Litem for one of the young people informed the inspectors that they were unhappy with key decisions made by the centre in relation to the timing of another admission to the centre. They also expressed concerns about the phased integration of the child they had responsibility for into their educational placement, alterations to family access plans and as previously stated, the absence of psychological support for the child. Additionally, they had highlighted to the centre manager their concerns about the admission of another child to the centre. They had expected there would be a sufficient settling in period prior to another admission to the centre and that the admission of a third child would not take place until the new

year. They were dissatisfied that they were not notified by the centre manager that the referred child had commenced transition visits to the centre at a time they had expressed concerns about the potential negative impact of a third admission. At the time of the inspection there was evidence to indicate that the admission of a new resident had impacted on the group dynamic and had resulted in significant events occurring at the centre and high-risk behaviours displayed by two of the children.

Following interviews with all relevant parties the inspectors found that there were different professional perspectives between the centre managers and the social worker and Guardian ad Litem about how the particular needs of one of the children was met. The social worker and Guardian ad Litem expressed their concerns that the specialist supports and one to one therapeutic intervention was not provided for the child since their admission in line with their expectations and based on their understanding of the purpose and function of the centre. Additionally, the inspectors found that an internal specialist had made several recommendations at the early stages of this child's placement based on information provided by the centre manager and key staff. The inspectors were of the view that the specific advice and recommendations to staff should have been discussed with the social worker and the Guardian ad Litem in the context of the monthly statutory care plan review meetings. This would have facilitated all parties to work collaboratively with an agreed and unified therapeutic plan for the child concerned. The centre's senior management team informed the inspectors that they had scheduled a meeting with the relevant professionals to address the current and on-going concerns expressed about the child's placement. The centre managers must ensure that the identified and agreed therapeutic and clinical interventions are provided in a timely manner in line with the centre's purpose and function to ensure continuity of specialist supports in line with the statutory care plans.

Compliance With Regulations	
Regulations met	Regulation 5 Regulation 17
Regulation not met	None Identified

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

Actions required:

- The centre manager must ensure that all placement planning documents are up to date.
- The centre managers must ensure that the identified and agreed therapeutic and clinical interventions are provided in a timely manner in line with the centre's purpose and function to ensure continuity of specialist supports in line with the statutory care plans.

Regulation 5: Care Practices and Operational Policies**Regulation 16: Notification of Significant Events****Theme 3: Safe Care and Support****Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

There were policies and procedures in place to guide staff in the management of behaviour such as policies on supporting behavioural change and promoting positive behaviour, the management of behaviours that challenge, consequences, restrictive practices and a policy on the clinical and therapeutic interventions. The policy on supporting behavioural change and promoting positive behaviour outlined the focus on staff understanding attachment needs, understanding the impact of trauma and responding to pain-based behaviour. Staff interviewed were able to describe this and how it fitted into the model of care and behaviour management interventions. Staff had received training in the crisis behaviour management intervention however this training was not up to date for the centre manager and one member of the team. The centre manager confirmed this deficit was noted in the appropriate risk assessment with the appropriate control measures identified. Training was scheduled for both staff in January 2023. Additionally, at the time of the inspection five of the team members had not undertaken the CARE framework training and the centre manager stated this training was scheduled for training in 2023.

There was evidence across records and in interviews with staff and management that information provided by external professionals and input from the therapeutic support team contributed to the team being well informed and guided in relation to the children's behavioural presentation and needs. There was evidence that internal specialists such as occupational therapy, art psychotherapy, and educational

professionals had contributed to the specific areas of need within placement plans at the individual placement planning meetings.

There was evidence that staff did not rely on sanctions to manage behaviour that challenged. There was a focus on natural consequences and staff supported the children to find alternative ways to manage their feelings and behaviour. There was evidence of a staff using opportunities to help the children to understand why a consequence was implemented. The children were able to name their key workers and were aware of the role of the key worker to look out for their needs and help them. There was evidence of ample key working and individual pieces of work completed monthly with the children. The individual work records evidenced the support the children received from staff to help them understand their behaviour and feelings, to help them understand their rights and rights of others and reflective work with the children through Life Space Interviews following significant events and incidents.

The centre had a policy on anti-bullying. The inspectors were informed of an emerging group dynamic where one of the children was targeted by another young person when they became dysregulated. At the time of the inspection there was evidence that staff were actively managing this situation with each of the children in key work and individual work and at the children's weekly house meetings. The centre manager had recently reviewed the anti-bullying policy at a team meeting to ensure they were alert to signs of bullying within the group. The inspectors found that in two instances where one of the children was impacted by the behaviour of the two other residents this was not notified as a significant event. The centre manager rectified this matter on the day of the inspection and forwarded a significant event report to the social worker. The centre manager must ensure that where any child is impacted by the behaviour displayed by others this must be formally notified to all relevant parties. These incidences must also be monitored and reviewed by the significant event review group where a pattern emerges, or the behaviour continues to escalate.

There were several documents to guide and direct staff in the management of behaviour that challenged. Each young person had a personal behaviour support plan (PBSP), an individual crisis support plan (ICSP) and an absence management plan (AMP). Risks in relation to behavioural presentation were identified and subject to structured risk assessments. These behaviour management plans and individual risk assessments plans and were regularly reviewed by the centre manager and at team meetings. However, the inspectors found that the updated PBSP's, ICSPs,

AMPs required further review by the centre manager to ensure all the relevant safety concerns were included on the documents and that recent changes in children's plans were reflected in the updated documents. Safety plans were developed to address specific high-risk incidents and there was a safety plan in place to promote positive relationships and sharing space with the current resident group. The safety plans were well detailed and outlined key working to be undertaken with the children as it related to the risk identified. There was evidence of consultation with social workers in relation to risk assessments and risk management/reduction plans.

The inspectors found that the absence management plans were not developed specific to each young person in terms of known and potential individual risks and vulnerabilities given their young age. There were a few incidents where two of the children were involved in unauthorised absences from the centre. Therefore, it is imperative that individualised and detailed absence management plans are developed to respond to such absences given their young age. The plans on file did not set out specific guidance to respond to the individual child's unauthorised absence. The centre manager must ensure the absence management plans are specific and individualised to each child.

There were systems in place to review significant events that occurred in the centre. The significant events were reviewed internally at team meetings and externally a significant event review group (SERG) that comprised of therapists within the service and senior managers. Records of the significant event review group (SERG) were reviewed by the inspectors. There were two SERG review processes for the centre since it commenced operation in July 2022. The inspectors found some deficits in the SERG process and felt the process required further strengthening in relation to oversight of significant events and analysis of staff interventions. All significant events were reviewed by the services significant event team however the decision-making processes regarding the scheduling of a SERG was not clear or evident. There were several significant events relating to one young person that evidenced behaviours that challenged and high-risk incidents, yet these incidents were not reviewed as part of a SERG. The inspectors found that the SERG meetings generated an action plan review form that contained a list of actions to be completed. The inspectors did not find evidence of an assessment or analysis of staff interventions or of patterns and trends in relation to the events. The team meeting records reviewed by the inspectors did not evidence any learnings or constructive feedback to the team from the SERG process. Additionally, the inspectors found one incident whereby there was poor management of an incident by the staff member, and this was not picked up on by the centre manager, the regional manager or the internal significant

event notification team who all had responsibility for the oversight of the written report. The centre manager must ensure the management of this event is reviewed with the team and the young person involved to ensure there is absolute clarity in relation to the future management of a similar incident. The inspectors also found one instance where staff did not follow the correct safeguarding procedures for the reporting and management of an allegation/concern about staff practice. The centre manager must review this incident with the staff team in conjunction with the centre's child protection and safeguarding policy.

The inspectors found that staff were provided with sufficient information at the point of referral to help managers and staff formulate plans to meet needs of the children admitted and to support them with their behaviour. This information was utilised to develop a pre-placement case summary report which in turn informed the placement planning needs assessment.

In November 2022 a compliance manager, external to the centre, undertook the first full compliance audit of the centre against the National Standards for Children's Residential Centres (HIQA), 2018. The audit under theme 3 of the compliance report noted that the auditing and monitoring of the residential centre's approach to managing behaviour that challenges was delegated to the centre manager and was not completed. The director of quality and governance must ensure that regular auditing and monitoring of the centre's approach to managing behaviours that challenge is undertaken by personnel external to the centre in line with the requirements of standard 3.2.5 of the National Standards for Children's Residential Centres (HIQA) 2018.

There was a policy and guidance document in place relating to the use of restrictive procedures at the centre. Inspectors found that staff interviewed understood what constituted a restrictive procedure. The inspectors found that the children were not subjected to any restrictive procedure unless it was assessed as required and agreed with the social workers. Restrictive procedures were recorded on the individual care files and the reasons for their use/need was supported by an accompanying risk assessment. A record of these practices was also maintained in a restrictive practices log.

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

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

Actions required

- The regional manager must ensure that the five core team members are facilitated to undertake the CARE framework training in 2023.
- The centre manager must ensure that where any child is impacted by the behaviour displayed by other children this must be notified promptly to the social worker and all other relevant parties.
- The centre manager must ensure the significant event review group are notified where patterns of behaviour emerge and impact on the wellbeing of other residents.
- The centre manager must ensure the absence management plans are specific and individualised to each child.
- The centre manager must ensure all known safety concerns are identified on the ICSPs and the behaviour support plans incorporate changes in the plans for children as they occur.
- The centre manager must ensure the management of the significant event referenced in the inspection report is reviewed with the staff concerned, the staff team and the young person involved to ensure there is absolute clarity in relation to the future management of a similar incident.
- The centre manager must ensure that staff are familiar with the correct safeguarding procedures for the reporting and management of an allegation/concern about staff practice. The centre manager must undertake a review the centre's child protection and safeguarding policy with the staff team.
- The director of quality and governance must ensure that regular auditing and monitoring of the centre's approach to managing behaviours that challenge is undertaken by personnel external to the centre in line with the requirements

of standard 3.2.5 of the National Standards for Children's Residential Centres (HIQA) 2018.

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.

There were clearly defined line management structures within the organisation and leadership was evidenced within all levels of management. Staff interviewed were familiar with both the internal and external management structure and the roles and responsibilities of managers within the service. The organisational map was displayed in the centre.

There were clearly defined governance structures in place with systems established to ensure accountability and promote a culture of learning, quality and safety in the service. There were a range of meeting forums to ensure good governance of the service from team meetings, management support meetings and governance committee meetings. The management support meetings reviewed by the inspectors evidenced robust governance of the centre and their operations, sharing of information, clear direction to managers and decisions evidenced taken in relation to governance, auditing, workforce planning, human resources, safeguarding, recording systems and policies and procedures.

The centre manager and/or deputy manager completed weekly operations reports collating data on supervision of staff, safeguarding concerns, significant events, complaints, staff training, therapeutic sessions and the children's education. This operational report was submitted and reviewed by the regional manager and then forwarded to senior external managers.

The regional manager undertook monthly, announced and unannounced, visits to the centre to review centre records, meet with the centre manager, staff members and children where possible. They also completed an audit checklist under specified headings. This auditing process could be further enhanced if the regional manager

incorporated a summary analysis of the quality of the work reviewed within their written auditing process.

An audit was undertaken by the organisation's compliance manager in November 2022 to assess the centre's compliance with the National Standards for Children's Residential Centres (HIQA), 2018. This report was completed and circulated to the relevant managers and the centre manager had completed an action plan in response to the findings of the audit. The audit indicated a high level of compliance with the National Standards with one non-compliance which related to some deficits in mandatory staff training. As previously stated, this report noted that regular and specific audits of the centre's approach to managing behaviour that challenged had not been undertaken to date.

The registered provider was contracted by Tusla, the Child and Family agency to provide residential care provision and this contract was reviewed within specified timeframes.

The centre manager was suitably qualified and experienced to undertake the role of person in charge. Staff interviewed stated the manager was supportive and accessible to them and the managers had a regular presence in the centre. When the centre manager was absent from the centre the deputy manager was delegated management tasks and overall responsibility for the management of the centre. They were supported in this role by the centre's regional manager. The centre manager maintained a written record of duties and tasks delegated to the deputy manager in their absence and confirmed that a formal handover meeting with the deputy manager was undertaken on their return from leave. The children interviewed by the inspectors were aware who oversaw the running the centre and appeared to have confidence that they could bring problems or concerns to the manager's attention.

The centre's operational policies and procedures were developed, reviewed and updated by dedicated personnel within the organisation. The centre's policy and procedure document were dated May 2022. The monthly management meetings set out a schedule of policies to be reviewed at team meetings and identified policies that required a review or update. Policies were reviewed at team meetings and there was evidence that several policies had been reviewed by the team since their commencement of operations. Staff interviewed confirmed they were notified, at team meetings and in staff supervision, of changes made to current policies or of newly developed policies. There was a sign-off procedure in place for staff to

evidence that they had read and understood the individual policies set out in the policy and procedure document.

There was a written policy on risk assessment and risk management/reduction and there was evidence the team had reviewed the risk management policy at one of their team meetings. Staff were familiar with the risk management framework and the matrix system for scoring the level of risk. The manager maintained a centre risk register that was updated monthly and risks relating to the children's behaviour and presentation were set out in their individual risk management plans (IRMP's) on their individual care records. There was evidence that the IRMPs were updated to include group living for the children as they were admitted. Pre-admission risk assessments and group impact risk assessments were developed on each admission to the centre and were shared with the relevant social workers.

There was an internal management structure appropriate to the size and purpose and function of the centre that consisted of the centre manager, deputy manager and three social care leaders. However, at the time of the inspection one of the three social care leaders was recently appointed to the role of deputy manager therefore an additional social care leader was required within the team. The centre manager and external managers confirmed to the inspectors that this deficit was notified to their workforce planning department, and they planned to appoint a third social care leader for the centre as soon as feasible.

Compliance with Regulation	
Regulations met	Regulation 5 Regulation 6
Regulation not met	None Identified

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

Actions Required:

- None

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.

There was evidence that workforce planning was discussed at management support meetings and governance meetings. Additionally, the centre manager completed weekly human resource operations reports that were forwarded to the external line manager and HR personnel that informed them of the status of staffing within the centre. There was evidence that the centre manager informed the external manager and HR personnel of staff resignations, anticipated deficits in staffing resources or leadership posts within the centre.

The inspectors found there was a stable team in place since the commencement of operations in July 2022 with additional staff members recruited as required when the centre moved to provide multi-occupancy placements. The team comprised of ten social care staff. The deputy manager appointed at the time of registration resigned from their post in November 2022 and a social care leader from within the team was appointed to the deputy manager's role. A new staff member was recruited for the centre and was due to commence employment in the coming weeks and the centre manager had identified to management the requirement to appoint a third social care leader within the team.

There was a balance of experienced to newly qualified staff on the team. This was factored into the roster to ensure, insofar as was possible, that less experienced staff were rostered with more experienced staff members. There was evidence that the managers and social care leaders provided the newly recruited staff members with supplementary support and supervision.

Staff interviewed told inspectors there were adequate numbers of staff to support the children's needs with three staff on duty until 10pm and two staff on sleep over duty. The manager stated there were sufficient relief staff identified to cover sick leave and annual leave. There was evidence that the staff duty roster was recently changed to respond to the current needs of the children. Additionally, the centre manager and the deputy manager were based at the centre Monday to Friday during office hours.

The staffing qualifications were in line with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Six of the ten staff members had a recognised social care qualification, and the remaining four social care staff had relevant qualifications. The inspectors reviewed a sample of personnel files for the additional staff members who were recruited to the centre following the initial registration process. The personnel files were well maintained and evidenced the required documentation.

There was a written policy on staff retention and selection. Arrangements were in place to promote staff retention such as facilitating team building events, providing pension schemes, increased maternity benefits, sick leave pay and increased pay scales. Staff interviewed felt well supported in their work and were aware of the external and internal support mechanisms in place, to manage the impact of working in the centre. Supervision practice, debriefing and access to the therapeutic support team were identified by staff as significant internal support mechanisms. There was evidence that the centre manager undertook a wellbeing check-in with staff at the commencement of each team meeting.

There was a written policy in relation to on-call arrangements. Centre managers, deputy managers and several social care leaders provided on-call support on a rotational basis at evenings and weekends. Staff confirmed that it was a beneficial and responsive support. Records were maintained of on-call activity and there was a handover process for on-call managers.

Compliance with Regulation	
Regulations met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that all placement planning documents are up to date.	By 21.12.23 all young people's placement plans were reviewed in full and updates made where required.	Following each Child In Care Review and placement plan review the home manager will ensure placement plans are updated with the most relevant information through regular audits. Home manager will ensure keyworkers receive full training /briefing on the importance of updating the placement plans as and when required/changes in need. The compliance auditor as part of the auditing process will satisfy themselves that placement plans are kept up to date and reflect needs of each young person in line with policy.
	The centre managers must ensure that the identified and agreed therapeutic and clinical interventions are provided in a timely manner in line with the centre's purpose and function to ensure continuity of specialist supports in line	9.1.23 A Senior Clinical Neuropsychologist commenced post as the Head of Therapeutic Services. A review of therapeutic needs has been completed for young people in the home and has been incorporated into their care plans.	At present, a full review of therapeutic needs is being completed across the organisation and a process is being developed that will improve service provision and will ensure that all required service provision is delivered in a timely

	with the statutory care plans.		way based on assessed need. This is being overseen and managed by Senior Clinical Neuropsychologist who is the appointed Head of Care.
3	<p>The regional manager must ensure that the five core team members are facilitated to undertake the CARE framework training in 2023.</p> <p>The centre manager must ensure that where any child is impacted by the behaviour displayed by other children this must be notified promptly to the social worker and all other relevant parties.</p>	<p>With immediate effect, CARE training is scheduled every two months. As this is a full week of training, staff outstanding this training in the home will be spread out over the next 6-month period. It is envisaged, all staff will have completed this training by end of August 2023.</p> <p>With immediate effect, where a young person is witness to or impacted by the behaviour of another child, this is reported on a significant event form and sent to relevant persons. 16.12.22 The home manager informed all staff at team meeting held 16.12.22 that this procedure is to be followed.</p>	<p>Ashdale Care are completing a training needs analysis for the home and across the service. A plan to facilitate training requirements will be furnished by Q1. The training department maintain details of all staff training records and dates refreshers are due. These are communicated to the home manager on a monthly basis to ensure staff are booked in to receive training with ample notice of training falling due.</p> <p>SEN review team review SENs for patterns/behaviours; where impact on others is experienced and where a SEN has not been submitted, the SEN team will contact home management to ensure a SEN is submitted. The compliance auditor as part of their audits will review SENs and satisfy themselves that all reporting pathways have been followed in particular</p>

	<p>The centre manager must ensure the significant event review group are notified where patterns of behaviour emerge and impact on the wellbeing of other residents.</p> <p>The centre manager must ensure the absence management plans are specific and individualised to each child.</p>	<p>With immediate effect, the home manager will contact the SEN team and request a significant event review meeting where there are patterns of behaviours emerging and associated impact on others. The SEN team may also request a review where these trends are identified.</p> <p>28.02.23 all AMP's have been reviewed and updated with an appendix added specific to each child.</p>	<p>related to impact on other young people in the home when/where incidents occur.</p> <p>All SENS are forwarded to the SEN group for the purpose of monitoring trends in the home – where patterns of behaviours are noted and causing concern for either the young person or impact on other young people in the home, this will trigger a SERG meeting.</p> <p>All AMPs throughout the organisation are being reviewed by home managers to ensure specific details on each young person is included. Home management are responsible for ensuring all information is contained within. An identified Senior Social Worker has been allocated the responsibility to ensure all AMPs contain correct information and are signed off by Gardaí. As part of the compliance auditor's role, they will satisfy themselves that these are maintained in each home.</p>
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	<p>The centre manager must ensure all known safety concerns are identified on the ICSPs and the behaviour support plans incorporate changes in the plans for children as they occur.</p> <p>The centre manager must ensure the management of the significant event referenced in the inspection report is reviewed with the staff concerned, the staff team and the young person involved to ensure there is absolute clarity in relation to the future management of a similar incident.</p> <p>The centre manager must ensure that staff are familiar with the correct safeguarding procedures for the reporting and management of an allegation/concern about staff practice. The centre manager must undertake a review the centre's child protection and safeguarding policy with the staff team.</p>	<p>30.01.23 All PBSPs, ICSPs and IRMPs were reviewed and updated to ensure all known safety concerns were included. These are reviewed at a regularly by home management in line with policy.</p> <p>With immediate effect, this was reviewed via supervision with the staff member concerned and reviewed with the team in a team meeting. Child protection and safeguarding remains a permanent item on the team meeting agenda.</p> <p>29.11.22 Home management went through the child protection policy at team meeting and discussed the procedure for the reporting of and management of allegations with the staff team. Home management have asked staff the process on this to satisfy themselves that staff are fully competent and understand the procedures in place.</p>	<p>Home management are responsible to ensure all information is kept up to date in young person's file. The compliance auditor will review these documents to ensure these are maintained in line with policy.</p> <p>Home management will ensure learnings from all SENS are discussed at team meetings and via individual supervision with staff.</p> <p>A full review of safeguarding policy was completed and published January 2023. This policy provides more detailed guidance and procedure on the reporting process for allegations of abuse. This policy was presented by Regional Manager to Home managers on 16.02.23 at the monthly management meeting. Home managers will review the updated policy</p>
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	<p>The director of quality and governance must ensure that regular auditing and monitoring of the centre's approach to managing behaviours that challenge is undertaken by personnel external to the centre in line with the requirements of standard 3.2.5 of the National Standards for Children's Residential Centres (HIQA) 2018.</p>	<p>With immediate effect, we are implementing a two-prong approach which includes monitoring and review of behaviours that challenge via the placement plan review and SERG process where members of the therapeutic team will be in attendance. This will be reinforced via regular audits from the compliance team [as per audit schedule]</p>	<p>with staff teams and satisfy themselves that staff are knowledgeable to the changes contained within and the procedures they must follow in relation to allegations.</p> <p>Where there is an increase of incidents in the home, the SEN team will request an SERG whereby members of the therapeutic team will be in attendance; the agenda will include a full review of behaviour strategies and efficacy and associated recommended strategies. Regional management, as part of home visits and weekly check-ins will escalate any changes in behaviours in the home which may trigger the need for an SERG.</p>
5	N/A		
6	N/A		