An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 226

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Ashdale Care**
Registered Capacity:	**Two Young People**
Type of Inspection:	**Unannounced**
Date of inspection:	**3rd, 4th and 5th January 2024**
Registration Status:	**Registered from the 8th September 2023 to the 8th of September 2026**
Inspection Team:	**Lorna Wogan** **Linda McGuinness**
Date Report Issued:	**12th March 2024**

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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 8th September 2023. 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 8th September 2023 to 8th September 2026.

The centre was registered to provide dual occupancy emergency/short term residential care. The proposed length of short-term placements was for six months. The centre catered for two young people ranging in age from 0 -17 years. The model of care was informed by attachment and trauma-informed theoretical frameworks. The residential care programme was developed from a research-based model of intervention for residential care provision. The residential team were supported by a therapeutic support team with tiered levels of therapeutic intervention based on the programme of care and the needs of the young person. There were two young people living in the centre at the time of the inspection. Both were admitted to the short-term placement programme.

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
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 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 9th February 2024. 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 23rd February 2024. 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: 226 without attached conditions from the from the 8th September 2023 to the 8th September 2026 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.

At the time of the inspection the young people were only a number of weeks in placement. To date the inspectors found there was a strong focus on care and placement planning and there were systems in place to plan and review the young people's placements through statutory reviews and monthly professionals' meetings. The inspectors were informed that multi-disciplinary meetings between the staff team the organisation's therapeutic support team were scheduled to commence on a fortnightly basis in January 2024.

The initial care plan reviews were undertaken in line with the statutory regulations however at the time of the inspection the statutory care plans were not yet forwarded to the centre. The relevant social workers informed the inspectors they would forward the care plans as soon as they were completed and approved. The centre staff maintained a record of the child in care review meetings while awaiting the minutes and the statutory care plan from the social work department. There was evidence on file that the centre manager followed up with the social workers to secure outstanding documentation required for the young people's care files. The inspectors found there was active engagement with parents in the care planning process.

The inspectors reviewed the pre-admission documentation on file and found that the centre was provided with sufficient and appropriate information required to support each young person and to identify areas of need and appropriate responses to presenting needs. The placement proposals were reviewed by the inspectors. While these documents outlined the centres care approach and the therapeutic supports provided to the team there was insufficient information in relation to how the centre would support the specific individual needs of the young people referred. These documents were more generalised and generic in terms of service provision and the

inspectors recommend they include specific supports to address the young people's individual needs and presenting behaviours.

Individual risk assessments and impact risk assessments were on file and there was engagement with both social work teams and the appointed Guardian ad Litems prior to the admission of a second child.

There was evidence of transition planning for the young people prior to admission and preparatory work completed with the young person in placement prior to the new admission. Key workers were appointed to the young people and staff interviewed outlined the specific role of the key workers which was to co-ordinate the individual work with the young people and to ensure the goals of the placement plan were addressed. Both young people confirmed they had an opportunity to have their views heard through young people's meetings and confirmed to the inspectors they were informed of the purpose of their placement in the centre.

There was a comprehensive placement plan on file for one of the young people with key goals of the placement set out alongside the supports, interventions and desired outcomes identified. While the initial placement plan was not dated there was evidence the plan was reviewed and updated on two occasions in response to the young person's presenting needs. There was a section on the placement plan that supported the young person to understand their hopes and goals for the placement. There was one placement progress report on file and the managers informed inspectors that a placement progress report would be completed on a monthly basis for this young person and forwarded to the social worker and other relevant external professionals.

A date was identified for a placement planning meeting to develop the placement plan for the second young person who was recently admitted. Weekly update/progress reports were forwarded to the social worker to update them on the young person's placement. Social workers interviewed were satisfied that relevant information relating to the young people was notified in a prompt manner and discussed as required.

There was evidence that the care team encouraged the young people to participate in planning their daily and weekly activities. The young people oftentimes declined to participate in planned activities however there was evidence that staff members encouraged and supported them to participate in activities outside of the centre. Equally, staff were attuned to times where the young people required space and time

by themselves and staff were sensitive to particular times when the young people were anxious or emotionally dysregulated. In terms of the in-service therapeutic support to the team the inspectors found that guidance and advice provided by specialists to the team was implemented with some initial indications of positive outcomes. This was confirmed by both social workers. The staff members interviewed were clear on their approach to promoting positive interactions through clear boundary setting, positive reward, nurturing and listening to the young people and importantly progressing at a pace suitable to the young person's needs.

There were systems in place to ensure communication between the social workers and the centre staff was effective. The inspectors found that the centre managers, social workers and Guardians ad Litem were strong advocates for the young people. Interviews with staff and managers evidenced there was an understanding of the various professional roles, responsibilities and perspectives. The inspectors found that all professionals worked hard to ensure the needs of the young people were advocated for and met through regular meetings and regular communication. A record of communication with social workers, parents and Guardians ad Litem was maintained on file. The external professionals had confidence in the centre manager and where there were opposing professional perspectives on aspects of the care programme or care approach this was discussed and addressed in an open and transparent manner. Additionally, the inspectors found that the centre manager was open to provide significant support to parents as required.

The in-service therapeutic support team did not provide direct one to one support for the young people due to the short-term nature of the care placements. Their role was to support the team in their care approach and inform the programme of care. At the time of the inspection both young people required priority access to specialist services and supports. Both social workers, Guardians ad Litem and a parent interviewed by the inspectors highlighted this concern. There were assurances provided on admission about the continuity of specialist supports for one young person. However, following their admission the specialist service was unable to provide the therapeutic support as anticipated. Additionally, the inspectors found that access to the appropriate therapeutic assessment and support services was further complicated due the distance the young people were placed from their local specialist services or the lack of availability of specialist services and supports where the centre was located. At the time of the inspection the social work department for one of the young people was sourcing specialist assessments and support from within the private sector as a matter of priority. The other young person in placement was referred to a multi-disciplinary clinical team within the child and family agency

however the inspectors were concerned that the distance of the young person's placement from the assessment team will be a significant factor in progressing the required assessments in a timely manner. One of the parents interviewed by the inspectors was equally concerned about the delay in getting timely access to required assessments. The inspectors recommend the centre manager and staff continue to work collaboratively with the social workers and other external professionals to ensure the young people have access to the identified external supports and specialist services in line with their care plan.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 17**
Regulation not met	**None Identified**

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

Actions required

- None identified

Regulation 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. All staff were trained a research-based model of crisis intervention. The centre managers and staff were at the early stages of developing relationships with the young people in placement and assessing the most effective approaches to promote positive behaviour and respond to behaviours that challenge. The staff maintained a positive behavioural support and risk management file for each young

person that included an up-to-date individual crisis support plan, absence management plan and individual risk assessments.

Risks associated with harm/abuse as defined by the Children First Act, 2015 were identified on the centre's child safeguarding statement. While the centre's statement referenced the risk of harm through online activity it did not specify the risk of child sexual exploitation and the mitigation measures in place to manage this risk which was a known risk for one of the young people. Additionally, the inspectors found that a risk assessment for this young person required further strengthening to ensure that all known risks were considered and additional control measures identified to mitigate known risks. At the time of the inspection the staff team had not undertaken training in relation to child sexual exploitation (CSE) however at the time of issuing this report the team had completed the Tusla CSE online training and additionally had participated in a CSE training workshop.

Inspectors reviewed the individual crisis support plans (ICSPs) for each of the young people. The inspectors recommend that the ICSP for one of the young people clearly outlines that physical restraints are not permitted due to specific contra-indicators.

Significant event reports were completed in a timely manner and incidents were notified to both the social workers, Guardian ad Litems and parents. Social workers and Guardians were satisfied that staff were alert to incidents of possible abuse or harm and reported such incidents in line with national guidelines. A life space interview and/or individual work was undertaken with the young people following an incident and these were evidenced on the care files. There were a number of systems in place for tracking patterns of incidents and for governance and oversight of the reported significant events such as registers of specific events and monthly centre manager governance reports.

Staff and managers interviewed displayed a good understanding of the young people's behaviour and their vulnerabilities and had risk assessments and safety plans in place to manage such concerns. Risk assessments and safety plans were evidenced as reviewed and updated by the team as required. At the time of the inspection there was no evidence of incidents of bullying either within the centre or within the wider community. Both young people confirmed this when they spoke to the inspectors. The young people in placement had minimal interactions or any shared interests and had very separate care programmes in place each day. Both young people informed the inspectors they felt safe living in the centre and identified key staff they could go to if upset about something.

There was a detailed policy and clear written guidance for staff to manage incidents of suicidal ideation and mental health concerns. The inspectors found the team were alert to the young people's mental health and wellbeing and had procedures in place to monitor and check in on young people where they may experience low mood. A small number of the team had completed suicide prevention training. The centre manager must ensure that all team members receive training in this area of practice. Additionally, the inspectors found that the team required additional input from the therapeutic support team to assist in managing a specific presentation associated with one of the young people.

The inspectors found that individual work and key working was completed with the young people and this work focused on their behaviours, their vulnerabilities and their family dynamics. Significant events were reviewed both internally and externally with managers and the learning from these forums was identified on the records and relayed to staff through team meeting processes and handover meetings. The organisation's significant event review coordinator had planned to meet with the team in the coming weeks to reinforce learning from incidents and review approaches to managing aspects of the young people's behaviour. Given the proximity of the centre to another jurisdiction the appropriate inter-jurisdictional protocols were signposted for staff.

There was evidence that staff did not use sanctions to manage behaviours that challenge. There were systems in place to record consequences and to monitor and track their effectiveness. There was one consequence implemented to date for one of the young people and the inspectors found this was a natural and appropriate consequence that was in line with approaches advised by the Guardian ad Litem and the social worker. The inspectors found evidence that the staff approach to setting boundaries and expectations was overall helpful to the young people and for the most part they were responding well to boundaries set as identified at the onset of the placements. The rationale for boundaries and expectations was linked to the young people's safety and wellbeing and explained to the young people. Additionally, there was a strong emphasis on listening to the voice of the young people to help them understand what was expected of them. The staff were working towards implementation of additional safeguards for one of the young people around their mobile phone at the time of the inspection.

The restrictive practice policy was recently reviewed and updated. The policy identified a range of restrictive practices that may be implemented in the centre and

these practices were recorded on an assessment form and within a designated register. The use of CCTV was identified as a restrictive practice however there was no CCTV operational in the centre and should not be permitted in any circumstances internally in a community-based children's residential centre. This identified restrictive practice must be removed from the centre's restrictive practice policy. Staff interviewed were familiar with the current restrictive practices implemented. There were internal systems in place to risk assess and review all restrictive practices and evidence of restrictive practices closed off when no longer necessary. There were two restrictive practices in place in the centre at the time of the inspection one being the use of window restrictors and alarms on the young people's bedroom doors activated throughout the night. There was evidence the rationale for the restrictive practice was explained to the young people in the context of their safety and welfare. The recording systems however did not evidence that the restrictive practices implemented were discussed with parents and social workers. The external professionals interviewed told the inspectors they were informed of the restrictive practices in place. There was a range of views expressed by external professionals about the use of alarms on the young people's bedroom doors. However, both social workers stated they would ensure the restrictive procedure was regularly reviewed at planning meetings to ensure that alternative procedures are considered and that the least restrictive procedure is used for the shortest duration necessary. This restrictive practice must be reviewed at each core group meeting with the social workers, Guardians ad Litem and parents.

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 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure the individual risk assessment for one of the young people is further strengthened to ensure that all known risks are considered and additional control measures identified to mitigate known risks.

- The centre manager must ensure that all team members undertake suicide prevention training.
- The centre manager must ensure that the therapeutic support team provide additional guidance and support to the team in relation to a specific presentation associated with one of the young people.
- The centre manager must ensure the use of CCTV is removed from the centre policy on restrictive practices.
- The centre manager must ensure that the restrictive practice of alarms on the young people's bedroom doors is reviewed at each professional meeting with the social workers and Guardians ad Litem.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

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

The inspectors found that staffing numbers were in line with the centre's statement of purpose with 11 social care staff covering 10 whole time equivalent posts. The inspectors found there was a balance of experience within the team. The staffing qualifications were in line with the alternative care inspection and monitoring regulatory notice requirements. The manager was recently appointed and was an experienced practitioner. The staff interviewed had confidence in the internal managers and the external line manager. The centre manager received internal management support from an experienced manager during the initial stages of their induction into the role. There was evidence that the centre manager and deputy manager worked collaboratively to support the young people and the team members. Overall, there was a stable team in place since the point of initial registration with additional staff recruited when the second young person was admitted to the centre.

Staff rosters for a period of three months from the time the centre was operational were reviewed by the inspectors. The agreed staffing ratio for one of the young people was 2:1 and was 1:1 for the other young person. The rosters evidenced that there were always the agreed staffing ratios in place however there were 8 occasions in December 2023 where staff worked additional hours to cover the day support duty following a sleepover shift. While the managers provided evidence that this was risk assessed the inspectors recommend this does not occur and staff must have sufficient

rest periods in line with the working time legislation. The staff roster and specific shift patterns must be kept under review by the centre manager to ensure this is not a continuous pattern. The centre manager must ensure there are sufficient numbers of staff to meet the requirements of the roster and that staff are not required to undertake additional shifts following their rostered shifts.

There was a staff retention policy in place and systems whereby the manager highlighted staffing requirements and liaised with the organisations HR personnel regarding staffing requirements.

There was an on-call policy in place and supporting documentation for staff on file in relation to recording all contacts with the on-call managers. The staff interviewed stated that the on-call service was reliable and responsive. The records indicated that there was not an over-reliance on the service by centre staff. The inspectors noted that some of the on-call reporting procedures set out in the centre's on-call policy were not up to date and the policy must be updated in this regard.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
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 6.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions Required

- The centre manager must ensure there are sufficient numbers of staff to meet the requirements of the roster and that staff are not required to undertake additional shifts following their rostered shift.
- The centre manager must ensure the on-call reporting procedures are updated.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
3	The centre manager must ensure the individual risk assessment for one of the young people is further strengthened to ensure that all known risks are considered and additional control measures identified to mitigate known risks.	With immediate effect the centre manager has updated the individual risk assessment for one of the young people to ensure all known risks are identified with appropriate control measures to minimise the risk. This has been shared with the social work department and Guardian ad Litem 23.02.24.	Home management will review all known risks and ensure these are transferred onto the young person's individual risk management plan [IRMP]. Regional management as part of their visits to the home will check IRMP'S to ensure all known and new risks are captured. Compliance manager as part of their planned audits will audit IRMPs to ensure they are up to date with relevant risks.
	The centre manager must ensure that all team members undertake suicide prevention training.	Three staff will complete suicide prevention training on 14.3.2024 and the remainder of the team will attend training on 23.4.2024.	The training department will keep a training log of all staff who have undertaken suicide prevention training and training records are sent to home management on a monthly basis. Management teams also have access to TMS where this information is also

			recorded. Home management will monitor the training requirements and ensure any new members of staff to their team are enrolled to complete identified required training.
	The centre manager must ensure that the therapeutic support team provide additional guidance and support to the team in relation to a specific presentation associated with one of the young people.	On 07.02.24 home management liaised with members of the therapeutic support team to seek guidance where required pertaining to young person residing in the home. Recommendations and associated actions are in place.	The statement of purpose & function [SOP&F] and placement proposal is in the process of being reviewed to clearly outline expectation of services provided in the home. Once ratified, this will be rolled out. [Expected date to be re-issued is 30.03.24]. The SOP&F and placement proposal will be presented to the referring social work department as part of any potential new admission to the home via the National Placement Team.
	The centre manager must ensure the use of CCTV is removed from the centre policy on restrictive practices.	With immediate effect the 'Use of closed-circuit television' under the category of restrictive practice has been removed from the policy as this is not a practice used in Ashdale Care.	The updated policy will be brought to the next management meeting [21.02.24] by regional management. Home management teams will then update all their staff teams via handovers and informal supervision, to advise of the update.

	The centre manager must ensure that the restrictive practice of alarms on the young people's bedroom doors is reviewed at each professional meeting with the social workers and Guardians ad Litem.	Restrictive practices were reviewed on 13.02.24 and 14.02.24 for both young people with home management, social work department and Guardian ad Litem.	Home management will review restrictive practices at team meetings as per policy. Home management will review risk management plans and restrictive practices at each child in care review with relevant professionals.
6	The centre manager must ensure there are sufficient numbers of staff to meet the requirements of the roster and that staff are not required to undertake additional shifts following their rostered shift.	With immediate effect, the centre manager will ensure they complete the house rota efficiently ensuring that all staff receive appropriate break times between shifts.	Regional management completed a training session with home management on 20.02.24 and reviewed current rota to ensure it is completed whereby staff were allocated sufficient breaks between shifts. Home management are clear on the required considerations when completing staff rota in the interest of best practice.
	The centre manager must ensure the on-call reporting procedures are updated.	The on-call policy and procedure will be reviewed and updated by 30.04.24.	The updated policy will be rolled out at the subsequent management meeting by regional managers. Regional managers will monitor the efficacy of the updated policy once rolled out. Compliance manager as part of their audits will assess against the policy to ensure it is being followed in full.