



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 056

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	10th & 11th October 2023
Registration Status:	Registered from 14th January 2024 to 14th January 2027
Inspection Team:	Lisa Tobin Eileen Woods
Date Report Issued:	19th December 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 14th January 2015. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 14th January 2021 to the 14th January 2024.

The centre was registered as a multi-occupancy service. It aimed to provide specialist therapeutic care and accommodation on a medium to long term basis for up to four young people of all genders from ten to seventeen years on admission. The staff team worked through a therapeutic practice model which was trauma and attachment informed. There were four young people living in the centre at the time of the inspection. One young person had been placed under a derogation process overseen by the Tusla Alternative Care Inspection and Monitoring Service (ACIMS).

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
2: Effective Care and Support	2.3
4: Health, Wellbeing and Development	4.3

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 8th November 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 21st November 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: 056 without attached conditions from the 14th January 2024 to the 14th January 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The organisation had policies in place relating to care planning, placement planning, key working and children's rights which all identified the importance of the involvement of the young people in the decision-making process of their care. Inspectors found that the young people were vocal and engaging in this centre from the time of their admission with involvement in their room décor and furnishings, to being part of planning their goals in their placement planning. Inspectors had the opportunity to speak to one young person in the centre who reported a positive experience living in the centre and felt their voice was heard in what they wanted with staff supporting them to achieve their desired goals. Inspectors received questionnaires from the three other young people which reported similar positive feedback like their peer, however, one did highlight dissatisfaction with not having friends and family visit the centre. Inspectors were informed by the centre manager that given the family circumstances; this had not happened to date.

There were a number of ways inspectors saw how the young people's voices were listened to and responded to in the centre which included attendance at their child in care reviews (CICRs), active participation in weekly young people meetings, the use of a child friendly map document around their care planning and young person centre feedback forms. There was a system in place where young people were to receive feedback from the team meetings with any requests or issues they had brought forward. This was not occurring after every team meeting and the feedback was not clear as there were no headings to indicate what the issues were that were being addressed.

There were gaps identified by the inspectors in the key working and the quality of the records kept. The centre manager agreed that this had been noted and an audit had been undertaken by a social care leader. Inspectors found that further review was

required around the structure of the key working in how it was recorded and how it linked with the placement plan actions. The key working files need to be clear and organised. The files were difficult to follow due to paperwork not been filed away and the current records on file were mainly up to and including July 2023.

When reviewing the placement plans for the young people, they were incomplete and were not being used to inform day to day practice. This made it difficult to understand when updates had occurred as most actions were recorded as ongoing despite the four-month cycle being completed in some cases. As the lives of the young people were busy with actions developing and changing, the timeframe for placement plan reviews must be looked at to ensure the plans don't become outdated which was how some of them currently presented. The interviews with staff members gave the inspectors a better understanding of the different pieces of work undertaken with the young people therefore highlighting the importance of ensuring that the work being undertaken was documented and reflected accurately in the key working and the placement plan documents.

Each young person was allocated two key workers on their admission to the centre. The key workers were chosen by management based on the needs of the young people and the skillset of the staff member for example, one young person was preparing for independent living and a staff member with experience in aftercare was allocated as their key worker. During interviews, inspectors spoke with one staff member who was a key worker. The staff member was aware of their role and responsibility as a key worker and spoke of the strong relationship they had developed with the young person. Three social workers spoke with inspectors and commented on the positive and supportive relationships that were in existence between the key workers and the young people in a practical and emotional way.

The young people were informed of their right to access their records. Inspectors saw evidence of where this had occurred, however the young people rarely looked for their records. There was a young person's booklet which was given to the young people during their admission. The booklet outlined young people's rights, key working information, weekly planning guidance, day-to-day life in the centre, and what supports were available from the organisation, the centre and staff. The booklet gave details about advocacy services available to the young people. Inspectors saw information about Empowering People in care (EPIC) in the centre on the noticeboard and the advocacy services were discussed at the young people's meetings.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 1.3
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required:

- The centre manager must review the recording of the key working and the quality of the records to ensure that the files are clear, organised, up to date and that the key working is linked to the placement plan actions.
- The centre manager must review the quality of the placement plans to ensure the effectiveness of its current structure, to show clearly how updates are recorded and to inform how the day-to-day practices are undertaken to address identified goals.

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The property was a large two storey detached house in a nice country setting with large gardens. Young people's allocated social workers described the centre as having a homely feel with how it was decorated and the general atmosphere in the centre. Inspectors found the same homely feel with photographs of the young people around the centre. The centre was in good repair with all rooms painted to suit their purpose.

Each young person had their own bedroom with two of these being en-suite. Each young person had space for their belongings in their room and were afforded the opportunity to decorate it as they liked. In some instances, the bedrooms had been redecorated a number of times as the young people developed and as their interests changed. One young person stated they would like more storage to fit their clothes which was being followed up with by management. Each young person had a memory box which was kept safe in a staff bedroom where photographs, letters and other sentimental items were placed for the young people.

The centre had a large kitchen dining area and a sitting room with a television and couches. This sitting room doubled as a sleeping area for staff at nighttime with a pull-out bed. There was a snug room with another television and couch. There was an office, laundry area and a bathroom downstairs. Upstairs there was a staff en-suite bedroom and a full bathroom. Outside the centre, there was a substantial garden area with swings set and trampoline. The centre and the garden area were well maintained. There were processes in place to check equipment used to ensure they were operating in line with the manufacturer's instructions.

The centre was adequately lit, heated and ventilated. Fire safety systems were in place with regular checks by the team and by suitable registered contractors. Young people and staff participated in fire drills and there had been no issues with this to date. There was one fire extinguisher that required a new pin, and this had been ordered. There was a health and safety officer appointed from the team. Health and safety checks were completed by staff daily like fire exits and other areas on a weekly basis where safety inspections and safety audit sheets were completed. There was a locked medication cabinet with an internal locked storage area for any controlled medication in the staff office. Management undertook a yearly safety audit checklist throughout the centre to check for any works that were required in the centre. Health and safety risks were identified and reviewed by management in July 2023. The centre had access to a maintenance team who carried out any work or decoration required. From reviewing the maintenance register, inspectors noted that entries were responded to promptly by the maintenance team. There were no accidents or injuries reported in the centre since the last inspection as a result of a health and safety issue in the centre. Any incidents involving young people were reported through the significant event notification system.

The vehicles were checked by staff monthly and any issues found were reported and followed up on such as tax, NCT, insurance and services required. There were three house cars available to the team. One was in for a service the day of inspection. All

the cars had tax, NCT and insurance up to date. The human resources department were responsible for holding copies of the licences of staff.

The site-specific safety statement was update in October 2023 and all relevant areas such as emergency procedures, emergency contacts and an emergency contingency plan was identified. Both the centre manager and the deputy manager were identified as the assigned persons responsible.

The training needs analysis was sent to inspectors and from reviewing this, it was noted that there were deficits. Two staff had not completed fire safety training, seven staff required first aid training and five required medication management. This must be addressed promptly.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required:

- The centre manager must ensure that all staff have undertaken fire training, first aid training and medication management training.

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that all young people were supported in the centre by the staff team with their educational needs and abilities. All four young people were in full-time education. All young people had access to extra circular activities or hobbies that

they enjoyed and that helped them in their future development and educational learning. Two of the young people were supported with lifts to school and the other two young people had a school bus to bring them. The young people were provided with the resources they needed for returning to school in August 2023.

There was good communication with the schools, social workers and centre with both meetings and emails as a means of sharing information. Inspectors reviewed the education folders; they required organisation and perhaps having only one section that holds all the educational information and contacts. Inspectors found that the educational documents for the school year September 2022 to June 2023 showed a good account of the level of communication with the meetings held, emails sent and received and the exam results for the young people. In contrast the school year from August 2023 had very little information in the education contacts for most of the young people. It was difficult to see how one young person ended up in a new school as there were no contacts on file to show how they got the placement there.

Additional educational supports were in place and provided to the young people that required them such as a special needs assistant, exemptions from languages and guidance counsellor supports. The organisation had their own educational hub which offered classes to young people and supported them with tutoring should they need it. The teachers in the hub offered extra supports around exam times for the young people if they wanted it. Two of the young people utilised a homework club in their school. The young people were supported by staff in the centre to complete their homework.

The organisations therapeutic support team (TST) linked with the centre around any educational needs that the young people had in school regarding occupational therapy and art therapy being completed and ensuring the recommendations were followed up on. One young person had supports from Tusla psychology where a cognitive educational assessment was ongoing, and the possibility of an educational assessment required for another young person. Provisions for this had been discussed by the centre and the social work department. Any new information or guidance was shared with the school regarding what works well for the young people to assist them in their school placements.

Occupational therapy and art therapy had been provided to the young people by the TST to date, however due to refurbishment of the facility, therapy sessions had been on hold. Inspectors noted the young people were requesting to return to these therapeutic supports. Centre management informed inspectors that all young people

were to be reviewed by the TST and they would decide in conjunction with the social work department what further supports were required.

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 4.3
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required:

- The centre manager must ensure that any educational contact or updates with schools are completed and filed in the young people's education folders.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must review the recording of the key working and the quality of the records to ensure that the files are clear, organised, up to date and that the key working is linked to the placement plan actions.	With immediate effect, home management carried out audits on each young person's keywork files to identify areas of improvement. Home management reviewed the audit and discussed at team meeting on 10/11/2023 and provided feedback and guidance to the team on the keywork process.	Key workers and Home Management will review keyworking documents monthly to ensure deficits in time scales do not reoccur. As part of the Compliance manager audits, they will review the documents to ensure they are in line with policy.
	The centre manager must review the quality of the placement plans to ensure the effectiveness of its current structure, to show clearly how updates are recorded and to inform how the day-to-day practices are undertaken to address identified goals.	With immediate effect, management will ensure all placement plans are clearly documented outlining goals and how this relates to daily practice. With immediate effect, The Centre Manager has reviewed the placement Plans in conjunction with the key working recording process. The Placement Plans show clear updates and highlight clearly the day-to-day practices required to action identified goals. This will make the	Key Workers and Home Management will review placement plans monthly to ensure there is a high standard of recording and to ensure the goals set are being reached and clear practical guidelines are set out for staff to address said goals. Compliance manager will complete audits in the home to review quality of record keeping and ensure key working is linked to placement plan agreed actions.

		<p>placement plans structure more concise and easier to follow.</p> <p>Home management will review placement plans with the team at Placement Plan meeting on 21/11/2023 and provide guidance on recording and tracking of goals through the key work planning process.</p>	
2	<p>The centre manager must ensure that all staff have undertaken fire training, first aid training and medication management training.</p>	<p>The two staff due to complete fire training and are scheduled in to complete same on 21.12.2023.</p> <p>One staff member was outstanding the children's first online and completed this on 15.11.2023.</p> <p>All staff are on the training list to complete the 3 day FAR course and are awaiting places. All staff will have received FAR training by the end of February 2023</p> <p>One staff member is outstanding the medication training and is due to complete it by 30.1.23.</p>	<p>The Centre Manager will receive a monthly update from the training department highlighting any deficits in training and highlighting when training is due.</p> <p>The Centre Manager will highlight any deficits in training to their Regional Manager, via their weekly Ops report. All deficits will be escalated to the relevant department for the appropriate action.</p> <p>Compliance manager when carrying out audits will escalate any training requirements identified.</p>
4	<p>The centre manager must ensure that any educational contact or updates with</p>	<p>With immediate effect, home management have ensured that all relevant contact with</p>	<p>Home management will carry out monthly audits to ensure that all files relating to the</p>

	<p>schools are completed and filed in the young people's education folders.</p>	<p>educational departments has now been recorded and filed.</p> <p>Home management at next team meeting on 21.11.2023 will communicate to the team the requirement to document all educational contacts and put on file.</p>	<p>young people are documented and put on file.</p> <p>Compliance manager when carrying out audits will satisfy themselves that all required information is recorded and on file.</p>
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