



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 137

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	1st & 2nd of February 2023
Registration Status:	Registered from the 6th of July 2021 to the 6th of July 2024
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	11th May 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.2 Theme 2: Effective Care and Support	
3.6 Theme 6: Responsive Workforce	
3.8 Theme 8: Use of Information	

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 6th of July 2018. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 6th of July 2021 to 6th of July 2024.

The centre was registered to provide dual occupancy placements for two young people aged between 12 to 16 years on admission. The centre aimed to provide high levels of support to young people on a medium to long term basis. The model of care was described as attachment and trauma based with the inclusion of psychology, art psychotherapy, education, and an accredited experiential learning provision. It also included a framework for working directly with children and young people who have experienced trauma called the CARE framework (children and residential experiences, creating conditions for change). There was one young person living in the centre at the time of the inspection. A second young person had been discharged approximately five weeks prior to the inspection and their care file had been returned to the allocated social work team.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.6
6: Responsive Workforce	6.4
8: Use of Information	8.1

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 20th of February 2023. There were no identified shortfalls during the inspection, therefore there was no requirement for centre management to submit a completed CAPA. Centre management did identify some factual inaccuracies which were addressed prior to the final report being completed.

The findings of this report 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: 137 without attached conditions from the 6th of July 2021 to the 6th of July 2024 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 2.6 Each child is supported in the transition from childhood to adulthood.

There was one young person residing at the centre at the time of this unannounced inspection. A second young person had moved on from the centre approximately five weeks prior and their paper care files had been returned to the social work team responsible for their care. Inspectors therefore were reliant upon verbal information provided by the management team and care staff interviewed relating to that young person. There was evidence that young people were consulted and involved in their respective individual formal care planning for their transition from childhood to adulthood. This consultation happened during individual work, placement planning development and in preparation for the formal care plan review process. Plans that had been identified for each of the young people were devised taking account of their individual preferences, abilities and needs.

Both young people had turned sixteen whilst living in the centre but neither had been assigned an aftercare worker. Therefore, neither had a formal aftercare plan developed. A recent audit by the organisation's compliance manager had identified the lack of an allocated aftercare worker also. The centre manager was actively pursuing the allocation of an aftercare worker for the young person still residing at the centre with the relevant social work team.

There was evidence from records and the manager and staff interviews that independent living skills were considered a core aspect of the work with the young people in this centre. This was described as individualised, graduated, and based on the needs and capabilities of each young person. Inspectors tracked the implementation of independent living skills work through the placement plan, key work planning sheet, key work records and individual work records. Preparation for leaving care was viewed by the staff team as an important aspect of care delivery and there was a keen awareness of the need to develop basic self-care skills and everyday social skills. Inspectors did find that some of the content of the placement plan was outdated and aspects of it required updating to ensure it was accurately reflective of the current focus of the placement. Additionally, although inspectors were

consistently informed that discussions regarding key work happened in depth at team meetings, the records of these meetings did not reflect this well. The centre might consider developments within the structure of the placement plan that allows for greater structure and focus on aftercare planning and preparation for leaving care to optimise positive outcomes for young people.

The centre's discharge policy clearly identified the procedures in place following the discharge of a young person. These included meeting with the young person to ascertain their views and carrying this information forward to the internal multidisciplinary meeting which would review the placement and look for learnings. The meeting with the young person would also inform the end of placement report. There had been delays in convening the meeting with the young person, but the manager was actively pursuing this matter for the young person most recently discharged.

Staff and the manager demonstrated awareness of each young person's right to access their own information and informed inspectors that regular opportunities were afforded to young people to review content within their respective files. The young person most recently discharged moved on to another care setting and thus all relevant important documents were passed onto the relevant social work department.

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

Compliance with standards	
Practices met the required standard	Standard 2.6
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The centre operated a robust induction procedure for all new incoming staff that was guided by a formal policy. The induction consisted of three weeks; two of these weeks took place generally in one of the organisations hubs, with one week focused on the model of care operated across the organisation, the policies and procedures and the structure of the company including therapeutic and educational supports available. The second week of the induction was used to deliver training to the staff team in the crisis behaviour response model. Induction was ongoing after staff were assigned to an individual centre, whereby a manager or deputy manager would oversee the new employee's familiarisation with the unique setup of the centre for the third week of their formal induction. Staff interviewed for this inspection commented positively on the induction process, citing it as useful and beneficial in the context of preparing them for work in this centre.

Inspectors found that there was a programme of continuous training and development to ensure that staff maintained the necessary level of competency in specific practice areas. Records of core training were maintained centrally by the training coordinator with the centre manager having access to these records. Staff and the manager were prompted when refresher training was due, and staff were accommodated to attend such training. Staff, in interview, described a positive and responsive approach by the centre manager to training and professional development. Inspectors found the staff members interviewed to be very well informed, knowledgeable, sensitive to the individual needs of young people and confident in the describing of their practice delivery.

There was no formal training needs analysis, aside from the rolling refresher training in core competency areas. Inspectors were provided with a full record of training completed by staff in this centre. Core training completed by members of the staff team included Children First, Child Protection, therapeutic crisis intervention, first aid and medication administration. Additional training completed included Designated Liaison Person training for the manager and a social care leader; online GDPR training for some members of the team; and Adverse Childhood Experiences

training. Not all the team had completed all the trainings available/provided, and some of the core training was out of date for two members of staff for specified and noted reasons. Where the need for additional training arose, this may have been identified in any one centre and applied across the organisation if relevant/deemed necessary. This had occurred for example with safeTALK and ASSIST training. Staff were expected to submit certificates of all training completed to the training coordinator and the centre manager released staff from duties to attend these training days. Some training such as cultural diversity which had been identified in the centres last inspection report as having been completed by the staff team, was not accounted for in the training record provided. The centre manager should review the training status of the staff team and, if necessary, make a plan of action to address any training needs identified, including the core training needs already identified for some staff. The training officer and the centre manager should work together to ensure that a comprehensive record of all continuing professional development courses and training is maintained for staff in the centre.

Inspectors noted that the most recent internal compliance report had descriptive commentary under 6.4 of that report. It detailed what was available within the organisation and the general approach to training and professional development as opposed to a full audit of training completed which may be more useful for the centre manager in overseeing the ongoing professional development areas.

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

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 17: Records

Theme 8: Use of Information

Standard 8.1 Information is used to plan, manage and deliver child-centred, safe and effective care and support.

There were a range of policies in place across the organisation that supported the information governance arrangements in place and provided guidance in the use of safe and effective methods of recording and sharing of information to employees at the centre. These policies included data protection, IT User Acceptance, confidentiality, access to information, as well as procedures including archiving of documents. Inspectors found that the manager and staff interviewed clearly demonstrated their awareness and understanding of the recording systems at the centre including handwritten paperwork and online systems. Staff had a clear awareness of the oversight of these records by the centre manager and described the feedback process in place for ensuring accurate recording at all times. Report writing training had been highlighted within a team meeting a, in addition there was evidence in a team meeting of reminder to staff of the standard expected regarding record keeping with clear guidance documented therein.

Inspectors found that records were of a good quality and standard. There were some aspects of the placement plan, referred to under 2.6 of this report that required updating, and ongoing oversight of these recording mechanisms must ensure they remain accurate at all times. Additionally, inspectors noted that some entries in various centre registers, including complaints and register of young people, that were not completed/concluded. However, the regional manager for this centre had signed these registers on a regular basis, indicating oversight and informed inspectors that they were tracking the progress and conclusion of these matters through their own governance systems. There was a hard copy register detailing the relevant information in respect of each child living at the centre. This record needed to be updated to reflect the location to which the young person most recently discharged moved onto.

The manager and staff members interviewed demonstrated a clear awareness of the need to protect the privacy and confidentiality of young people's records, including the sharing of information within the company and with external professionals here this was required. Some of the staff team had completed GDPR training and the manager must ensure that all staff complete this training following completion of the

review of training referred to earlier. The centre's policy on confidentiality clearly outlined how information should be shared and transferred. The IT User Acceptance policy further outlined the use of emails, encryption of documents sent as attachments to emails, use of passwords, and the changing of these. The data protection policy outlined the measures in place regarding the retention and any destruction of records. The centre manager confirmed that the hard copy care files for the young person most recently discharged had been returned securely to the relevant social work department. Care staff were familiar with the process of the secure return of this information. The regional manager and centre manager must confirm with inspectors the storage and/or return of the digital records pertaining to the most recently discharged young person.

The data protection policy included information on subject access requests including how these can be processed. These were the responsibility of the Data Protection Manager within the organisation. The regional manager confirmed that there had been no requests for access to information relating to this centre.

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

Compliance with standards	
Practices met the required standard	8.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.