



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 144

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Three Young People
Type of Inspection:	Unannounced
Date of inspection:	21st, 22nd & 23rd September 2022
Registration Status:	Registered from 13th November 2021 to 13th November 2024
Inspection Team:	Catherine Hanly Lorraine Egan
Date Report Issued:	15th December 2022

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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 13th November 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle.

The centre was registered as a multi-occupancy service to accommodate children of both genders from twelve to sixteen years of age on admission. Their model of care was described as providing specialist residential care for young people with complex emotional and behavioural issues who could not be adequately cared for in mainstream residential settings. The centre aimed to provide a responsive, specialist service to meet the social, emotional, behavioural, therapeutic, health and educational needs of children. There was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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. 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 6th of October 2022. 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. Centre management returned the report with a CAPA on the 20th of October. The content of this was deemed to be satisfactory, however the lead inspector required further clarity and detail on some of the actions identified and sought this via a phone call with the director of governance, quality, and strategic development on the 25th of October.

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. Evidence was provided by centre management to the relevant National Manager within the Alternative Care Inspection and Monitoring Service (ACIMS) to indicate that the deficit in staffing identified in the previous inspection report, had been addressed in full. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 144 without attached conditions from the 13th November 2021 to the 13th November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspector's found evidence that the young people's voice was being heard by the staff team through individual work and key work and through weekly young people's meetings. There was evidence that staff members had a good awareness of and sensitivity to the individual needs of young people and their respective abilities. Efforts were made by the staff team to include and reflect their voice in various aspects of their care – from weekly meal and activity planning through placement plans and to their statutory care and review processes. Inspectors found that the documentation of each young person's input could be strengthened in this centre. The organisational approach to involving young people in their individual placement planning has changed over the years and a decision had recently been made to revert to a previously used child-friendly format. Centre management are of the view that this will strengthen the input of all young people.

Inspectors found that for a period of several months young people were verbalising their wish not to have a young person's meeting or to engage in one. Despite this, weekly efforts to convene the meeting continued. Inspectors recommend that the staff team consider alternatives to this forum and be more creative in addressing children's issues in other ways.

The organisation had a policy on complaints. Inspectors were informed that each young person was provided with relevant information on all aspects of the service upon their admission to the centre; this included information on how to make a complaint. Inspectors reviewed a young person's information booklet which, although had brief reference to complaints, did not indicate the process undertaken at the centre and instead had more information about the Tusla 'Tell Us' process and how a young person may make a disclosure. This booklet should be reviewed to ensure that there is appropriate and relevant information included on the centre's complaints process for young people.

Inspectors were informed that young people were also regularly reminded about the complaints process at their meetings. However, as these meetings had not been happening consistently for a significant period and, although it was on the minutes template as a standing item, inspectors could not find reference to the complaints process being discussed. The parents' booklet reviewed by inspectors included information on their right to and process for making a complaint.

From their review of relevant records at the centre, inspectors found that there was a total of four records of complaints made by two young people in the last year. Two of these were identified as formal, and two as informal, in accordance with the centre's own guiding policy. Inspectors received contradictory information in interviews about one of the complaints on file about how it was identified and reported. The complaint was identified in the record and managed in accordance with centre policy as a non-notifiable complaint. Inspectors were informed that complaints were a regular agenda item at the team meeting. However, inspectors noted that there was significant 'copying and pasting' occurring in meetings minutes reviewed and thus these were not deemed by inspectors to not give an accurate reflection of the discussion at team meetings. Senior management must ensure that there is regular review of the complaints process and implementation of any learning arising from such review through the implementation of appropriately robust oversight and governance systems. This should include how they are identified, reported and recorded, and whether discussions and learning are actively happening at team meeting level.

The non-notifiable complaints records were stored on the restrictive section of the young person's file and inspectors suggest that these are stored in the main file where the young people have unimpeded access to them. Inspectors reviewed a record where a young person's feedback had been sought on their use of the complaints process. This occurred at least two months after the young person's complaint was made and resolved and the record showed that the young person lacked understanding of the concept of feedback and was unable to recall their experience at the time. Where such efforts are implemented, staff must ensure that they are clearly understood by the young person and convened in a way as to enable them to contribute meaningfully to the process.

Young people were informed about outside advocacy groups including Empowering Young People in Care (EPIC) and the Voice of Young People in Care (VOYPIC), through their induction and at their meetings and in key work. There was some relevant material in the centre from EPIC and inspectors recommend that centre staff

also source some on VOYPIC for young people that may be placed from another jurisdiction.

Inspectors were provided with an audit conducted by the organisation's governance manager. The audit report was significantly lacking in detail and failed to identify in the body of the report what practices were or were not compliant with the standard required and the justification for same. Centre management must implement appropriately robust systems for regular review of complaints and ensure that any learning arising is implemented.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	None identified

Actions required

- Centre management update the young person's booklet to ensure there is accurate information on the centre's own complaints process.
- Centre management must implement appropriately robust systems for regular review of complaints and ensure that any learning arising is implemented.
- Senior management must ensure that there is regular review of the complaints process and implementation of any learning arising from such review through the implementation of appropriately robust oversight and governance systems.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors were provided with a copy of the centre's policy on child protection and safeguarding. The manager and staff interviewed for the purposes of this inspection could not speak with confidence about these policies, their most recent review or any changes that had been implemented on foot of recent updates/reviews. They were not fully aware of the reporting mechanism for reporting matters of a child protection concern. The policy was most recently reviewed in April 2022 however inspectors recommend that further review and additions are made. For example, the centre distinguished between mandated and non-mandated persons yet does not outline the different reporting process for each of these categories and this should be detailed. The policy lacked reference to allegations against staff members. It referred to other relevant policies and guidance linked to safeguarding including lone working, staff code of behaviour and bullying; however the latter policy would benefit from including information on cyberbullying and how staff can support young people in this aspect of their interactions with others. It is crucial that the centre manager is confident and knowledgeable in all matters relating to safeguarding and child protection so that the staff team can be appropriately supported and directed in their practice.

There were three records in the centre's child protection register, all of which had been identified as closed. Inspectors received contradictory information in interviews regarding one of these entries as to who was responsible for submitting the original record. Those persons reporting child protection concerns via the Tusla portal must be identified as such in the centre's register. The register noted that the centre manager had requested written confirmation from the social worker that one child protection report had been closed and although the matter was noted in the register as closed, the record didn't specify whether written confirmation was ever received. The third entry stated 'closed' but no supporting evidence was included or referred to here. Inspectors were informed during preliminary verbal feedback that such matters would not be closed without written confirmation of same being received. Following the preliminary feedback, inspectors were provided with evidence that these matters had been closed by the relevant social work department.

However, written confirmation for one of the matters was provided by the social work department to centre management on the day that it was sent to inspectors. It had not been received prior to this, contrary to the information provided to inspectors at the time of preliminary feedback. Senior management must satisfy themselves that practices in the centre are in accordance with the organisational expectations of same through robust oversight and governance systems.

There was some understanding of safeguarding and measures necessary to protect young people demonstrated during interviews. However, staff lacked the ability to describe vulnerabilities in their broadest sense in the context of safeguarding. There was some evidence of efforts to educate young people in individual work but overall, inspectors finding was that a greater understanding was required of the staff team to confidently put the necessary safeguards in place for each young person in response to their identified vulnerabilities.

There was a Child Safeguarding Statement in place, and on display in the staff office, that had been submitted to the Tusla Child Safeguarding Statement Compliance Unit and the staff and manager interviewed were able to refer to risks identified within this. The manager informed inspectors that the existing list of mandated persons at the centre required updating to account for recent changes in the staff team.

The manager was identified as the Designated Liaison Person (DLP) and had completed training in this. The manager and staff, in interview, were unclear about reporting child protection matters separate to or jointly with the DLP. Most of the staff team, with two identified exceptions, had completed the online E-learning programme in Children First training. Additionally, most of the staff team had completed a one-day training in Children First provided by Barnardo's. Refresher training was scheduled for this for all staff that had completed the training. There were three staff members identified in the information provided by the centre manager that had not completed this training. The centre manager will need to ensure that those without the necessary training complete this without delay. Centre management must organise bespoke training in the centre's own child protection and safeguarding policies and procedures for the manager and staff team.

There was evidence of good working relationships between the staff team in the centre and families of young people and the respective social work departments. There was an awareness of the need to appropriately share information of a safeguarding or child protection nature as relevant with parents.

The centre had a policy on whistleblowing which was most recently updated in June 2022 and staff were clear about this process in interview.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	None identified

Actions required

- Senior management must review their child protection policy and update it accordingly.
- Senior management must ensure that centre management and staff demonstrate a thorough understanding of all aspects related to the centre's policy on child protection and safeguarding, including reporting child protection concerns.
- Centre management to provide evidence to inspectors that child protection matters reported at the centre relating to an ex-resident have been deemed closed by the social work department.
- Senior management must ensure that centre management and staff demonstrate a thorough understanding of all aspects of safeguarding and can confidently address each young person's vulnerabilities.
- The centre manager must update the list of mandated persons for the centre.
- The centre manager must schedule relevant Children First training for the staff team.
- Senior management must organise and oversee the delivery of bespoke training linked to the centre's child protection and safeguarding policy.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors found that the statutory care planning and review mechanisms considered the physical and developmental needs of the young person in the centre. Any needs identified within those processes were planned for accordingly within statutory documents reviewed. The individual needs were expanded upon in the centre's placement planning process and documents and were further addressed with the young person as demonstrated in key working records reviewed. Each young person had access to the clinical team within the organisation who were also responsible for examining the presenting needs of the young person and advising accordingly through individualised therapeutic plans for each young person in the centre.

Inspectors found that the health and development needs of young people were well attended to, and this was clearly reflected in the two most recent young people who had each made significant progress throughout the duration of their respective placements at this centre. Inspectors found ample evidence in records reviewed, and in interviews, that ongoing support and input from the organisations own Occupational Therapist was provided to the staff team and the current resident at the centre directly to assist in identified areas of their overall development. Centre management and staff were satisfied that the current resident had access to specialist services required.

Inspectors were informed by the centre manager that there were historical/childhood records of immunisations and signed consent for medical treatment on individual care files. However, it was later confirmed in preliminary feedback by centre management that the care file did not in fact have childhood immunisation and early medical history records. There were consent forms signed by the allocated social worker for medical treatment, dental treatment, and the use of physical intervention for the young person on file.

The centre registered young people with a local GP and both recent young people living at the centre were reported to be in very good overall general health. The young person's file contained relevant details of their medical card. There was

evidence on the file of the current resident to indicate that ongoing supports and interventions had been implemented to address the identified dental work required.

Inspectors were provided with the centre's policy on the storage, administration, and disposal of medication. This policy had a review date of August 2022 indicated on it and the regional manager informed inspectors that this policy was actively under review at the time of this inspection. Inspectors suggest that if staff training is a requirement, this should also be included in the policy update. There were records on the young person's file of both prescribed and non-prescribed medication being administered. There was no evidence of a medication audit having been completed or oversight by the manager on these records which required attention to ensure that there were consistently staff signatures entered when administering medication; and that the prescribed dosage was documented and administered accordingly. Centre management must regularly review the medication records for young people and ensure that there are no deficits in this area of practice.

Inspectors were provided with a list of staff training. All staff had completed basic training in first aid and dates for refresher training was identified for all. Centre management should also ensure that there are sufficient staff numbers trained in first aid responder training which is a more advanced level. Not all staff were listed as having completed administration of medication training and this matter should be attended to. Additionally, the necessity for and frequency of refresher training should be given due consideration.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that the care record contains a complete and clear record of all medical and health information from birth.

- Centre management must regularly review the medication records for young people and ensure that there are no deficits in this area of practice.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management update the young person's booklet to ensure there is accurate information on the centre's own complaints process.</p> <p>Centre management must implement appropriately robust systems for regular review of complaints and ensure that any learning arising is implemented.</p>	<p>The booklet was published in August 2022. An addendum to the booklet will be provided to the young people by the 28.11.2022.</p> <p>Going forward any new publishing of the booklet will include the updated changes</p> <p>With immediate effect - Centre management will implement a robust review system of complaints by maintaining accurate records of complaints and reviewing these regularly, learning from complaints will be discussed via the staff team meetings. The complaints policy will also be reviewed with the staff team at the staff team meeting on 27.10.2022 and all staff will be</p>	<p>Centre management will ensure that each new admission to the centre will be given a copy of the new young person's booklet which includes information about the complaint process. This will be recorded in keywork to capture evidence of same. The complaints process will also be addressed during the young person's meeting process at regular intervals.</p> <p>Regional manager for the centre will review complaints documentation and processes during site visits to the centre. Information on complaints is also submitted weekly via the operations report completed by the centre manager and this is forwarded to the regional manager and Head of Care for review.</p>

	<p>Senior management must ensure that there is regular review of the complaints process and implementation of any learning arising from such review through the implementation of appropriately robust oversight and governance systems.</p>	<p>requested to sign off that they have understood same.</p> <p>With immediate effect – The compliance officer Manager will be completing 2 full audits in this home (themes 1-8) twice yearly which will incorporate oversight over complaints in the home. Review of the complaints process is also part of a full review taking place on the SERG process to ensure complaints are tracked appropriately for learnings and efficacy. Complaints are also a feature of the weekly operations report submitted to senior management.</p>	<p>Regional management will ensure that complaints are reviewed during each centre visit and that any learning identified, management will share with the staff team via the staff team meeting</p> <p>Regional management will be completing a weekly report to the Head of Care commencing on 21.10.2022 which will provide an additional layer of oversight over complaints in the centre. Audits completed in the home by the compliance manager will be sent to the regional manager for oversight. It was addressed during the management meeting on 22.09.2022 that centre management are to ensure their weekly operations reports to regional management that contain information on complaints in the centre are completed to a higher standard with more detail to ensure appropriate oversight from senior</p>
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			management.
3	<p>Senior management must review their child protection policy and update it accordingly.</p> <p>Senior management must ensure that centre management and staff demonstrate a thorough understanding of all aspects related to the centre's policy on child protection and safeguarding, including reporting child protection concerns.</p>	<p>The policy review group reviewed the child protection and safeguarding policy as part of the monthly policy review group on the 13.10.2022. It was identified that a further update is required to the policy to include recommendations from this inspection. A draft policy will be ready for review on the 10.11.2022 for all members of the group to review before ratification.</p> <p>The regional manager for the centre will ensure centre management have a clear understanding of all aspects related to the centre's policy on child protection and safeguarding, including reporting concerns via formal management support follow up on 20.10.2022. Centre management will discuss in detail, including the reporting of concerns the child protection and safeguarding policy with the staff team during a staff team meeting in on the 24.11.2022 as the policy is being reviewed in November 2022.</p>	<p>Regular policy review by the policy review group will ensure the child protection and safeguarding policy is regularly reviewed to ensure it contains the most up to date and accurate information required to be effective.</p> <p>The management and staff of this home will now be scheduled for a refresher in Children's First. They will also be scheduled for bespoke training on our policy relating to Child Protection and Safeguarding. Going forward the Compliance Manager will ensure that as part of their audit in the home, that they satisfy themselves that management and staff have a clear understanding of all aspects of child protection.</p>

	<p>Centre management to provide evidence to inspectors that child protection matters reported at the centre relating to an ex-resident have been deemed closed by the social work department.</p> <p>Senior management must ensure that centre management and staff demonstrate a thorough understanding of all aspects of safeguarding and can confidently address each young person's vulnerabilities.</p> <p>The centre manager must update the list of mandated persons for the centre.</p>	<p>Actioned on the 27.9.2022 - Centre management sent on correspondence to inspectors relating to an ex-resident that confirms CPWRFs for this resident are closed</p> <p>Safeguarding policies will be addressed with centre management and with the wider team during a team meeting on 27.10.2022.</p> <p>With immediate effect - Centre management have updated the list of mandated staff in the centre and this was actioned on the 23.9.2022</p>	<p>CPWRFs will only be closed once there is written confirmation of same from the young person's social worker. The regional manager will ensure via the weekly operations report that all CPWRF's are followed up by the management team.</p> <p>Safeguarding is a standing agenda item in monthly supervision and team meetings. Records of these will be reviewed during audits by the compliance manager. The regional manager will also spot check records to ensure appropriate discussions are taking place pertaining to safeguarding and young people's vulnerabilities.</p> <p>The regional manager for the centre has reviewed the new list of mandated staff in the centre in conjunction with the centre manager. Going forward this will be a standing agenda item on supervision with the regional manager and home manager to ensure that any deficits are addressed on a monthly basis.</p>
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	<p>The centre manager must schedule relevant Children First training for the staff team.</p> <p>Senior management must organise and oversee the delivery of bespoke training linked to the centre's child protection and safeguarding policy.</p>	<p>With immediate effect. This training has been prioritised with the training team for scheduling and all staff will have completed a refresher in children's first by the end of November 2022</p> <p>As mentioned in section above. Following an update to the child protection and safeguarding policy internal training for the centre will be delivered to the team via bespoke training.</p>	<p>Centre manager will monitor training for their team to ensure all staff are kept up to date with training in Children First. The training manager will ensure that any training deficits are highlighted to the management team in a timely manner each month as part of the monthly training audit that is circulated.</p> <p>The training manager will ensure that deficits in staff receiving training on child protection is highlighted as part of their monthly audit and escalated to centre management.</p>
4	<p>The centre manager must ensure that the care record contains a complete and clear record of all medical and health information from birth.</p>	<p>With immediate effect - The Centre manager will ensure all new admissions to the centre have the appropriate medical and health information for their care records at point of admission.</p>	<p>The centre manager through their management and review of care records will ensure any deficits noted will be responded to promptly by requesting required information from the relevant medical/health professional or the young person's social worker. Any issues arising from gaining this information will be escalated via the weekly operations report to Senior Management.</p>

	Centre management must regularly review the medication records for young people and ensure that there are no deficits in this area of practice.	With immediate effect - Centre management will ensure that there is an audit of medication records for each new young person monthly.	The regional manager for the centre will temperature check to ensure that the medication files for the young people are audited monthly as required. The compliance manager will also audit the medication files of the young people during audits of the home.
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