An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 150

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Ashdale Care Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**9th & 10th February 2022**
Registration Status:	**Registered from 29th March 2022 to the 29th March 2025**
Inspection Team:	**Sharon Mc Loughlin** **Catherine Hanly**
Date Report Issued:	**12th April 2022**

Contents

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 29th of March 2019. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 29th March 2019 to the 29th March 2022.

The centre was registered to provide multi occupancy specialist therapeutic care and accommodation to a maximum of four young people of both genders from age 10 to 14 years on admission, up to 18 years of age. The programme of care was identified as being of one year minimum in length. Exceptions outside of this age range were permitted in line with the Alternative Care Inspection and Monitoring Services (ACIMS) derogation process governing same. At the time of this inspection there were four young people residing at the centre. One of the young people was under ten but approval for this derogation to the stated age range in the purpose and function was sought in advance from the Alternative Care Inspection and Monitoring Service and approved. The model of care was described as attachment and trauma informed with the inclusion of psychology, art psychotherapy, and education supports/resources as well as an accredited experiential learning provision. It also included the recently implemented CARE framework (children and residential experiences, creating conditions for change).

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the

centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the 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 10th of March 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.

The centre manager returned the report with a CAPA on the 28th of March 2022. This was deemed to be satisfactory and addressed the issues identified in the inspection.

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 150: without attached conditions from the 29th March 2022 to 29th March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The inspectors found that the staff in the centre were providing a supportive and caring environment for the young people living there and there were systems in place to respond to individual needs of the children.

Of the four young people placed in the centre all had allocated social workers however only two of the young people had up to date statutory care plans on file in the centre on the day on the inspection. One young person was admitted to the centre in late December 2021 and the plan on file related to a previous placement. A child in care review meeting was held in January but the updated plan was not received yet. There was evidence that the centre manager had requested any outstanding care plans. However, the manager stated that overall, they were satisfied with the social work provision and that there was good communication between social work and the centre.

There were individual development plans on file for each of the young people, these plans have been revised recently to reflect recommendations made in inspections of other centres within the organisation. These plans were reviewed every two months by the team. The plans identified goals of the placement and whether the goals were reached and who was identified as responsible for assisting the young person to reach the goals. The change to the plan was it now clearly documented what goals were completed. This provided a better oversight of any progress being made in the placement.

There was evidence that some of the young people were making progress albeit slowly, however the plans did also indicate that for some young people there was very little progression being made. While some of the factors for this were external to the centre the core basis of the work being carried out with the young people was dependant on stability of staff and consistency of staff. Since the last inspection in April 2021 there had been nine staff changes to the team. (This will be discussed further under standard 6.1) However, three of the four young people have remained in the centre, thus those young people have experienced significant changes to the staff team and even to allocated key workers. If the children are to get the best

opportunity to progress and develop in their placements, then having a stable and consistent staff team is necessary and in line with the centres stated model of care.

There was good evidence that the staff consulted with young people about their placements and there were clearly recorded accounts of staff work and key working with the children in line with the goals of the care plans and the individual development plans. Inspectors spoke with two of the young people and reviewed questionnaire from all four young people. They were all satisfied with their involvement in their placement planning and being consulted with about their care.

External supports for each of the young people were identified in the child in care review minutes or care plan and then the individual development plans. The organisation provided clinical support to the team and also to the young people where needed and in agreement with the allocated social worker. There was evidence that the team were providing support to the young people under the guidance of the organisation's psychologist. Records show that young people have availed of the art therapy and have been provided with options to attend counselling. One of the young people was availing of occupational therapy provided by the organisation however this post was currently vacant and recruitment under way to replace this person. It was acknowledged that the young person was benefiting from this particular therapy so it is important that this post is filled as soon as possible and that the young person can re-engage in this therapy.

Most of the communication between the allocated social workers and the centre was through the centre manager. They then updated the team at team meetings. Social workers when interviewed stated they were satisfied with the communication from the centre and stated that they were promptly informed of all significant events and kept up to date in relation to the young people.

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

Compliance with standards	
Practices met the required standard	**2.2**
Practices met the required standard in some respects only	**Not all standards were assessed**
Practices did not meet the required standard	**None identified**

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There was a clearly defined governance structure in place in the organisation, with clear roles and responsibilities identified. The organisation has grown significantly and restructured in recent years. While there had been some positive developments identified with this growth the inspectors also identified some areas that need to be addressed to ensure that the centre can continue to provide the safest and most effective care and support to young people.

The centre manager and regional manager have less decision -making ability specific to the centre and where issues of concern are escalated there is currently no clear pathway as to how these are responded to and then responses or actions and outcomes delivered to the staff working directly with the young people. The inspectors identified significant staff turnover in the centre since the last inspection in April 2021, the care needs of the children clearly identify the need to have very close supervision, the centre risk register identified staffing as an issue. Yet in December 2021 a decision was made to admit a fourth young person when the team was already stretched in providing adequate cover and supervision of the three young people living there.

The systems where there has been positive improvement were in relation to oversight and compliance. The regional manager regularly and routinely visits the centre and reviews paperwork, meets the young people and staff and documents the outcome and actions from this visit. The manager also completed a weekly operations report which was forwarded to the Governance Committee.

While all these systems underpin good governance the issue of stability of staff teams and a strategy to address this has to date not been effective and there was little evidence available to inspectors that the organisation have significantly put in place a service improvement plan to address staffing issues.

The organisation has been reviewing all the operational policies and procedures following feedback from inspections of their centres. These reviewed policies were available in the managers Governance file. However, when interviewed some of the staff were unable to name any policies that have been reviewed on foot of recommendations or learnings from other inspections carried out within the organisation.

The organisation was contracted to provide a service to the Child and Family Agency through Tusla's national private placement team (NPPT). They provided the funding body with progress reports and updates regarding young people's placements.

The inspectors found that there was an appropriate management structure in place within the centre. The acting deputy manager supported the centre manager, and both worked office hours Monday to Friday. There was also a senior practitioner who worked on the rota to provide support and guidance to the social care workers.

The organisation had a risk management framework in place that identified organisational risk and centre specific risks. There are also systems in place to identify, respond to and manage risk associated with the individual children such as absence management plans, individual crisis safety plans.
The centre risk register was reviewed every three months or more regularly if necessary, and risks that could not be managed locally were escalated to the senior management team. The current high-risk area for the centre was staffing. The staff were aware of the centre risk register and the existence of an organisational risk register but not of the contents of this. On the inspectors' review of the risk register it was noted that safeguarding against allegations made by young people was not on the register however this was a current risk for all staff in the centre.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation Not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**None identified**

Actions required

- The registered provider must review the escalation system so as it is effective and there are clear pathways as to how escalations from the staff are responded to and then responses or actions and outcomes delivered to the staff working directly with the young people.
- The management must ensure that staff are aware of policies that have been reviewed and updated.
- The management must review the risk registers to ensure that they adequately identify and include all known risks in the centre.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

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

There were systems in place to organise and manage the work force to deliver care to the young people in the centre. The organisation had a dedicated HR department that was responsible for the recruitment and selection of staff.
At the time of the inspection there was a manager, an acting deputy manager and nine social care staff in post. All but one of these had a social care qualification or a qualification in a related field as required. One staff did not have the required qualification as outlined in the Staff Numbers and Qualification Memo February 2020 order to be compliant with the Child Care (Standards in residential centres) 1996 Regulation 7 Staffing. The organisation was aware of this and had discussed this with the staff in question but due to personal reasons they had decided not to return to full time education. They did have over 15 years' experience working in residential care and had engaged in ongoing development and training provided by the agency over the years.

Since the last inspection in April 2021 there had been a significant turnover in staff, with nine staff having left the centre. Some of the reasons given for this turnover were due to staff on maternity leave and others on administrative leave awaiting conclusion of investigations. Others left to due to promotions within the organisation or to new positions elsewhere. The staff subject of investigations had been on-going since the last inspection in April 2021 and still had not reached conclusion. The regional manager informed the inspectors that they had been actively following up with social work about these but were still awaiting final outcomes.
While the inspectors acknowledge that the reasons for the turnover of staff, for the centre to meet their purpose and function and to implement their model of care in a way that is child centred and effective there must be a stable and consistent staff team in place.
While there was a team of staff available to the young people based on a review of care records in the centre and the care needs identified for each of the young people centre was understaffed, most specifically at the weekends. The complex individual needs of the young people and meeting these needs in a safe manner that safeguards the young people and the staff would require four staff to be on shift during the day and into the late evening at weekends. The staff in interview also highlighted that there was a need to have more staff at the weekends as it can be very busy facilitating access visits and activities.

A number of staff retention measures have been introduced, these included improved pay and conditions, reduction in hours for staff who apply for same for family and other reasons, sick and maternity pay had also changed. There were staff care systems in place and options for further support through the clinical team and through the formal employee assistance programme.

There was an on -call policy and procedure in place with a recording system. The on call was shared between centres within the region. An on -call document was formulated every Friday and handed over to the relevant centre manager on the Monday morning. There was senior on call for emergencies and critical incidents.

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 were assessed**
Practices met the required standard in some respects only	**Standard 6.1.**
Practices did not meet the required standard	**None identified**

Actions required

- The staffing complement in the centre must be increased specifically at weekends to best meet the complex needs of the children placed there.
- The register provider must ensure that the staffing is stabilised in the centre in order to meet their purpose and function and to implement their model of care in a way that is child centred and effective.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The registered provider must review the escalation system so as it is effective and there are clear pathways as to how escalations from the staff are responded to and then responses or actions and outcomes delivered to the staff working directly with the young people.	A draft escalation policy is currently in place and feedback has been sought from the members of the governance committee on same. A final review will be conducted at the governance committee on the 31.3.2022. In the interim period home management will raise any issue to the regional team as their first point of protocol. The regional team will then signpost to the relevant department.	The escalation process and when you invoke same will be raised at the management support meeting on the 24.3.2022. This process is very clear is relation to the steps a manager takes to escalate an issue. Management team will raise with the regional team in the first instance, and if no resolution/response is received it is then escalated to the Director of Care & Quality, who will escalate to their line management and so forth. A section will be added to the weekly operational report which is sent to senior managers to include any escalations required in the home that week. Roll out following the MSM on the 21.4.2021 Regional management will routinely review that all escalations raised through the operational reports have been responded too. The policy will continue to be reviewed and updated as needed in the monthly policy and procedure review.

	The management must ensure that staff are aware of policies that have been reviewed and updated.	The management team through supervision with the staff team will ensure that the team are aware of all changes made to policies. Managers will also inform via handovers of any new policy updates that are coming through	With the introduction of a new digitalised system which is currently being tested through various homes, all staff will have to confirm digitally that they have received and read the policy and procedures and any updates. Once operational these will support staff taking ownership in reading and understanding the updated policies. Managers then will be able to see much more efficiently any deficits in sign offs and will be able to address this much quicker with staff. Discussion and exploration at team meetings and handovers to ensure an understanding of same.
	The management must review the risk registers to ensure that they adequately identify and include all known risks in the centre.	The risk register has been updates to reflect the behaviour of allegations overall, rather than in relation to specific cases.	Reviewed every 3 months or when deemed necessary. As a risk is identified it will be added immediately to the risk register. Regional management to review the risk register quarterly as part of their oversight and governance of the home.
6	The staffing complement in the centre must be increased specifically at weekends to best meet the complex needs of the children placed there.	The centre has been identified as 'high priority' in relation to work force planning. This has not yet been fully implemented, however we have planned that there will be additional staffing resources from May, as there is a new cohort of recruits joining	On completing rota, management will prioritise weekends ensuring the needs of the young people are being supported/met. Continued work force planning to ensure that the staffing complement is adequate. This home remains stable at present with the current

		the May induction. Work force planning is currently being undertaken on a regular basis and will be weekly if required. The Director of HR is now attending these meetings with immediate effect to ensure oversight.	staffing levels of 2 staff on overnight and one support during the day. Once additional staff have been added to the team an additional support staff member will be added to the rota on a daily basis, allowing for extremely high staffing levels.
	The register provider must ensure that the staffing is stabilised in the centre in order to meet their purpose and function and to implement their model of care in a way that is child centred and effective.	The organisation is being proactive in relation to recruitment and retention, using an organisational lens for same. Within this home there is a core staff team and the home management are working closely will new team members coming on board, in role modelling and supporting them with same, to ensure a consistent approach.	As discussed above, continuous work force planning meetings centred on staffing levels. Training is now being brought back face to face, which we hope will allow for relationships to be built more productively and this will help with stabilisation within the team. Home manager to raise any areas of concern with staffing levels to the regional manager and HR via the weekly