



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 160

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	6th & 7th of July 2021
Registration Status:	Registered from 30th August 2019 to 30th August 2022
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	5th August 2021

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 (Standard 2.2 only)	
3.5 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.6 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	17

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 Assurance 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 30th of August 2019. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th of August 2019 to the 30th of August 2022.

The centre was registered to provide specialist medium to long term care for up to four young people aged from ten years old to fourteen years old upon admission. 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). The programme of care was identified as being for one year minimum in length. Exceptions outside of the age range for admission 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 three young people residing at the centre.

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, and the allocated social worker. 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 23rd of July 2021. 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 director of services returned the report with a CAPA on the 27th of July 2021.

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 160: without attached conditions from the 30th of August 2019 to the 30th of August 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

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.

There were three young people residing in the centre at the time of this inspection. All three young people were placed from another jurisdiction and the care planning requirements of their placing jurisdiction differed to those statutory requirements within the Republic of Ireland. Statutory care planning mechanisms had been convened for each of the three young people within the timeframes required and there were care plans on file to correspond with the most recent statutory care planning meeting. Inspectors noted that some of the detail in one of the children's care plans on file was outdated and did not reflect the most up to date information in all aspects related to care planning and contact information. This was identified by inspectors with the social worker responsible and had been noted by the centre manager also. The social work team responsible must ensure that the care plan document is updated to reflect accurately the current situation for this young person and is shared with the centre without undue delay. In addition to the statutory care planning forum, the centre manager coordinated monthly care planning meetings for the purpose of ensuring clarity and consistency of approach in the delivery of care planning agreements.

There were up to date individual placement plans (IPP's) on file for each of the young people at the centre as well as individualised therapeutic plans. There was an evident connection between these placement plans (IPP) and the overarching statutory care plan in terms of the goal planning. The IPP document was the responsibility of the key workers to complete as well as reviewing and updating on an ongoing basis. The content itself was discussed at team meetings, with clinical professional input, and were guided by the centre manager. Inspectors noted that the identification and implementation of specific goals was not consistently documented within the IPP, and, the assignment of responsibility for the delivery of goals was lacking. Whilst team meeting and supervision records reflected thorough discussions of young people and their respective placement plans, the minutes of both these forums also

lacked evidence of assigning specific tasks and areas of responsibility to designated persons. This is an area of development that must be considered by centre management to ensure that each child's needs are continuously assessed in terms of the supports and interventions required to achieve the named goals and to definitively track progress within the placement.

There was evidence across records reviewed including individual and key work, and daily logs that young people were encouraged to express their views and opinions on all relevant aspects of their care. In addition, the views and wishes of young people were sought for the purpose of their statutory care planning process. What was less evident however, was young people's contribution to their own placement plan separate to their statutory care review mechanism. Inspectors were informed by management that there was a pilot initiative being delivered in other centres within the organisation which is aimed at seeking the specific input of young people with a view to informing their placements. The findings of this pilot programme will inform its rollout across the larger organisation in due course. In the absence of the implementation of this programme in this centre, the manager will need to ensure that there are appropriate opportunities for each young person to have input into their placement plan. There was evidence that parents were consulted with for the purpose of statutory care planning meetings or provided with the opportunity to have input if not directly involved. Their input in the placement plan was less evident and is an area that could be improved and developed as the centre had established effective working relationships with some parents.

From a review of placement plans on file and based on information provided through various interviews with social workers and staff there was evidence that each of the young people resident had made progress within their placements. This was particularly evident for the young person that had been residing in the centre for the longest period of time and who had commenced a transition towards reunification with family. The placement planning process, inclusive of input from the staff team and clinical therapeutic team within the organisation, was designed and delivered in such a way that it had allowed for changes to be taken account of and plans to be revised so that they remained focused and achievable for young people.

The need for individual specialist supports/interventions had been clearly identified for two of the young people in their respective care plans and these needs had been carried through to the placement plans at the centre. The third young person's care plan was less clear in terms of the plan for specialist intervention/support and inspectors asked the social work team to clarify this in the forthcoming statutory care

review meeting so that this could be included in their placement planning at the centre. Separate to external specialist services, the organisation had its own team of clinicians that were available to support the work of the staff team at the centre through direct consultation by individual staff members and at monthly placement planning meetings. There was evidence that the input of the various specialists was considered by the staff team –at team meetings in particular – and was a core aspect of placement planning at the centre.

The centre manager and the two social workers that inspectors spoke with in relation to this inspection process described a productive and effective interdisciplinary relationship. They stated that the monthly care planning meetings as well as any needed communication in between times supported consistent approach to the delivery of care for each young person.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified, not all standards examined
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	None identified, not all standards examined

Actions required

- The centre manager must ensure that there is clear and consistent identification and implementation of specific goals for young people documented within their placement plans with clear assignment of responsibility for the delivery of goals.
- The centre manager must ensure that the input of young people into their placement plans are clearly reflected in planning documents.

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 evidence in records including team meeting minutes, the regional manager's monthly audits and within supervision of the manager providing leadership, direction and guidance to the staff team. In addition, inspectors observed the manager to demonstrate leadership during their time at the centre for this inspection. The manager was responsible for identifying the training and development needs of the staff team and was supported in the realisation of these plans by the HR and training departments within the organisation. There was evidence across records reviewed that there was a culture of learning at the centre and within the organisation as a whole. Auditing systems were continually being refined as the organisation expanded and there was a focus on learning and improving the quality of service provided. There was evidence also of relevant learning being cascaded through the various levels of staffing across the organisation. Inspectors noted evidence of attention to maintaining the high standard of quality and comfort of the environment for young people.

There were clearly defined governance arrangements in operation at the centre that were understood by staff members and there was evidence across records and at interview that these were being delivered effectively. These included staff meetings and shift hand overs, as well as weekly operational reports and meetings convened between the centre and regional managers. Outside of the weekly formal reporting mechanism, there was regular contact between the centre and regional manager which supported the demonstration of accountability for service delivery. There was evidence in team meeting minutes and supervision records reviewed of an expectation of accountability for role delivery and daily practice at the centre. The manager informed inspectors of the various reporting mechanisms in operation to relevant members of the senior management team, governance committee and HR department. These, in addition to regular audits conducted by the regional manager, contributed to the environment of governance and accountability. There is room for

improvement in the development for the governance systems of the delivery of practice related to placement planning examined in this inspection.

The internal management structure at the centre consisted of a manager and an acting deputy manager. There had been delays in convening interviews for the purpose of appointing deputy managers in this centre as well as in others across the organisation but this was planned for September 2021. At the time of this inspection there were two members of the staff team that were identified as senior practitioners in training and participating in a dedicated and established programme of training and development. Once completed with the course, they would hold additional responsibilities separate to their social care team colleagues. In the manager's absence for dedicated periods of time, the acting deputy was tasked with centre management responsibilities and records of tasks and duties assigned was maintained in email records.

The centre had a service level agreement in place with Tusla and six-monthly reports were submitted to Tusla providing evidence of compliance with relevant legislation and the national standards. With regards to placements of children from another jurisdiction, the regional manager confirmed that there are 6-monthly meetings convened between the service provider and the finding body to discuss progress of individual placements and these also enable reporting on the service provider's compliance with relevant legislation and national standards.

The centre manager held overall responsibility for the daily operation of the centre and service delivery. They were accountable to as well as receiving support from their regional line manager.

The organisation had a sub-committee policy group at senior management level that were responsible for the development, review and updating of all relevant policies across the organisation. These processes took cognisance of regulatory requirements, national standards, feedback from inspections of their services and practice issues arising within their centres that prompted a policy review.

The centre had a policy on risk assessment and management, and it was clear that staff and the management team members interviewed had a clear understanding and awareness of how to identify and assess risk at the centre. There was evidence in records reviewed that individual and collective risks were identified and actions taken to mitigate against the possibility of those risks. Inspectors reviewed the centre register, which was a relatively recent introduction to practice, and recommend based

on this review that it would benefit from more regular oversight by regional management. One risk of two young people with similar presentation being placed together for example was rated as low, when a 'medium' rating would have been much more appropriate and would lend itself to the identification and implementation of relevant supporting actions to mitigate these risks. It was noted in meeting minutes that these registers be shared with regional management every three months or when updated. A more regular oversight or consultation at particularly salient times like the admission of a new young person, may lend the additional support required to put the necessary interventions in place to minimise the possibility of risks occurring. In addition, high turnover of staff is an issue that has relevance for the centre register and should be included with clear management plan if the centre experiences a turnover of staff in the future as it had done in 2020.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.2
Practices met the required standard in some respects only	None identified, not all standards reviewed
Practices did not meet the required standard	None identified, not all standards reviewed

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.

At the time of this inspection, the centre was staffed by a full time manager, acting deputy manager, and ten social care staff. Two of the social care staff worked part time hours and a further two were identified as social care practitioners in training – an internal training and development programme across the organisation. At the time of this inspection the manager was liaising with the Human Resources (HR) department to fill an upcoming vacancy. The manager stated that there were generally no requirements for relief staff to cover shifts, and this was verified through an examination of staff rotas and daily log entries. Just over half of the full-time staff team had a social care qualification with the remainder having a range of qualifications in similar or related fields of work. Across the staff team, the level of experience was relatively low given the complexity of presenting need amongst the children resident. The most experienced staff members had only two years of working in residential care. The centre manager participated in interviews for and inductions of social care staff members as well as being involved in their probation, supervision and identification of training needs and through these mechanisms will need to continue to have oversight of the necessary experience and competencies to meet the needs of the children living in the centre at all times.

Workforce planning occurred in a number of forums including through weekly operational meetings, via weekly HR reports submitted by the centre manager to the HR department, and at senior management meetings. Inspectors were informed that there had been a significant period of instability within the centre during the latter half of 2020. During this time, twelve staff members left the centre, some to work in other centres within the organisation and others that had ceased their employment.

Inspectors had requested evidence of any formal review of this significant staff turnover in 2020. The regional manager reported that exit interviews/reasons for resignations were reviewed individually and that no concerns arose from the information gathered thus a formal review of the turnover was not determined to be necessary. The manager informed inspectors that although feedback from exit staff interviews had not been shared with them, they had had the opportunity to reflect on

this period with their line management and that many measures had been implemented in an effort to stabilise the staff team and to promote staff retention and continuity of care provided to the young people. The regional manager indicated that as of August 2021 exit interview records will be shared with the relevant centre manager. These measures included contribution towards pension payments, staff self-care packages, formal support services including access to the organisation's clinical psychologist, as well as discounts on membership at gyms and leisure centres. In addition, there were pre-existing ongoing training and professional development opportunities, opportunities for career advancement, and supports around ongoing formal study available to the staff team. Whilst inspectors acknowledge the efforts implemented by the organisation to contribute to staff retention, workforce planning measures must the triggering of include formal review mechanisms and risk management interventions in the event of significant staff turnover within the centre in order to minimise the impact on continuity of care for young people.

There were formalised procedures in place for the use of on-call. These were supported by a policy and management and staff were clear in interview regarding the use of on-call which was identified as an important support measure.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified, not all standards reviewed
Practices met the required standard in some respects only	Standard 6.2
Practices did not meet the required standard	None identified, not all standards reviewed

Actions required

- Centre management must ensure that workforce planning measures include the triggering of formal review mechanisms and risk management interventions in the event of significant staff turnover within the centre in order to minimise the impact on continuity of care for young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that there is clear and consistent identification and implementation of specific goals for young people documented within their placement plans with clear assignment of responsibility for the delivery of goals.	To be completed by the end of August 2021. Placement plans and persons responsible for promoting and delivering goals will be clearly outlined in the IPP document, as the document is being updated to reflect same and overseen by the identified keyworker. Management will ensure that as part of supervision with keyworkers that goals will be discussed during same for continuous updates.	Individual staff members assigned to delivery of goals will be identified through planning meetings and assume responsibility for specific goals. Implementation of Placement Planning document will be guided by deputy manager.
	The centre manager must ensure that the input of young people into their placement plans are clearly reflected in planning documents.	Immediate action to be taken with the reintroduction of the Maps tool to ensure documentation of the Young Persons voice is being represented and heard on planning documents. This measure will be operational as an interim measure to	Maps tool to remain in operation until rollout of pilot programme across the organisation and specifically in this centre. Keyworkers will assume responsibility for ensuring the young person's voice is heard, represented, and documented at each

		capturing the voice of the young person as the organisation is currently piloting an app which will encapsulate the voice of the young person.	planning meeting. This will be guided by the deputy manager and overseen by the home manager.
6	Centre management must ensure that workforce planning measures include the triggering of formal review mechanisms and risk management interventions in the event of significant staff turnover within the centre in order to minimise the impact on continuity of care for young people.	With immediate effect. Formal review document to be shared with centre manager.	Learning from Exit Interviews to be shared with centre manager to identify any emerging trends and allow for signposting of additional supports needed for the centre and the team. Centre manager to escalate staff turnover through senior management via weekly operations report and monthly supervision with Regional Management to mitigate risk to the continuity of care for the young people.