



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 173

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care
Registered Capacity:	4 young people
Type of Inspection:	Announced
Date of inspection:	15th & 16th November
Registration Status:	Registered with an attached condition 1st May 2020 to 1st May 2023
Inspection Team:	Sharon McLoughlin Lorraine Egan
Date Report Issued:	14th 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 1st of May 2020. 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 with an attached conditions from 1st of May 2020 to 1st of May 2023. The condition being that the acting manager complete a level 8 qualification. They are currently completing this course and the condition will be reviewed on completion of course in May 2023.

The centre was registered as a multi occupancy service to provide therapeutic care and support to four young people aged between 10 and 14 years of both genders for a medium to long term period. There were four young people living in the centre at the time of the inspection. There was a derogation in place for one young person that fell outside of the age bracket for this centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff, and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 5th of December 2022. There were no actions required identified in the report, the registered provider acknowledged the report. The centre had a previously attached condition from March 2022, the attached condition being that the acting manager is required to complete a level 8 programme. This is under way and the condition will be reviewed on completion of course in May 2023.

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 continue to register this centre, ID Number: 173 with attached conditions from the 1st May 2020 to 1st May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

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

The inspectors found that the lay out and design of the premises was suitable for providing effective care. The house was warm, well -lit and ventilated and the furnishing and fittings were modern and of a good standard. Each of the young people had their own bedroom which they could decorate themselves and had adequate space for safe storage of their belongings. The youngest child had a blackboard in his room where staff wrote positive comment or affirmations for them and in line with their behaviour support plan and guidance from the therapeutic support team the names of the staff working on the day and their plan for the day. There were photographs of the children in the hallways and they had their own family photos in their bedrooms. There was adequate space for the young people to rest and to play and to watch tv or play games. There were two sitting rooms available so young people could spend time together with staff or could spend time alone with staff doing their preferred activities. The inspectors observed age-appropriate games and toys in the sitting rooms and the staff spoke about having pamper evening with the young people in the evenings. The kitchen was the centre of the home and was modern in design and layout with plenty of space for everyone to share meals. The inspectors joined the young people who were celebrating a staff birthday, the dining area was decorated by the young people and staff, and they had prepared snacks and a cake. The inspectors observed positive interactions between the staff and the young people and an environment that was calm and homely. The young people in their questionnaires said they like the house and their bedrooms. The staff and young people spoke about going for Sunday lunch to a local hotel every two weeks and enjoying the experience of going out together.

The centre had written confirmation that it complied with the regulatory requirements of fire safety and building regulations and was insured. All firefighting equipment was routinely checked by a contracted company and by the staff on a weekly and monthly basis. The young people and staff took part in regular and routine fire drills, and these were recorded in the fire register, identifying if any issues had arisen during the drill and who had taken part. All the young people and staff had fully participated in fire drills including one late in the evening. The staff team had completed training in fire safety.

The house was found on the day of the inspection to be in good structural condition, all repairs were completed with out undue delay and a record kept of all maintenance requested and completed.

The centre had an up-to-date safety statement and site-specific risk assessments were completed. All accidents and injuries were logged for staff and there were individual accident injury logs for each of the children. Inspectors reviewed these logs and found that all accidents and injuries had been appropriately responded to and action taken, as necessary. Where required the Health and Safety Authority had been informed where a workplace accident had occurred for a staff member. The staff team had completed training in First Aid. The centre has access to cars, paperwork on file confirmed these to be legally road worthy and insured.

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

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

Actions required

- None identified.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The inspectors found that the young people living in the centre were supported to understand their behaviour in a positive living environment. The ethos of the centre was to ensure that the home was a place where young people feel safe, warm, nurtured, and cared for. This was evidenced in the written records, interviews with management and the observations of the inspectors when on site. The centres model of care describes it as a “*service provision model for children and young people with complex emotional and behavioural needs. The model is informed by current understandings of child development theories and the impact of developmental and relational trauma, translated into practice, and embedded in the care program.*”

The staff team were trained in a recognised model of behaviour management and in house training in Training and Awareness Programme (TAP) to promote a better understanding of why children, young people and staff behave and relate in the ways they do. The staff when interviewed demonstrated an awareness of the model of care and how it was implemented to best support children who have experienced trauma and loss. They gave examples of how they have identified and responded to behaviours that challenge and implemented change in a manner that respects the child. They also spoke about age-appropriate behaviour specifically for teenagers and responding to this in a way that teaches and helps them learn rather than punishes. The team are supported in their day-to-day work by a therapeutic support team who review and inform the behaviour management strategies used. The social workers for the young people were invited to and had attended the multidisciplinary meeting that informed the placement plan and the behaviour support plans. The social workers when interviewed identified the progress that the young people had made since being placed in the centre and in particular the ways the young people had learnt how to recognise and regulate their own behaviours with the support of the staff.

Each of the young people had an individual behaviour support plan (BSP) and individual crisis support plan (ICSP). These were developed from all the information provided on admission and the on -going risk assessments and observations of behaviours. The inspectors reviewed records of these plans and could clearly see progress that the young people had made. They could see a reduction in the need for

physical intervention and through regular key working and placement planning that the young people were being assisted to manage their behaviour in an age appropriate and child friendly manner. The records also evidenced a good communication by the staff team and a consistent approach when responding to behaviours that challenged. The inspectors observed when on inspection the staff encouraging a young person to leave their room in a sensitive and respectful manner that was planned and achieved the goal of getting the young person to engage positively.

In more recent months there had been a significant reduction in incidents, however all incidents that had occurred were reviewed by the team at their team meeting and the Significant Event Review Group (SERG). The learning from incidents was discussed at team meeting and staff reported that they found this helpful to review them at their own meeting as well as get feedback from the SERG. They gave example of learning and changes that had occurred as a result of the review and of incidents and how it assisted in a more consistent approach in promoting positive behaviours.

The centre had a policy on the use of restrictive practices, and these were recorded and reviewed appropriately by management. The use of restrictive practices was time limited and individual to each child in an age-appropriate manner.

The centre been audited by the agencies internal compliance office to ensure that the young people being supported and positive behaviour was being promoted.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 10: Health Care**Regulation 12: Provision of Food and Cooking Facilities****Theme 4: Health, Wellbeing and Development****Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

The inspectors found that the education of the young people was promoted and valued in the centre. The young people in the centre were provided with supports and opportunity to attend school. Two of the young people were attending mainstream schools in the local town. One of the children was attending special education part time and was being supported by a teacher employed fulltime by the organisation on the other days. The staff consulted with young people about their education and when one young person voiced that they were not comfortable attending a local Youthreach, they were encouraged to look at other options and in agreement with their social worker a decision was reached that they would continue their education with the support of the organisation's teacher.

The statutory care plans, Looked After Children plans (LAC) and the placement plans identified the educational goals for each of the children and how they were to be supported to meet these goals. All assessments were on file to assist the staff in meeting the goals and social workers confirmed that specific global assessments required for some of the young people were being sourced. Records of conversations and meeting with schools and teachers were on the young people's files and the parents of the young people were facilitated to attend parent teacher meetings. The young people were offered the opportunity to attend a homework club in the agencies school provision, and some had taken done this. There was adequate space for the young people to do their homework in their rooms with the staff to assist them or at the kitchen table if the house was quiet.

Compliance with regulations

Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards

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

Actions required

- None identified.