



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 191

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Five young people
Type of Inspection:	CAPA Review
Date of inspection:	05th & 6th February 2025
Registration Status:	14th May 2024 to 14th May 2027
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	8th of April 2025

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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 a corrective actions and preventative actions (CAPA) review 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 14th of May 2021. 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 without attached conditions from the 14th of May 2024 to the 14th of May 2027.

The centre was registered to provide multi occupancy specialist residential care for up to five young people aged 10-17 years on admission with complex emotional and behavioural problems who cannot be cared for in a mainstream residential setting. The model of care was informed by an understanding of child development theories, attachment and the impact of developmental and relational trauma, with the inclusion of psychology, art psychotherapy, occupational therapy and education supports. The model operated under the CARE framework (Children and Residential Experiences, creating conditions for change). There were three children living in the centre at the time of the inspection.

1.2 Methodology

An escalation of risk was received from the national placement team to the ACIMS in relation to the management of behaviour in the centre. Following a review of this escalation the risk response team deemed inspection activity was required in the form of a CAPA review for this centre. The inspector examined the progress made by the centre with the implementation of the CAPA from two previous inspections in 2024. These inspections occurred in February 2024, and a second risk response inspection was completed in September 2024. The action plans from both of these inspections were considered as part of this review. Inspectors completed an inspection in the centre and reviewed further documentation submitted by the centre to evidence the implementation of the CAPA. In addition, to completing interviews with the social care manager and social care staff, interviews were also conducted with the assigned social worker who had responsibility for the young people placed in the centre.

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.

1. 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 12th March 2025. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have fully implemented the required actions and therefore 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:191 without attached conditions from the 14th of May 2024 to the 14th of May 2027 to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs informs their placement in the residential centre.

Issue Requiring Action:

- The registered provider must ensure that the outstanding review of the admissions policy is conducted.
- The registered provider must develop procedures within the admissions policy that take account of the rights and needs of young people living in the centre, that they are considered and planned for.
- Prior to seeking new referrals, the registered provider must review the Group Impact Risk Assessment (GIRA) tool to ensure its effective and fit for purpose with an updated GIRA tool to be provided to the inspectors.
- The regional and centre manager must conduct a review of the events that led to the last young person's discharge from the centre to generate learning and prevent placement breakdowns.
- The centre manager must ensure that future transitions to the centre occur in line with policy.

Corrective Actions:

- The admissions policy will be reviewed at next policy and procedure review meeting by the policy and procedure review committee 19.03.24. This policy will be updated with relevant required information by referrals manager and issued out to homes by 30.04.24.
- Policy is due to be reviewed on 19.03.24 by the policy and procedure review committee; the review will consider the rights and needs of the young people in the centre.
- A full new process is being rolled out driven by the National Placement Team (NPT), a new Collective Risk Assessment (CRA) process. The GIRA template will be reviewed by 31/5/24.

- Internal multidisciplinary meeting took place on 01.05.24 to identify learnings from most recent discharge from the home.
- With immediate effect, home management will ensure they clearly document and record all preadmission meetings and communications with professionals and young persons to evidence all work completed. The home manager will ensure transitions are facilitated and documented in line with policy. The referrals manager will ensure that any transitional planning agreed at preplacement level is documented, signed and shared with home management.

Review Findings:

The inspectors found that all actions excluding action five arising from the February 2024 inspection had been reviewed and addressed through documentation submitted to the ACIMS as part of that inspection. During the course of that inspection a sibling group was admitted to the centre in which a derogation was applied for through the ACIMS department, and all relevant people were consulted in relation to the placement.

The organisation completed an end of placement review to identify future learnings following the discharge of one young person from this service. The inspectors found that this review was comprehensive, and it identified numerous learnings for the centre and the organisation. Some learnings identified were in relation to the admissions process and staff stability within the centre. The centre had implemented a new pre-admission process to address this deficit following the February 2024 inspection however, the inspectors could not assess the effectiveness of this new procedure in practice as there had been no new admissions to the centre since that time as the three young people had been admitted to the centre under the old policy and procedure.

On the discharge of two young people within the last twelve months the organisation conducted a placement review of these placements to identify learning. Within both of these reviews' high turnover and inconsistency in staffing was identified as a factor in the ending of these placements. The inspectors found that over the last twelve months, twelve staff members had left the centre. This will be discussed further under Standard 6.1 below.

Overall, inspectors found that the actions agreed within Theme 2 Standard 2.1 had been implemented however, as mentioned above the application of some of these actions in practice could not be assessed as there had been no further admissions to the centre. The inspectors note that staffing was identified as one of the contributory factors in the breakdown of two young people's placements over a twelve month period. The organisation needs to take immediate steps to ensure that a stable and consistent team is in place to ensure that current placements remain viable.

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

Compliance with standards	
Practices met the required standard	Standard 2.1
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

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.

Issues Requiring Action

- The registered provider must ensure that the outstanding review of management of behaviour policies is conducted.
- The centre manager must ensure that the young people are supported to develop an understanding of their behaviour and their overall emotional well-being.
- The centre manager must ensure that staff are consistent in their approach to following young people's individual plans.
- Senior management must strengthen auditing arrangements for the centre to improve the quality and safety of care provided in the centre.

Corrective Actions:

- The management of behaviour policy will be reviewed by the policy review group on 16.04.24. An identified member of the therapeutic support team will be allocated to review the policy which will be updated by 10.05.24 and circulated to the homes.
- With immediate effect, the centre manager will ensure that learnings are reviewed with young people to help develop an understanding of their behaviour through life space interviews or key work.
- With immediate effect, home management will ensure handover incorporates review of young people's individual plans as part of the setting up of the day, so staff are clear on their roles and responsibilities. Guidance provided during handover will be documented on the handover book.
- 22.03.24 review of feedback contained in this report is scheduled to be completed and to identify key learnings in the auditing process and implement learnings where appropriate to do so.

Risk Response Actions regarding the Management of a Complex Dynamic:

Issues Requiring Action:

- The centre manager must ensure that all key behavioural management plans include clear steps to support and guide the staff team in the management of the collective behaviour when incidences arise among all young people in the centre.
- The centre manager must ensure that all team meeting minutes record key information discussed to support the staff team to identify, manage and support behaviour that challenges in the centre. They must be accurate and reflective of the discussions that had taken place.
- The centre manager must ensure that all significant events detail interventions implemented by the staff team to manage the challenging dynamic among all young people.
- The centre manager must ensure that key working takes place where appropriate for all young people in line with the presenting issues in the centre

Corrective Actions:

- The young people's Individual Risk Management Plans (IRMPs) have been updated to include a new procedure designed to ensure that all young people receive appropriate support during incidents. This update also ensures that staff are equipped to manage the group as a whole, minimizing the impact on each young person individually. The GIRA has also been revised to reflect these changes.
- Management will prioritise thorough preparation ahead of each team meeting. Additionally, efforts will be made to ensure that meeting minutes are of high quality, accurately documenting the discussions that take place. Both the compliance team and the regional manager will spot check team meeting minutes during their visits to the home to ensure they meet the required standards. All managers are receiving training in November on the 'Decisions' minute-taking software, which will further support the accurate recording of meeting discussions.
- Centre management will use supervision sessions as an opportunity to coach staff on improving their recording skills, ensuring detail on interventions implemented are contained within. Team leaders will also provide additional support to less experienced staff in documenting significant events. The team has already received targeted recording training from the significant event team on 05/09/2024 which was identified as an area requiring further input.

- The young people's placement plans will be reviewed to ensure their keywork action plans are aligned with their current needs and presenting issues. The centre manager will review the keywork and placement planning training guide at the next team meeting, scheduled for 20.11.2024. Additionally, the regional manager and compliance team will review the quality of keywork taking place in the home during their visits to the centre

Review Findings:

The organisation had reviewed the centre's behaviour management policy which had been submitted as part of the February 2024 CAPA. Following a review of a sample of young people's behaviour management documents which included Individual Risk Management Plans (IRMP's), Behaviour Support Plans (BSP) and Individual Crisis Support Plans (ICSP) the inspectors found that they were up to date and contained clear steps to be taken by staff to support them manage incidences in the centre among all three young people. The inspectors found that the centre had recently updated the GIRA's for all young people which identified the current presenting risks and behaviours. All measures identified to mitigate against these risks were robust and appropriate and risk ratings were proportionate to manage these risks.

A review of a sample of team meeting minutes was undertaken and the inspectors found that the centre had made improvements in relation to the recording of descriptive detail which accurately reflected the current dynamic within the house.

The team had received training in significant event writing which was to support staff to document factual information in a clear, concise and descriptive manner following an incident in the centre. The inspectors reviewed a sample of significant events for all young people and found that the descriptive detail within contained clear interventions implemented by the staff team. These aligned to the behaviour management model implemented in the centre which was necessary to support good practice and learning for staff. Significant events were reviewed internally and externally at a Significant Event Review Group (SERG). The inspectors found from a sample reviewed that SERG's were not always identifying where plans were not followed which is a necessary measure to ensure consistency in care for these young people. Nor did they identify within significant events where physical interventions were implemented that these were not always in keeping with best practice and guidelines. It would be beneficial to review all physical interventions to identify any learnings that will support best practice within the team.

The inspectors reviewed the centre's training register and found that all staff were appropriately trained in a behaviour management model and where staff were unable to engage in this practice this was assessed within the centre.

On examination of a sample of key working for all young people the inspectors found that where opportunity existed outside of challenging periods the team had completed work in line with the young person's placement plans. Staff captured young person's understanding of behaviours that presented following significant events however the inspectors found that more work was required in relation to supporting them to understand their behaviours in the context of the group dynamic and living together. The inspectors acknowledge that this work is opportunistic at times however, given that significant events have decreased over the past two months more targeted work is required.

All staff and management in interview confirmed that handovers were very detailed which incorporated a range of key information for all young people. The centre operated an active folder which remained part of the morning handover as it contained all up to date information in planning for these children on a daily basis. This information included updates in relation to their daily and night time routines, recent significant events, behaviour management and any other information relevant to the young people. Staff in interview were very clear of the importance of structured handovers in the centre, and they identified that this format was a key tool to ensure consistency in care for all young people. However, as staffing remained inconsistent in the centre this forum provided an opportunity for external staff members to familiarise themselves with the most up to date information that was necessary to effectively care for each young person in the centre.

A sample of supervision records were reviewed and the inspectors found that supervision was occurring consistently in the centre. At times supervision focused on staff support and managing this complex dynamic with limited discussions around professional development or other agenda items. However, the inspectors found that in recent supervision meetings these were more detailed and incorporated all elements of supervision process. The centre manager explained that supervision was focused around the developing and support of the team now that the young people's behaviour had begun to stabilise somewhat.

The inspectors found from a review of documentation which included monthly visits to the centre by the regional manager that auditing arrangements had been strengthened in the centre to improve the quality and safety of care provided. The

inspectors reviewed a full audit completed in May 2024 specifically in relation to Standard 3.2 and found that where deficits existed within this area that the changeover and inconsistency in staffing was impacting on this centre coming into full compliance.

Overall, inspectors found that actions agreed within Theme 3, Standard 3.2 and Risk Response Management of Behaviour actions were being substantially implemented within the centre. Further work is required in developing the young people's understanding of their behaviours and in relation to the external governance of the centre. Inspectors acknowledge that staff working in the centre were committed to the young people and were building positive relationships with the young people. As identified in a SERG completed in November a consistent core team was crucial to stabilise these placements which concurs with the inspector's assessment that in the absence of this it may potentially impact the viability of these young people's placements.

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

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.

Risk Response Inspection: Staffing

Issue Requiring Action:

- The registered provider must ensure that staff working in the centre are only completing working in the capacity that they are employed and in line with their qualification and job description.
- The registered provider must ensure that ongoing support remains in place to the staff team to support stability, structure and consistency in the centre for all young people.

Corrective Actions:

- All staff at the centre are fulfilling their roles strictly within the scope of their qualifications and job descriptions. The qualifications of one staff member has been verified through a VOQ assessment, confirming their Level 7 qualification. They are currently employed as a residential social care worker.
- The staff team has been strengthened with the addition of a team leader, bringing further expertise and experience to the group. Additionally, throughout November, a third sleepover staff member has been introduced as a supportive measure to enhance evening routines and ensure consistency in practice across the team. This adjustment has contributed to a more stable and nurturing environment for the young people. The team continues to receive ongoing support from the Therapeutic Support Team (TST) through the placement planning process and the completion of young people's formulation reports. The TST remains available for consultation, and keyworkers also receive coaching sessions when necessary to improve their ability to support their key children effectively.

Review Findings:

The inspectors confirmed that all staff was appropriately qualified and working in the centre in line with their role and job description. However, on review of the staffing information sheet and rosters submitted by the centre the inspectors found that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing and the centre were supplementing the roster with staff from other centres within the organisation.

The inspectors found that there was a change in management in the centre with a staff member within the team assuming the acting position of deputy manager as the previous deputy manager had moved to another centre within the organisation. The centre was operating with two social care leaders and four full time staff members with six staff members having left the centre since the last inspection in September 2024. In a twelve month period the service has lost twelve staff members in total, and the centre has been consistently operating below the required numbers which significantly impacts the ability to provide consistency in care and is not in line with their statement of purpose and function. On review of the rosters for the previous three month period the inspectors found that the centre were at times utilising the same staff members in the centre in an attempt to lessen the impact of this issue. As mentioned above a full themed audit was completed in May 2024 and the inspectors reviewed Standard 6.1 of this audit. They found that this standard was deemed partially compliant however, the inspectors found that the organisation had not developed any alternative strategies to address the ongoing staffing deficit that existed within the service.

On review of young people's documents, team meeting minutes and key working support meetings the inspectors found that the Therapeutic Support Team (TST) were supporting the team in managing this complex dynamic. In recent weeks the TST had attended team meetings in preparation for the completion of the formulation reports for two young people. This formulation report provides an overview of the young person's background, current presentation and attachment style. However, the inspectors found that formulation process had not been completed in a timely manner and the inspectors could not find written evidence of the reason for this delay. In interview with the centre manager they confirmed priority had been given to one young person's formulation report which had been finalised in October 2024. They also confirmed that due to the complex dynamic among all young people the formulation process had been delayed. The organisation must ensure that there is a clear rationale for the delay in same as the information or

interventions founded from this process provide additional guidance to the team to support them in management of this complex behaviour.

Overall, inspectors found that the actions agreed from this CAPA inspection were implemented however, the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing. The centre have been unable to maintain a consistent staff team over the past twelve months which impacts the consistency of care being provided to the young people and is not in keeping with their statement of purpose and function. Stabilisation of the staff team is required prior to consideration for any future admissions to the centre giving the complex needs and presenting dynamic of the current residents.

Compliance with Regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed.
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed.