



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 219

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Two Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	25th, 26th 27th November 2024
Registration Status:	Registered from 6th April 2023 to 6th April 2026
Inspection Team:	Linda McGuinness Lorna Wogan
Date Report Issued:	23rd December 2024

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
3.1 Theme 3: Safe Care and Support (Standard 3.1 only)	
3.2 Theme 4: Health, Wellbeing and Development (Standard 4.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.3 only)	

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 6th April 2023. 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 6th April 2023 to the 6th April 2026.

The centre was registered as a dual occupancy service to provide medium term care for young people aged 13 to 17 years on admission. The residential programme was based around a model of stepped therapeutic support, which incorporated CARE (Children and Residential Experiences), and a recognised model of behaviour management. It was also and informed by principles of trauma & attachment. The approach to working with young people was also based on trauma informed practice. The team had access to the organisations therapeutic support team. The bespoke single occupancy placement that was contracted at the point of registration remained in place and there was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.3

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 person, 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 17th December 2024. There were no actions requiring attention, and the centre manager confirmed in writing there were no inaccuracies in the report on the 18th December 2024.

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 register this centre, ID Number: 219 without attached conditions from the 6th April 2023 to the 6th April 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors reviewed the organisation's safeguarding and child protection policies and procedures and found that they were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. Child protection was a standing agenda item for discussion at team meetings and was also a significant area of focus during a handover meeting attended by one inspector. There was a child safeguarding statement (CSS) in place and displayed as required. There was evidence that it was subject to review at team meetings and during staff supervision. Members of the care team who spoke with inspectors were familiar with the risks set out in the CSS and measures to mitigate against any possible harm/abuse.

On commencement of employment team members received training in child protection and safeguarding provided by the organisation. This included the safeguarding and child protection policies as well as others to support safe care such as working alone, anti-bullying, complaints whistleblowing, risk management and the code of behaviour amongst others. The training records reviewed by the inspectors evidenced that team members also received training in the Tusla e-Learning modules: Introduction to Children First, 2017, the role of mandated persons, and training in Tusla's child sexual exploitation (CSE) procedure. All staff interviewed were aware the centre manager was the appointed designated liaison person (DLP), and one social care leader completed DLP training and staff interviewed were aware they held the role of Deputy DLP. Inspectors found that there were safe recruitment practices in place that included reference checks, vetting and verification of qualifications. There were good governance systems in place and a full audit of theme 3 (safe care and support) of the national standards for residential care, 2018, HIQA was undertaken in October 2024. Areas of practice, policy or training identified for improvement or action in centre audits were evidenced as addressed in a timely manner.

Observations of practice during inspection and a review of centre records evidenced that practice in the centre was in line with safeguarding and child protection policies. The staff team were well informed of the young person's needs and vulnerabilities and were responsive with the support of a wide range of therapeutic supports. A review of key working records evidenced age-appropriate work was undertaken with the young person to help them understand the skills needed for self-care and protection. This was guided by a team of internal and external professionals involved in the care of the young person. Team members were able to speak to all areas of vulnerability and identified the risk assessments and safety plans in place that included some restrictions on access to the internet and social media. There was evidence these restrictions were reviewed at bi-weekly team meetings and weekly multidisciplinary meetings. Any updates or changes in the young person's care approach were communicated promptly and effectively to the care team and the young person was informed of changes and the reasons why.

The young person living in the centre completed a questionnaire and met with one inspector. They confirmed that they were happy living there and they felt safe. They were able to identify and discuss the progress they had made in lots of areas of their life since previously meeting the inspectors in 2023. There was evidence they were fully involved in all aspects of planning and that they understood it was the role of the care team to keep them safe by monitoring phone use and being present to support and supervise them. The young person was fully engaged in discussions about safeguarding practices in place and how they could be reduced over time.

The care team advocated strongly to support the young person to safely have the same experiences as peers their own age. It was evident the young person had positive and trusting relationships with key professionals in their life such as their social worker, Guardian ad Litem (GAL), centre manager and key staff within the team. There was evidence that the young person would speak with key professionals in their life where they felt unsafe or vulnerable.

All team members were registered individually on the Tusla portal to facilitate them to report child welfare or protection concerns. The child protection and safeguarding policy outlined the procedures in place to manage disclosures or any allegation of harm by a member of the care team. Inspectors were satisfied that child protection concerns were reported appropriately through the Tusla portal and evidence of communications with relevant professionals and records of follow-up meetings were secured on the young person's care record. The social worker informed the centre manager of the status of reported child protection or welfare concerns.

There was evidence that the centre worked in partnership with the young person's social worker, GAL, and family members as appropriate, to promote their safety and well-being. The allocated social worker and the GAL who spoke with the lead inspector confirmed they were satisfied that the young person was safe, well cared for and they were satisfied that the centre manager and the care team had skills and knowledge to report and respond to child protection or welfare concerns in line with Children First. There was an agreed procedure with the social worker whereby they would inform parents of any allegations of abuse.

The organisation had a policy on protected disclosures/whistleblowing that outlined procedures in place for staff to raise concerns about poor practice/wrongdoing that they may encounter during the course of their work. Care team members interviewed were aware of the policy and identified persons both internal and external to the organisation to whom they could report such concerns and stated they could do so without fear of adverse consequences to themselves.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.1
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

Actions required

- None identified.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

The organisation had a suite of policies and procedures that supported the health, wellbeing and development of young people placed in the centre. These were reviewed with care staff in their induction training programme. A child in care review was held for the young person in May 2024 and the centre had received the updated care plan that set out all their current health care needs.

The assessment of need in the care plan informed the development of a comprehensive placement plan that set out goals, identified targeted pieces of work, persons responsible and timeframes to complete tasks. Following a review of care records, talking to the young person and the care team and observation throughout the inspection it was evident that the team made every effort to support young person to lead a healthy lifestyle and reach their full potential.

Key workers and the wider care team completed both planned and opportunity led work with the young person, and it was evident that they identified health promotion opportunities in day-to-day interactions. A review of the care records showed that work took place in relation to physical health, nutrition, exercise, safely taking medication, self-care and dental hygiene amongst others. The young person told the inspector they had *'learned to do a lot for themselves' and 'felt grown up'*.

Other pieces of individual work were carried out in relation to sexual health, healthy relationships, good mental health, and bullying. The records evidenced the team benefited from both verbal and written guidance provided by the multi-disciplinary team to carry out their work. Those interviewed felt that this support contributed significantly to progress the young person had made to date. The young person also described to the inspector how the manager and their key workers helped them with things they found difficult.

Since the inspector was last in the centre the young person had returned to education and regularly participated in a community activity with the support of the care team. This along with regular routines was assessed as contributing to the development of good mental and physical health. The social workers and GAL who spoke with

inspectors commended the commitment of the team to support the young person with all aspects of their health, wellbeing and development.

The young person had access to a general practitioner (GP) and attended medical appointments with the support of the team. Consent forms were signed to permit administration of Pro re Nata (PRN) medications as required. They attended dental and ophthalmic as required and were supported by staff to follow guidance in relation to their physical health and wellbeing.

In line with the model of care a comprehensive annual needs assessment was undertaken to review the young person's current needs and assess progress in all identified areas. The most recent assessment was undertaken in August 2024 and included all aspects of physical, emotional, and psychological health and wellbeing. This in addition to the regular multi-disciplinary meetings ensured the review, identification and planning for required specialist or therapeutic supports.

A medicine management policy was in place that provided clear guidance to staff team around the administration of medication. All had undertaken medication management training and there was evidence of review of the policy in team meetings. There was a policy and procedure in place to report and record any errors in relation to the administration of medications and the inspectors found they were implemented were appropriately. Learning outcomes were discussed in handover, team meetings and individual staff supervision. Required practice changes were communicated effectively to all staff.

Medications were appropriately stored in a locked cabinet and medications were disposed of in line with policy. A review of handover records evidenced that checks in relation to medicine management were robustly adhered to and there was good oversight by managers in relation to the implementation of the medication management policy.

Regular audits of medication were completed by internal management, and these were overseen by the regional manager in real time through the organisation's IT system. Review of the governance folder showed that an audit of theme 4 of the National Standards for Children's Residential Centres, 2018, (HIQA) in relation to health, wellbeing and development and the centre was found to be operating in compliance with their policy.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
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 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

At the time of inspection there were appropriate numbers of staff working in the centre with regard to the needs of the young person placed there. There was evidence across the centre's records that the team were informed of the national standards and policies that directed their care practices. They were discussed during induction training and regularly in team meetings, supervision and at handover. The centre manager and regional manager had systems to check policy awareness and their implementation.

Inspectors found that the care team were supported by effective leadership and governance and that staff at all levels understood their roles and responsibilities. There was a good mix of experience on the team and inspectors found the care team and the managers had the skills, competencies and relevant qualifications to support the young person. A focus on accountability was evident both in policy and practice. The team attended a group supervision in May 2024 where the characteristics and

importance of accountability was explored with them. All staff who spoke with inspectors were able to identify the reporting arrangements in the organisation.

Inspectors found too that there was a strong culture of learning and development guided by the centre manager who role modelled child centred care. Team members described being encouraged to use their professional judgement and this was supported by reflective practice where they explored what went well or any points of learning. All records reviewed by inspectors were easy to access, facilitated good communication, effective planning and learning following reviews of incidents or concerns as they arose. Inspectors attended the handover meeting and found that it was a space for meaningful discussion and reflection to support all aspects of the care of the young person.

The centre had a supervision policy which stated that individual supervision was provided once per month for all full-time staff. The care team received training/induction in the policy and demonstrated to inspectors they understood the functions of the supervision process. Supervision was generally provided by the manager sometimes with the support of social care leaders who had received supervision training. The inspectors examined a sample of staff supervision files and found that signed supervision contracts were in place however, in recent times supervision to individuals was provided by several different people. Inspectors recommend that every effort is made to ensure that a consistent supervisor/supervisee relationship is maintained.

Notwithstanding this, inspectors found that practice was positive, and that staff were supported to perform their roles to the best of their ability. A review of the records and interview with social care workers evidenced that supervision took place regularly in line with the policy and was valued by the care team. There was evidence of discussions around planning for the young person, safety and risk management, policy review, reflective practice and feedback on performance. The support and training and development needs of the team were an integral part of the supervision process. Records of the discussions were generally maintained to a good standard and there was a system in place to audit the quality of the supervision records.

The organisation had systems in place to support team members to manage the impact of the work. The organisation also provided a quarterly group reflective space facilitated by an external clinical psychologist as a support initiative for the team. The team and manager felt this was beneficial to the team in their work and professional development.

Annual appraisals with a focus on professional development and training/support needs took place with social care leaders and social care workers and the records were maintained to a high standard. The inspectors found there was no procedure in place to undertake an annual appraisal with the centre manager. At the time of inspection, the regional manager indicated they were aware of this deficit, and they were developing a process to undertake annual appraisals with centre managers.

All staff interviewed felt well supported by managers within the centre and by the multidisciplinary weekly input. There were procedures in place to protect them and minimise any risk to their safety. The care team received training in child protection and behaviour management. There was a comprehensive risk management framework, a lone working policy and debriefing after incidents. Counselling was available and funded through an employee assistance programme where required. There were formalised procedures in place to support the care team with on call support if necessary.

Team meetings took place in person every fortnight and were well attended. The regional manager also attended on occasion. It was evident there was a team-based approach to caring for the young person and that team morale was good. There was evidence that additional training opportunities were provided alongside required mandatory training based on training needs analysis and needs identified through supervision or within the multi-disciplinary meetings.

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

Compliance with standards	
Practices met the required standard	Standard 6.3
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.