



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 031

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Ashdale Care Services Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	3rd and 4th April 2024
Registration Status:	Registered from 09th September 2022 to 09th September 2025
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	23rd July 2024

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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 09th of September 2013. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 09th September 2022 to 09th September 2025.

The centre was registered to provide multi-occupancy service to accommodate four young people. The capacity of this centre had been increased through a formal registration process, from three to four young people in February 2024. The aim was to have young people aged from age ten to fourteen on admission, with a provision for young people to remain up to their eighteenth birthday. There was one young person under derogation as they were outside the age profile for the purpose and function of this centre. Appropriate documentation was forwarded to ACIMS for this process on an ongoing basis. The model of care was described as providing specialist residential care through a person-centred therapeutic service to young people with complex emotional and behavioural problems. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
4: Health, Wellbeing and Development	4.2

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 16th of April 2024. The registered provider was not required to submit a corrective and preventive action plan (CAPA) to the inspection and monitoring service as there were no identified actions in the draft report. The director of care responded to the draft report on the 29th of April indicating that there were no factual inaccuracies therein and naming two actions that had been taken in response to recommendations included in the draft report.

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: 031 without attached conditions from the 09th September 2022 to the 09th September 2025 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 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Each of the three young people living in the centre at the time of this inspection had their statutory care plan reviewed through the relevant child in care review mechanism. The two teenagers each had an up-to-date copy of their respective care plans on file at the centre and their statutory child in care reviews were pending in the coming weeks. The remaining child, who was under 12 and whose care plan was subject to monthly statutory review, did not have their most recent care plan on file at the centre due to annual leave taken by the allocated social worker. Their care plan had been updated within the required timeframe however and the staff team were aware of the agreements made at the most recent statutory review. The level of detail in the content of each of the statutory care plans reviewed varied considerably, with the language used in the youngest child's plan not showing consideration of their very young age and thus could not be shared with them in its current format. These matters should be given due consideration by the social work team responsible. And in general, social work teams should ensure the level of detail contained within statutory care plans is adequate and individually appropriate.

Each of the children were supported by their allocated social worker and care staff members to either contribute to or participate in the statutory care review process so that their views were given due consideration and included in their statutory care plans. The youngest child was visited monthly by their social worker to ensure their views were known and understood. Parents were also afforded the opportunity to contribute to the review process and where contributions were made these were accounted for within planning documents.

Inspectors reviewed current placement plans for each of the young people and found that the goals within them were aligned to the actions and needs identified in the corresponding statutory care plans. It was evident that the centre manager and staff team were making efforts to ensure that these placement plans and the actions within them were kept live, with a traffic light system to alert them to the status of the goal. Inspectors could see that the individual child's voice were reflected in these and there was a connection to the use of their individual consultation document which had been utilised to support their contribution to their own placement planning and goal identification. The youngest child's placement plan was child friendly and done in a creative and visual manner that supported their learning style. The recent addition of a keywork calendar for each young person with the assignment of identified pieces of work, was proving to be an effective aspect of planning that ensured a focus by the care team on identified goals and the interventions required to work towards their realisation.

Each of the children had completed or were in the process of undertaking relevant assessment processes that had been identified as necessary to their overall wellbeing, and in line with their care plan. Access to those various therapeutic services was being provided for some and sought for others. All parties agreed with what each child needed and were committed to supporting the processes required as well as the children to meet their identified needs.

There was ongoing communication between the centre and the respective social work teams. At the time of this inspection, one child was without an allocated social worker and the social work team leader responsible for the case confirmed with inspectors that the appointment of a new social worker was imminent. A second child had had several changes in their allocated social worker during the time of their placement in this centre. The centre acknowledged that some gaps between allocated social workers as well as social workers with significant caseloads due to resources in their area had presented challenges in ensuring consistent achievement of agreed goals and targets. One social work team also acknowledged the challenges presented to them by under resourcing and geographical distance from the child's placement. Nonetheless, it was evident that there was a strong and shared commitment to providing a high-quality standard of care to each child within the current placement and all parties agreed that each child was in the best possible placement for them at this time.

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

There had been significant changes to the internal layout and design of the home since the last inspection in May 2024, all done for the specific purpose of accommodating a fourth young person and enabling greater privacy for each child with the creation of four ensuite bedrooms as well as a main bathroom with bath for smaller children. Each child had storage facilities in their bedrooms and had contributed to the decoration of their room to their individual taste and need. The house was warm, well-lit, and airy on the day of the visit. There were photos of the staff team members and children on display throughout the house, as well as visual representations of the daily routine, all of which contributed to a child-focused, lived-in, and homely feel. The home was clean and nicely decorated on the day of inspectors visit. There were toys and games throughout for the youngest child especially. But also, spaces created within the home for all young people to use and enjoy, individually or as a group. Access to activities and hobbies for all was encouraged and supported by the staff team and inspectors had various discussions with the manager and some staff during the inspection process as to how best to create opportunities for the young people to be an active participant in their own wellbeing. The exterior of the property was well maintained and there was a unique representation of the home and the residents that had been completed as a piece of group work.

There was an updated safety statement in place for the centre which had been completed in October 2023 and included the new internal layout of the home. Centre management had submitted the relevant paperwork to demonstrate compliance with fire safety legislation, building regulations and health and safety legislation in January 2024 as part of the application process to formally increase the registered capacity of the centre. There were recording and reporting procedures in place for accidents and injuries and a centre risk register took account of any presenting risks to the staff team and related risk-reduction measures.

Regular fire drills, including nighttime drills, were conducted with records indicating that each were deemed successful, with young people and staff members on duty alike participating. Daily inspection of fire routes was conducted and recorded. There was frequent notation that the laundry basket was impeding the fire exit to the rear and in the response to the draft report, the director of care indicated that this had been replaced with a countertop basket. Maintenance records were maintained, and these showed that all matters identified had been addressed.

The home had three vehicles, on which regular checks were conducted by members of the staff team. Roadworthy testing and servicing of the vehicles was conducted as necessary. There was insurance in place that covered all vehicles and staff members were licensed to drive them.

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 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is supported to meet any identified health and developmental needs.

The manager, staff team and social work personnel with responsibility had a clear and shared awareness and understanding of the presenting needs of each of the children within the context of their current placement. As previously mentioned in this report, assessments had been undertaken for some of the children and others were pending or were being sought, having been identified at the statutory care review forum. Both centre staff and social work personnel shared a commitment to the need for further discussion and clarification at forthcoming child in care reviews of the children's existing diagnoses and the potential

impact of these on future education, training, work and general life experiences and opportunities.

Each of the children had access to a GP and the centre maintained clear and appropriately detailed records of all visits to them. The children were supported to attend these appointments, there were medical cards on file, and records of any referrals to various specialists' services where required was also maintained. An internal audit in November 2023 identified some gaps in medical records and these had been pursued by the centre manager. Inspectors recommend that the manager discuss the option of pursuing an identified vaccine for one of the older children in the centre in line with their age.

The organisation had a policy on the storage, administration, and disposal of medication. This was being actively reviewed at the time of the inspection. All the staff team had completed training in the safe administration of medication. Some of the team had completed safeTALK training in 2023. The manager and staff team had identified the need for non-injurious self-harm training, which had been developed within the company, a formal request had been submitted to the therapeutic team for this to be delivered. The director of care indicated in the response to the draft report that the therapeutic team would be completing this training with the staff team.

Compliance with regulations	
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.