



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 056

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	29th and 30th November 2022
Registration Status:	Registered from the 14th of January 2021 to the 14th of January 2024
Inspection Team:	Cora Kelly Eileen Woods
Date Report Issued:	1st February 2023

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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 14th of January 2015. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from the 14th of January 2021 to the 14th of January 2024.

The centre was registered as a multi-occupancy service. It aimed to provide specialist therapeutic care and accommodation on a medium to long term basis for up to four young people of both genders from eleven to seventeen years on admission. The staff team worked through a therapeutic practice model which was trauma and attachment informed. There were four young people living in the centre at the time of the inspection. One young person had been placed under a derogation process overseen by the Tusla Alternative Care Inspection and Monitoring Service (ACIMS).

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
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 and the centre manager and the relevant social work department on the 15th of December 2022. The registered provider was afforded the opportunity to respond to any identifying factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document. Centre management informed the Alternative Care Inspection and Monitoring Service on the 9th of January 2023 of two factual inaccuracies in the draft report that were considered with the final report updated to reflect these.

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: 056 without attached conditions from the 14th of January 2021 to the 14th of January 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

It was the inspectors' findings that the centre met the requirements of the standard with very minor improvement required. Staff practices in promoting the rights of the four young people in placement in addition to their care and support needs was notable. This was evident for the three longer placed young people and the newest young person who moved to the centre in September 2022 following the planned discharge of a young person in that month too. The policies and procedures that guided child centred care were appropriately in place for example policies on complaints, children's rights, consultation with young people, keyworking, care planning and placement planning. From the review of monthly managers meeting minutes and interviews with centre and senior management it was evident to the inspectors that the organisation and centre was committed to ensuring that the complaints policy was understood by staff and young people and carried out reviews when necessary. The forums of weekly young people meetings, menu planning, daily plans, individual placement plans and keyworking provided the young people with opportunities to contribute to the daily living arrangements and decisions made in the centre. The inspectors observed that the keyworking and weekly planning tasks were completed in an age-appropriate way and were individualised to their overall weekly schedule that considered school times, holidays etc. The views of the young people were captured well in their individualised daily logs with comments being representative of the young person's experiences of their days. Senior management had recently provided guidance to ensure that this was happening. Three social workers in interview stated that staff were very proactive in hearing the young people's voice with one social worker specifically stating they were confident of their young person's knowledge of the system and of how to use it.

Centre management were providing a culture of openness and transparency that welcomed feedback, suggestions, and complaints. The inspectors found from the

review of the feedback and compliments folder that positive comments on staff and centre management practices were included in feedback provided by social workers, a parent of a current young person and from a young person who moved on from the centre in September 2022. The progress that young people were making and made during their overall placement was observed. A dedicated section in the centre where suggestions could be made, and complaint forms were held was in place.

From the review of sample of young people's meeting minutes, it was clear that they were operating effectively, there was positive engagement by young people, decisions to their requests were made appropriately and followed up with centre management when required. The monthly management feedback mechanism was viewed as being a very child friendly tool that acknowledged positive contributions by young people during the month, with feedback individualised to each young person. The various consultation and feedback forms were being utilised for each of the young people.

The inspectors found from interviews and the paper review of centre and young people's care files that young people were aware of the complaints system, that staff had a good understanding of it too and were implementing it and advocating on their behalf. Social workers shared a similar view. Through questionnaire young people named to inspectors they would speak with staff if they wished to make a complaint. The complaints register was being maintained appropriately with notifiable complaints also being reported appropriately to the relevant professionals through the notification of significant events (SEN) process. A total of three notifiable and six non-notifiable complaints had been made over the past 12 months with just one notifiable complaint open at the time of the inspection. The social worker was aware of the complaint and indicated to the inspectors that they would link with the young person soon to progress it. Overall, it was evident that complaints were being followed up and of the centre being responsive to the young people. Delays were noted for some complaints being concluded. This was due to deficits in social work allocation and not the centres efforts in keeping them on their ongoing agenda.

On reviewing the complaints records it was found that some forms were not completed in full resulting in the inspectors being unable to determine if the complaints were upheld, not upheld, or withdrawn. The inspectors recommend that centre management, as internal complaints officers, review this to ensure that all sections in the complaint's records are completed in full. The external audit of the standard completed in July 2022 did not identify this deficit. It accounted for complaints that required follow up which have since been met. The inspectors are aware that the auditing tool was still being worked on with senior management

members at that time. The inspectors are aware from audit findings from their inspection recently of a sister centre that improvements to the auditing tool has occurred.

Feedback forms were on file for each complaint where a young person could give feedback on how they made their complaint. There was little evidence to suggest that the young people had been part of the task. The inspectors recommend that they revise this to make it a more interactive and valued part of the complaints process. It was evident that good attention was given by social workers in responding to non-notifiable complaints too.

A young person’s booklet was available that included information relating to complaints, young people’s rights, of the advocacy group Empowering People in Care (EPIC), Tusla complaint’s system, Tell Us, and the Ombudsman. The booklet was updated in November 2022 to include further detail on the complaints process namely to include some information of the centres own process in responding to a young person’s complaint. The regional manager acknowledged the findings at the preliminary feedback meeting and stated they would continue to strengthen the booklet so that complaints information was clear. It was evident that complaints were taken seriously and of discussions occurring at team meetings, monthly managers meetings with information compiled in weekly operation reports and monthly evaluations reports for oversight by the regional manager, head of social care and social workers respectfully. Complaints records were filed in the young people’s care files.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

None identified.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The inspectors found that the centre was providing safe care and support to each of the four young people in placement with a strong focus being placed overall on child safeguarding. The centre was operating in compliance with legislation and its own child protection and safeguarding policies. Staff in interview demonstrated a good understanding of safeguarding policies and of their roles and responsibilities in safeguarding young people. The inspectors were aware that the organisations policy review group was updating guiding child protection policies at the time of the inspection namely policies on reporting procedures, allegations against staff members and the anti-bullying policy to include cyberbullying information. Senior management stated the policies were in draft form currently and hoped they would be finalised mid-December 2022.

The Child Safeguarding Statement, as required under Children First Act, 2015 was appropriately updated in September 2022 in response to the new admission. A list of mandated persons was held and staff in interview were aware of their mandated roles and responsibilities and of those with ultimate safeguarding responsibilities for the centre. The centre manager, as the appointed Designated Liaison Person had been provided with relevant training. Child protection training was up to date in addition to other relevant pieces of training. A child protection and welfare register was being maintained correctly with a single child protection concern reported appropriately, via the Tusla portal and the SEN process since the last inspection in December 2021. Safeguarding and child protection was regularly referred to at team meetings in terms of policy related updates, refreshing of policies, policy wise with the status of any child protection and welfare reports acknowledged. Staff demonstrated a knowledge of the protected disclosures policy. It was evident that staff worked in partnership with social workers and families where deemed appropriate.

The centre demonstrated good practice in the identification of the young people’s vulnerabilities and developing individual safeguards to target those areas for each of the young people for example individual crisis support plans, absence management plans, risk assessment management plans, behaviour support plans and individual placement plans where safety goals were set. The practice of conducting keyworking with the young people to address the development of self-care and protection skills was specific to the young people’s needs and was completed in an age-appropriate manner. In interview staff described pieces of work being completed with the young people and it was evident to the inspectors that progress had been made by the young people for example one young person can travel independently using public transport. Where it’s clear when young person can’t manage for example phone use, then action is taken with opportunities and a pathway to better safety developed. Social workers were satisfied with work undertaken in keeping young people safe and developing their self-care skills. It was evident that young people were supported to speak out when feeling unsafe or vulnerable with one young person stating in their questionnaire they would speak with staff. The inspectors observed positive staff interactions with some of the young people and found from this coupled with speaking with two of the longer resident’s young people genuine care and regard being provided by staff to them.

Compliance with regulations	
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	None identified
Practices did not meet the required standard	None identified

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 centre demonstrated good practice in supporting and prioritising the young people's health and development needs. Several health and well-being policies guided staff practice for example policies on emotional and specialist support, general physical health, medical attention, and the policy on the storage, administration, and disposal of medicine. The staff team had been provided with safe administration of medication training. Medication records for all young people were being kept in line with procedure. The monthly medication audit tool was being transferred to a digital system which will allow for better oversight by centre and senior management of any deficits found. One of the young people was linked with specialist services through the child and adolescent mental health service. The organisations therapeutic support team was providing a mix of occupational and art therapy to three young people and was available to the other young person should they decide to avail of it. Staff were providing a therapeutic approach to meeting the individual needs consistently with the stable staff team enabling this. Staff spoke positively of specific pieces of training provided to them by the organisations in-house training and awareness programme (TAP), namely the benefit of it helping them understand the young people's individual background situations and developing their skills in responding to young people's behaviours and therapeutic needs in an holistic manner.

There was evidence of the young people's health needs, as identified in their statutory care plans being followed up and tracked in their individual placement plans. All young people were registered with general practitioners, dentists and opticians and medical cards were on file with ongoing medical checks being completed in an age-appropriate manner. Health records were being maintained appropriately for all young people. Since the last inspection one of the young people who had substantial health needs that required medication, with the consistent support of the staff team they had made significant progress in their health care journey so that they no longer required medication. The inspectors recommend that the specific and valuable experience and skills developed by the staff team is shared with the organisation for

further evidence-based learning. The three social workers had no issues around health and physical development of the young people.

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	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.