An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 160

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Ashdale Care Ireland Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**14th, 15th & 22nd March 2023**
Registration Status:	**Registered from 30th August 2022 to 30th August 2025**
Inspection Team:	**Lorraine Egan** **Cora Kelly**
Date Report Issued:	**09/05/2023**

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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 30th of August 2019. 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 30th of August 2022 to the 30th of August 2025.

The centre was registered to provide multi-occupancy medium to long term care for up to four young people aged from ten years to fourteen years old upon admission. The aim was to provide specialist care for young people experiencing complex emotional and behavioural problems. The model of care was described as being open and transparent person-centred therapeutic informed which was clinically guided. It was based on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour and to promote resilience and responsibility. It also included the organisation's CARE framework (children and residential experiences, creating conditions for change). At the time of this inspection there were two young people residing at the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.4

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 30th March 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 11th April 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA 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: 160 without attached conditions from the 30th August 2022 to 30th August 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The centre manager and staff team had worked hard to support children to maintain links or repair relationships with their families and other significant people in their lives. There was strong evidence of staff promoting the important role that families and communities played particularly in relation to children returning home. They planned, arranged and facilitated children to enjoy time with parents, siblings and significant others who meant a lot to them. Their commitment to promoting positive family attachments was a core theme of their practice with each child. Strong collaboration was taking place with social work departments and other professionals through regular updates, exchange of information and child in care reviews. Social workers described how the manager and staff consistently recognised the significant role families and siblings played towards children's lived experience in the centre. Families were kept informed and updated as appropriate and their opinions and input was gathered by the team as part of regular care planning.

For one child whose primary goal in their care plan was reunification with their parents and preparation for returning home, there was very clear evidence of the progress the child and the family had made to reach this outcome. The staff team had carefully identified aims, actions, supports to ensure goals were achievable. Plans being implemented were child-led and their preferences and wishes were sought out through assessment of need, placement planning, key working and through the daily interactions they had with staff. Weekly phone calls and visits were scheduled, a structured access programme outlined the child's supervised and unsupervised times spent in the family home with parents and siblings. Activities were arranged outside the home too such as time together in the park, swimming and other outings. In addition, robust supports were developed for staff to emotionally assist the child to be able to manage their visits as they increased over the months. Assistance was provided for the family where needed and individualised behaviour support plans were shared with them containing input and guidance from the centre's therapeutic

support team (TST). While in the home on access, centre staff role modelled these techniques which had a positive impact on the way the family managed behaviours that they had found challenging in the past.

For the second child who had recently moved into the centre, good consideration was given to any restrictions on family contact in line with their care plan. Alternative arrangements were established very quickly by the staff team so that the child was safely able to have frequent phone interactions with extended family members. Work was ongoing at their pace to develop an awareness on the limits that were set around this access with a view to increasing it over a planned period of time. Furthermore, as the child had been placed away from their community and culture of origin, staff were proactive in their efforts to reengage with heritage initiatives that had already begun before they moved to the centre. Centre records reflected the consistent progression made by the team in consultation with the social work departments regarding family and community relationships. Each child had a distinct trajectory in this regard that was based on their individual needs, respect for their wishes and in line with current and future goals.

Children were encouraged to take up activities and special interest and hobbies either as part of school curriculums or afterschool groups in the local community. Supporting each child to engage socially was identified as a goal in placement planning. This included joining youth groups, horse riding, music, spending time at the local rescue centre as well as physical activities in line with occupational therapy recommendations. Where children disengaged or lost interest in an activity, the staff team provided opportunities of replacement hobbies that they would benefit from. Birthdays and personal achievements were celebrated within the centre where special treats and evenings were arranged to mark occasions. Careful planning had taken place for one child so that they could stay over with their parents at Christmas time.

While children in the centre had not been placed with their siblings, when possible one child met theirs on a continuous basis as outlined in their statutory review. Children had access to the centre phones under observation and in line with safety plans and there were televisions in the recreational areas. Any access to internet was closely supervised and in accordance with each child's support plans.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 9**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 1.5**
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.

Children's health and wellbeing was promoted by the centre manager and staff team. Physical and mental health needs that had been prioritised in care plans informed placement planning goals for each child. Actions, supports and interventions were clearly individualised and the progress made by children could be tracked through each plan's review cycle. Inspectors found that placement plans were comprehensive and responsive to the changing health and wellbeing circumstances of both children. Care records contained relevant health information such as reports and assessments along with details of their medical background and any referrals made to specialist services. However, there were some gaps on children's files regarding their immunisation records and this must be addressed.

Each child was registered with a local doctor and consultations were scheduled with dental, audiology and optimal services as and when they were required. Where appointments did not take place, alternative dates were sought, children were encouraged to attend and transport was made available by staff for each visit. Various diagnosis had been obtained by the centre either while children were living there or they had been shared at the time of their preadmission. The centre had devised medical plans for children that reflected the ongoing care required for current conditions or to address issues that had developed after they moved in. For one child who had a specific medical diagnosis, frequent check-ups were organised in consultation with the social work department and the hospital. Staff accompanied

them to appointments which was some distance away and any clinical advice received from the consultants was integrated into their health planning and daily physical routines. Key working was completed too and staff checked in with the child to make sure they had an understanding of any adjustments that had to be made in how they socialised, played or participated in activities.

The centre manager and staff team worked closely with the children's social workers and health care professionals to integrate ways of improving health and wellbeing as part of everyday living. This included ensuring children had good sleep patterns and quiet night-time routines, nutritional menu planning and regular physical exercise. Children had joined swimming clubs, took regular walking trips and played on equipment in parks and in the centre.

Children were also facilitated to access therapeutic supports provided by the organisation's clinical team. For example, they attended art therapy, occupational therapy (OT) and staff received guidance from the clinical psychologist. For one child who had attended weekly appointments with the OT, their therapeutic input had significantly impacted their progression with their general health and specific diagnosis. Comprehensive and monthly reports as well as individualised plans were provided to support them in their daily living routines. There was guidance too for staff on new approaches to use in practice which were sensory and activity based. However, there was a gap of four months for this child when the OT left their post. While a detailed therapeutic support plan had been developed for them to mitigate this deficit, it wasn't clear to inspectors if it was currently being integrated into all aspects of their daily living patterns. Inspectors recommend that the OT support plan is fully implemented as part of a daily living programme for the child as soon as possible.

Children were facilitated to access ancillary clinical supports to help them with their emotional and psychological needs. This included maintaining links or supporting referrals to CAMHS and other specialised treatment services. Good efforts were made by the centre manager to ensure that staff were provided with specialised guidance and training in areas where they required further skills to support any emerging needs of children. Social workers described how management and staff were very nurturing in their approach, quick to respond to complex issues including mental health, and consistent in communicating with them regarding incidents and other updates.

The centre had a medicines management policy in place and there was a record of the administration of prescribed and unprescribed medication on children's files. Regular meetings with professionals had been coordinated so as to review children's prescriptions for the management of their medications. First aid and safe administration of medication training was either completed by staff or scheduled for those on the team who had not yet attended. First aid responder training was also provided at the induction stage and a number of the team had completed safe use of ligature training. Regular audits of medication records were taking place.

Compliance with Regulation	
Regulation met	**Regulation 10** **Regulation 12**
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 4.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure that each child's file contains their immunisation records.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Overall, training and professional development opportunities were provided to the staff team on a regular basis. Newly recruited staff received a three-week induction course before being scheduled for shifts in the centre. The programme incorporated a mix of core areas such as therapeutic crisis intervention (TCI), child protection training, first aid responder (FAR), fire safety and safe administration of medication

(SAM). Ancillary training was also provided at this time which was relevant to their role as social care workers along with skill enhancement to meet the individualised needs of children. These included ligature training, adverse childhood experiences and early trauma (ACE), risk management, policy and systems training.

While staff received an introduction to the centre's CARE (children and residential experiences) framework in their induction, which is a component of the centre's model of care, training to the full staff team as part of continuous development was no longer scheduled on a regular basis. This gap had been identified at the previous inspection of May 2022 and the registered provider had given a commitment as part of the CAPA response to role this out from June of last year. At that time inspectors were told that their model of care was under review. This was completed in September 2022. At interview, as part of this inspection, staff were unable to describe the model used in practice. As eight staff had left their posts since the previous inspection, this necessitates the delivery of the centre's revised model as a matter of priority as there were a minimum number of senior staff to provide role modelling and show evidence of practice on each shift. Despite this deficit, the organisation delivered the training and awareness programme (TAP) to the team and this supported staff in how best to understand children's complex emotional needs. In addition, the centre manager had resourced external specialist training so that staff would be better equipped to support children who needed it.

While there was no formal training needs analysis in place, training requirements for the team were determined by centre and organisational management and also identified individually by staff as they arose. A record was maintained of all continuous professional courses undertaken in the centre. From a review of this documentation and a sample of certificates from staff files, core training was mainly in date with the exception of onsite fire safety for three of the team as well as child protection mandated training which had not been completed for any of the staff. One staff requires online Children First e learning. These gaps must be addressed without delay. Follow-up refresher dates for TCI modules had been scheduled to take place.

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

Compliance with standards	
Practices met the required	**Not all standards under this theme**

standard	**were assessed**
Practices met the required standard in some respects only	**Standard 6.4**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure that training in the centre's revised model of care is delivered to all staff as a priority.
- The registered provider must ensure that where gaps exist in core training for staff, it must be completed as soon as possible.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
4	The centre manager must ensure that each child's file contains their immunisation records.	On the 28.03.23, the centre manager requested immunisation records for the young people resident in the centre. Should there be a delay on receiving this information, the centre manager will continue to follow up on this until received and on file.	Pre-admission checklist details all documents required prior to a young person being admitted to the home. Immunisation records are required as part of the pre-admission process. Absence of these records will be requested by centre manager as priority to the relevant social work department/guardian. An escalation process is in place whereby should these records not be made available following a number of requests made by home manager this will be escalated via regional management as necessary to support with acquiring the documentation. As part of the Compliance Managers role, they will complete a review of all young people to ensure immunisation records are on file. Where this is not the case, they will

			audit to ensure the aforementioned escalation process is being followed.
6	The centre manager must ensure that training in the centre's revised model of care is delivered to all staff as a priority. The registered provider must ensure that where gaps exist in core training for staff, it must be completed as soon as possible.	The model of care documentation was updated in September 2022 in line with the homes statement of purpose & function. With immediate effect the Head of Care will ensure that training with the team is completed on same at their next team meeting on the 21.04.2023. All staff members will have completed child protection mandated training by 11.04.23. Staff member's outstanding Children First eLearning will have this completed by 07.04.23. Onsite fire safety training has been scheduled to take place on the 21.4.2023 for all staff members.	Training on the model of care is included in the staff induction programme. Going forward the management team will ensure that the model of care is reviewed via quarterly team meetings and group supervision twice yearly. The training department maintain details of all staff training records and dates refreshers are due. These are communicated to the home manager on a monthly basis to ensure staff are booked in to receive training with ample notice of training falling due. Centre manager will ensure they facilitate staff availability to attend required mandatory training when completing the rota. The organisation's compliance manager as part of their role, will review staff training records to ensure that any deficits in mandatory training are identified and escalated.