TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 020

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Ashdale Care Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**2nd, 3rd & 7th of July 2025**
Registration Status:	**Registered from the 31st of March 2023 to the 31st of March 2026**
Inspection Team:	**Eileen Woods** **Lorraine Egan**
Date Report Issued:	**27th August 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 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 31st of March 2008. At the time of this inspection the centre was in its sixth registration and was in year three of the cycle. The centre was registered without attached conditions from 31st March 2023 to 31st March 2026.

The centre was registered to provide a multi-occupancy service to accommodate four young people aged from ten to seventeen years old. The model of care was attachment and trauma informed with the availability of psychology, art psychotherapy, education and occupational therapy. The centre operated the CARE framework (children and residential experiences, creating conditions for change). There were two 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
1: Child-centred Care and Support	1.6
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 31st of July 2025. 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 of August 2025. This was deemed to be satisfactory and the inspection service requested and then received evidence of the issues addressed. The centre had not met the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 and as part of the response to this report provided written evidence of the planned commencement for new staff.

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: 020 without attached conditions from the 31st of March 2023 to the 31st of March 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
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.

This was an unannounced inspection and inspectors found upon arrival that the centre was well presented, with staff and management present and young people already in their summer camp and summer job routines. All were welcoming to the inspectors and the premises and grounds showed good improvement from the previous year's inspection which took place in April 2024.

From the observations of the daily plans on the office notice board onwards into the young people's folders as well as meeting one of the two young people it was clear to inspectors that young people were consulted with and were doing the things they wanted to do for the summer. This could be seen in the young people's meetings, in one to ones and key working and their placement plan consultations with staff. There was evidence of working with the young people to gain their input on their experience of their life at the centre through feedback forms and there was also evidence of consultation and preparation prior to their statutory care plan meetings. One social worker outlined the ways in which the centre advocated for the young person and supported them. Inspectors found that there were gaps in copies of monthly child in care reviews on one file, the social worker stated that to their knowledge these had been sent, and the centre manager must ensure that these are printed and placed on the file. The last on file at the centre was February 2025 and the social worker understood that all up to May of 2025 had been supplied to the centre, copies were supplied by the centre manager for inspector review after follow up.

The young people's comments, requests and feedback were well recorded, in their own words and acted upon. Inspectors found that the young people's meeting document was particularly well designed and used in an open format which seemed to engage both young people well. In February of 2025 the number of young people reduced to two and no new admissions had taken place since then. This has afforded the current young people opportunities to adjust to several changes in centre

manager and in recognition of the staff challenges, this will be discussed under standard 6.1 of this report. The evidence supported that this current arrangement of two young people in placement was a positive response to changes and one young person stated that they found this very helpful.

During the inspection the inspectors were made aware of a number of issues through the complaints, significant event reports, staff feedback and centre records which related to ongoing episodes of young people targeting of staff and also between peers. Some elements of these reported issues were evident on records others less so and it was difficult for inspectors to determine the status of one young person's impact on another. It is important that these issues are clear and tracked on file and whilst there were actions and awareness this must be better represented by accurate up to date tracking.

In relation to issues around staff raised by young people in complaints and during incidents these were addressed as much as possible where a young person was happy to co-operate with the suggested complaint resolutions. Where clear discriminatory and negative targeted behaviours were expressed towards individual staff by young people this was named and attempted to be addressed but this was still an active area requiring ongoing intervention. Staff drew a connection between these incidents and the amount of change in staff personnel at the centre.

There was evidence that the complaints policy was understood and implemented by staff. The staff team had trained in complaints through training modules, the provision of slides and team discussion. The centre manager stated that they had focused on making improvements in policy knowledge and implementation. Inspectors found that the staff were not clear as to who external to the centre management might track complaints, trends and support responses and this would be good to revise with them.

Complaints were recorded and reported in both categories, notifiable and non-notifiable. The young people got regular, updated information and promotion of consultation and complaints as routes open to them. They had been informed about Tusla feedback and concerns procedures Tell Us and the advocacy group empowering people in care, EPIC, had regularly visited the centre. Their young person's booklet had been revised with them and visual and other helpful tools used to best suit the learning and communication style of a young person. Both young people had social workers and guardian ad litem, (GAL) who were made aware of any complaints. This applied also to non-notifiable in the case of one young person.

Inspectors reviewed records of complaints and the complaint register. The individual records of complaints were found by inspectors to be incomplete in places, they lacked detail and were not well linked to the various communications and actions that took place. Aspects such as social worker input and closures of complaints along with the young people's views of same were not always recorded or stored together in a cohesive way. What inspectors could see, through other records on file, was that the centre management were supportive to young people during complaints procedures, striving to address them fully and taking steps to resolve matters whilst holding respect and regard at the centre of the processes.

Where it came to describing how complaint outcomes may have influenced practices and changes at the centre staff struggled somewhat in identifying this. Despite this it was clear to inspectors that the management had brought inconsistencies to the teams attention and all had been briefed in what actions were in place following a complaint resolution. More serious complaints were being addressed by management through formal probation processes with specific goals and actions.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all areas under this standard were assessed**
Practices met the required standard in some respects only	**Standard 1.6**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required

- The centre management team must review all complaint records to ensure that the recording and follow up through to outcomes are in place and recorded.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Since the last inspection in May of 2024 there have been three changes in centre manager. Two had left their post and the current centre manager was appointed in March of 2025 having started as the centre deputy manager in November of 2024. They were suitably qualified and experienced for the role. The organisation had appointed a professional support manager to oversee the centre with a presence in the centre from late 2024 with decreasing time going from three days downwards as the new centre manager settled into their role. There were good records of the two managers working together on matters relating to the day to day running of the centre, team meetings, cover of leave and formal intervention in staff practice concerns.

A new centre deputy manager had commenced in post in late June 2025 and they and the centre manager had delegated tasks between them, reviewing as they progressed through this initial phase. The delegation of tasks were displayed on the office notice board and other staff had named responsibilities as part of this. Tasks assigned and workload had been reviewed earlier in the year when the impact of the number of tasks was reviewed. Staff also told inspectors that professional development plans had been developed in 2025 and that they were working towards specific goals.

The centre management team of manager and deputy manager were supported by two social care leaders from a core team of five staff, deficits in staffing numbers are discussed under standard 6.1 of this report. In the month of June the centre began to transition onto a digital recording system for daily logs, key work, individual work to gradually include all aspects of the young people's files. The majority of the inspectors review was of the hard copy records and on these the evidence of the centre managers and the professional support managers oversight, commentary and direction was evident. The staff team were very familiar with both managers and understood the temporary nature of one during that transitional phase. The centre manager named the positive impact of having that support in moving from a deputy

manager role to a manager role and prior to that in a period when there was no appointed manager from January to March 2025.

Inspectors found that the centre manager had taken on the tasks associated with their role through a positive and teaching approach. They were realistic and transparent about the challenges and also identified to inspectors the opportunities for growth and was focused on those. The routes to achieving those goals relied on the lower occupancy, the recruitment of staff, the provision of training, external management support and team building as the team increases. Inspectors found that the departments within the wider organisation were supportive of the centre in these goals. As stated at the beginning of this report the centre premises and grounds evidenced improvements. Staff identified that the mix of young people had been a significant issue in the preceding two years or more and they hoped as part of raising this that the current organisational response will include a review of preadmissions and group risk assessments for the centre. The staff team were positive regarding the new management team and were hopeful that it will be stable and long lasting

The organisation completed centre audits with one having been completed across all eight national standards in June 2025. Within this the inspectors observed similar findings related to records of complaints. The centre manager was tracking responses to previous inspection report and internal audits through their governance folder and a tracker. Inspectors found that the centre manager was familiar with the action plan from the last inspection report and was able to point to the actions that had been completed. Inspectors identified during this inspection that in common with the previous report there remained areas for improvement in key working, record keeping and placement plan content and updates. The centre manager was aware of this and had identified training needs around it and discussions took place at team meetings. They reviewed the progress around these action plans with their regional manager. Upon arrival at the centre inspectors coincided with a quality assurance and compliance visit from one of the organisations auditors.

During the period of transition when joint manager support was in place the regional manager decreased some of their direct work with the centre, this has since resumed. The regional manager continued to receive and review the centre governance reports monthly, the significant event reports and liaised with the HR and recruitment team to highlight the centres need for staff. They also held monthly manager support meetings, these generated actions and persons assigned with follow up month to month on completion.

Inspectors found that supervision has been taking place, and those records evidenced clear communication and direction to staff around daily therapeutic care, improving and strengthening key working and policy and procedure knowledge. The provision of that supervision had been shared by the two managers and will now move to the centre manager and their deputy in due course. Where young people complained or identified issues in staff practice inspectors observed actions initiated by the managers with records on file. Inspectors found that the young people had been through significant changes within the placement and it is important that issues in practice, where they occur, are identified early and actions put in place to enhance direct practice.

There was a risk management policy and framework in place. The centre manager maintained a centre register on which they were identified as the risk owner, the use of a matrix was employed with the measurements revised following the implementation of controls and mitigations. The inspectors found that when compared to the actual risks on file and the various individual risk assessments, individual crisis support plans, safety plans and positive behaviour support plans that the ratings, relevant to this areas, were low on the register. This did not present an accurate reflection of the known, ongoing or newer challenges, for example online risks, targeting of staff and peer to peer exposure to incidents and language. It did not adequately reflect staff awareness of the impact of significant staff loss and a lack of continuity and inconsistencies in practices and how this may have been a trigger for incidents either.

The centre manager should review the scoring and approach keeping in mind congruity with the actual positive impact of interventions to date so that scoring can reduce accurately in line with real impact. Alongside maintaining the risk register the inspectors could see where review of risks was brought for discussion to the team meetings. The centre staff when asked were unsure how the centre risk register interacted with organisational response of escalation where required and this would be positive to update staff regarding.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all areas under this standard were assessed**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required

- The centre management must review the ratings of items within the risk register in line with the known challenges in the centre including staffing numbers.

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.

On the first day of this unannounced inspection there were 5 full time staff, one part time and one onboarding, inspectors were informed that there was limited access to relief staff within the region due to demand. The centre manager could and does rely on staff from sister centres along with regular relief to create the roster. The actual number of staff remained in flux due to changes and other actions that had to be taken related to staff practices. Other types of leave alongside annual leave required roster management from the centre manager also. On occasion they or the deputy manager provide cover for shifts. The manager told inspectors that they plan fifteen days in advance at the moment in roster planning until such time as the team expands.

This has resulted in the centre being in noncompliance with the 'ACIMS regulatory notice on minimal levels of staffing and qualifications' with the minimum number of staff required being management plus eight full time staff in order to meet the

relevant regulation Child Care (Standards in Children's Residential Centres) Regulations, 1996, 7 Staffing. Of the team members in post, several were experienced and had been working at the centre for a number of years. Both the centre manager and the new deputy manager were also experienced within the company and therefore understood well the model of care and centre purpose and function. The staff team were all qualified and newly appointed staff were joining the team at the time of the inspection, but not at rate yet of reaching the minimum eight.

There was transparency across the records of the staffing challenges, the team and the young people had been given opportunities to discuss their experience of it and to keep them informed. Support services were also offered to staff should they wish to access them. The centre manager, staff and the young person who met inspectors all named in different but overlapping ways the impact of the changes. The staff and one of the young people named that it was difficult to hold consistency in key daily details that matter to the young people with different staff coming in to support the core team and that this had led to tensions between staff and young people. The team were clear that the young people's consistency in therapeutic and other supports such as the company teachers and summer camps as well as social events have been vital for the young people's progression along with family access, friendship family and their social workers and GALs. One young person said it is hard the number of staff who have come and gone from the centre and the numbers needed from other houses or agency to run it currently. They liked the management and some staff and stated that they were supported and able to get on with their positive things in their daily life and activities.

Alongside the difficulties that were posed by the changes a staff identified to inspectors the positives that keep them in the centre included the progress they saw in the young people, their achievements. Staff also noted the support they received, that they were heard and that their professional development was being responded to.

There was tracking of staffing through the governance reporting and training gaps that had arisen were on the risk register and plans were in place to address them in due course. There were guidelines in place for agency staff and differences in training around what they can and cannot do on shift such as administration of medications and any form of physical restraint. There was double cover on the rosters and there was a lone working policy, particularly at weekends when staff were lone working for long periods of time. The staff on duty had to take account of the different levels of training on duty and the tasks that could or could not be done by each. There were

detailed daily plans in place for the young people and the centre manager was certain in their view that two staff was enough. Inspectors found as stated, that there was some resistance on behalf of the young people to some staff. Whilst there were plans in place that somewhat identified and addressed this inspectors found that the staff required a refresher on the lone working and anti-discriminatory practice approach for the centre.

There was an on-call system in place with a clear set of guidelines and policy in place. On call was shared by centre managers, deputies and social care leaders for a cohort of identified centres. On call managers in other regions support each other and senior team members were available as backup should s critical incident occur.

Compliance with Regulation	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

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

Actions required

- The registered provider must ensure that the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings August 2024.
- The registered proprietor and centre manager must ensure that the staff have the additional information and resources they require related to lone working and anti-discrimination interventions and strategies in the workplace.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre management team must review all complaint records to ensure that the recording and follow up through to outcomes are in place and recorded.	With immediate effect, all complaint records have been reviewed in full in collaboration with the Regional Manager and the Home manager. As part of this process, the Complaints Policy will be revisited with the entire team during a team meeting on 19.08.2025 to ensure a clear understanding of the required procedures. Additionally, the Regional Manager has discussed the policy in detail with the Home Manager on to reinforce the importance of appropriate recording, follow-up, and outcome documentation.	A schedule of audits has been implemented to review the complaint records and ensure ongoing compliance with the Complaints Policy. In addition, home management will review the complaints policy and procedure at team meetings for all staff. This will support continued awareness and adherence to the correct procedures for recording, follow-up, and documenting outcomes, reducing the risk of future non-compliance.
5	The centre management must review the ratings of items within the risk register in line with the known challenges in the centre including staffing numbers.	With immediate effect, the risk register has been reviewed by the Home Management Team on 04.07.2025 to ensure that the ratings assigned accurately reflect the current challenges within the centre, including staffing levels. This	The risk register will continue to be monitored and updated regularly to maintain an accurate and responsive risk management approach. Regional manager will complete a schedule of reviews of the risk register to satisfy that

		review has resulted in updates to the register, and all identified risks have been reassessed to ensure their ratings are proportionate and reflective of the present circumstances	all risks are identified and rated correctly.
6	The registered provider must ensure that the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings August 2024 The registered proprietor and centre manager must ensure that the staff have the additional information and resources they require related to lone working and anti-discrimination interventions and strategies in the workplace.	Home management has worked closely with the organisation's recruitment team to address staffing needs within the home. With new recruits allocated to the home, the home is now in compliance with regulatory staffing requirements. To ensure staff are fully supported in relation to working alone and anti-discrimination practices, the Working Alone Policy will be revisited with the team during the scheduled team meeting on 19.08.2025. This will provide an opportunity to review procedures, clarify expectations, and address any staff concerns. To further support staff, access to the	A proactive workforce planning process is in place, including regular reviews of staffing levels and ongoing collaboration with the recruitment team to identify and fill any potential staffing gaps in advance. As part of the organisation retention strategy, additional support measures are being put in place with the aim of increasing retention of staff. The Working alone policy has been reviewed by the policy and procedures working group on 20.05.2025 and this will be discussed at team meetings to ensure continued awareness. Staff will receive regular supervision, with additional sessions provided as needed to offer further support. The Staff Care service will be promoted consistently to encourage proactive use and provide support to the

		organisation's Staff Care service continues to be available and actively promoted. In addition, focused key work sessions will be carried out with young people to address anti-discrimination, promote awareness, and reinforce positive engagement. All staff will continue to receive supervision in line with organisational policy, and where required, additional supervision sessions will be arranged to provide further guidance and support around these areas.	team. Key work on anti-discrimination will continue with young people to maintain a respectful environment.