An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 100

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Ashdale Care Ireland**
Registered Capacity:	**Two young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**10th, 11th, 12th September 2025**
Registration Status:	**Registered from 31st January 2024 to the 31st January 2027**
Inspection Team:	**Cora Kelly** **Lisa Tobin**
Date Report Issued:	**13th November 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 January 2006. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st January 2024 to the 31st January 2027.

The centre was registered as a dual occupancy service to provide care for two children aged nine to sixteen years on admission, on a medium to long term basis. The centre had a clear statement of purpose that stated its therapeutic practice model was trauma and attachment informed based on six models; developmentally focused, competence centred, family involved, trauma informed, relationship based and ecologically orientated. There were two children 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	2.3
3: Safe Care and Support	3.2
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 and the two allocated social workers. Inspectors informally met with the children with one child completing an inspection questionnaire. 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 26th of September. There were no issues requiring action identified in this inspection and report therefore no corrective and preventive actions (CAPA) was required. Centre management were afforded the right to identify any factual inaccuracies in the draft inspection report of which there was two that were reflected in the report.

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: 100 without attached conditions from the 31st of January 2024 to the 31st of January 2027 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 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The property was located in a rural location close to a town with good amenities. The design and layout of the premises was suitable for two children living there in a safe, comfortable and homely environment. The centre was clean, warm and adequately lit with ample communal living spaces and privacy for the children. A daily cleaning rota was in place that covered all areas of the house. There was adequate furniture throughout with an appropriately equipped kitchen and laundry facilities in a separate utility room.

It was evident that the views of the children were included in the upkeep of the centre. The living environment allowed for comfortable rest and recreation with suitable and age appropriate indoor and outdoor recreational opportunities available too. This included for example a jungle gym, a trampoline, goal posts and a gardening area all of which were suitable for the children. Whilst risk assessments were completed for these activities the inspectors identified that for the safer use of the trampoline steps were required. The centre manager purchased the steps immediately.

Each child had their own bedroom with one of the bedrooms ensuite. A bathroom was next to the other child's bedroom. Through questionnaire and in person both children said they were happy with their rooms and had what they required. There was evidence of items being purchased according to the children's wishes.

The inspectors found that the maintenance system was working effectively in ensuring that young people were kept safe and issues that required repair were responded to timely.

There was written confirmation that the centre was compliant with the requirements of fire safety legislation and building regulations. Fire safety information was contained in the centres fire safety policy and health and safety statement. A staff member was the appointed fire safety and health and safety officer. They had yet to be provided with training appropriate to the role. A date for same was not furnished to the inspectors. All staff had been provided with fire safety training. There was evidence of firefighting equipment and the fire alarm system being serviced by an external company and information on fire evacuation procedures were on display in the property. Staff held responsibility for conducting daily and weekly fire checks. The centres external auditor had found deficits regarding this practice in an audit conducted in May 2025. The deficits had been addressed with the centre manager, and the inspectors noted no further issues. Following assessment personal emergency evacuation plans were not deemed required for the two children living in the centre.

It was outlined in centre policy that fire evacuation drills must be conducted at least twice yearly, one of which must be conducted during the hours of darkness, and when there is a new admission or staff member. In line with its own policy, the inspectors found that a number of fire evacuation drills that had occurred to date this year and in 2024 were recorded in the fire register. A fire evacuation drill was held upon the admission of the youngest child earlier this year. The inspectors found that members of the current staff team had not participated in fire evacuation drills upon commencement of duties in the centre. Further, the full names of staff and children participating in the fire evacuation drills was not recorded nor were the times of the fire evaluation drills recorded. The inspectors could not determine if any drills occurred during the hours of darkness.

The centre had a site specific and up-to-date safety statement in place. Procedures for accident and incident reporting and management were included in the safety statement and the centres suite of policies and procedures. A review of the accident and injury register found that a significant number of reports were filed under 'person injured/ assaulted' over a nine month period in 2024. On further review by the inspectors, they related to minor injuries to staff during their work in the centre and did not require external reporting. In follow up with senior management the inspectors found that the management of the accident reports complied with the agencies root cause analysis protocol. For the children, accident injury report forms were responded to and managed appropriately and in line with requirements.

The staff team had been provided with First Aid Responder training. First aid boxes were in the staff office and in the centre vehicles with regular checks occurring ensuring all items were in place. The centres two vehicles were driven by staff who were legally licenced to drive the vehicles and evidence of tax, appropriate insurance and regular servicing was provided during the inspection. Weekly car checks were undertaken by staff. There was a record of a vehicle accident that had occurred in early 2024 with no reported injuries to the child or staff member that was travelling in the car. The accident predated the current centre managers time in the centre. A senior manager advised the inspectors that follow up work was completed with the staff at a team meeting in the weeks following the incident. Guidance on 'what to do in the event of a car accident' was observed on a team meeting record that was held earlier this year. This was a very clear piece of work and easy for staff to follow.

Compliance with Regulation	
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 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had a trauma informed model of care and policies that guided staff in the management of behaviour that challenged and promoted positive behaviour. Staff had been provided with model of care training refreshers of which were commencing for the first time in September 2025. Staff were also trained in a recognised model of behaviour management with refreshers occurring on a six monthly basis. In interview staff had a good understanding of the model of care along with the adverse early childhood experiences of the children and the impact of this on their overall behaviour. The organisations therapeutic support team had supported the two children both directly and indirectly through the staff team. Other training completed by staff included introduction to adverse childhood experiences and early trauma and becoming trauma aware. The inspectors found from their review of a number of significant event notifications (SEN's) that they were reported to relevant professionals in line with policy with internal reviews of SEN's and external significant event review group meetings occurring too as a learning mechanism.

It was evident that the children had developed good trusting and respectful relationships with staff. The stability of the staff team in recent months had enabled this to occur. Through questionnaire a child stated they felt that staff caring for them respected each other, that staff treated them well, listened to them and were easy to talk to. They also stated they were aware of what was expected of them living in the centre with information on this detailed in the centres young person's welcome booklet. Staff had developed good daily routines and structures for the children that was providing them with consistency, predictability and safety. In interview staff named that role modelling positive behaviour and utilising positive reinforcement were significant interventions in helping the children manage their behaviour. For the youngest child who was living in the centre seven months at the time of the inspection, they had settled into their placement following an initial period of dysregulation. The second child who had been living in the centre for a longer period of time was not presenting with challenging behaviours in the centre. Areas of staff focus included helping the child to keep safe and manage their behaviour in the community. Centre records evidenced that child led practices were helping the

children express and understand their feelings and emotions. Key working sessions were found to be age appropriate and respectful of the children's views.

In the absence of an up-to-date care plan for one of the children and delays in care plans being provided for the other child staff were actively supporting the children with their emotional well-being and behaviours. To support staff practices individual support plans were in place for each child. These included a positive behaviour support plan (PBSP), an individual crisis support plan (ICSP), an absence management plan (AMP) and an individual risk management plan (IRMP). The inspectors found that the practices aligned to the implementation of ICSP's complied with policy. Each child's known risks were detailed in IRMP's that were regularly reviewed. The IRMP's included an initial rating for the potential risk, however with the inclusion of interventions to reduce the level of risk the rating remained unchanged. The centre manager informed the inspectors that they were aware of this and was in the process of addressing it. It was evident that safety plans were developed when deemed required.

There was a number of restrictive practices in place that allocated social workers were aware of. It was recorded across a sample of team meeting records reviewed by the inspectors that restrictive practices were discussed and reviewed. However, this was not evident on the restrictive practice assessment forms held on the children's care records. The inspectors found that some of named restrictive practices were not deemed restrictive practices, for example supervised family access which was a social worker direction. Deficits in the management of restrictive practices was identified during an audit completed around the centre's approach to managing behaviour in July 2025. The inspectors recommend that the regional manager and compliance officer places more focus on overseeing and monitoring restrictive practices in the centre until practice complies with operating policy.

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

Compliance with standards	
Practices met the required standard	**Standard 3.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None identified.

Regulation 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 care plan held on file for the youngest child was updated following a child in care review (CICR) held in July 2025. An up to date care plan was not provided to the centre following the last child in care review held in August. It was evident to the inspectors however that some health related actions in the care plan were ongoing at the time of the inspection. The allocated social worker agreed with the inspectors they would follow these up at the child's next CICR that was scheduled to occur shortly after the inspection, and in consultation with centre manager. It was evident that the child was being supported by staff with their specific health needs through the centres needs assessment, placement planning process, daily routines and trackers in place to monitor some physical health issues.

For the second child, their care plan was outdated by one year as the CICR that was scheduled to take place in February 2025 was cancelled by the social work department. It was set to take place the week following the inspection. The centre manager, staff and allocated social worker stated that the child was in overall good health with no significant presenting health issues. They were attending dental services regularly and had recently changed GP, a decision made in the best interests of the child. Efforts had been made for the child to access psychological services. To promote independence the inspectors found that staff were supporting the child with self-administration of a medication.

Records were appropriately maintained for visits to medical professionals for both children as were medical and health related records from birth. There was evidence of the children being involved in making decisions about the care and support they received and both had medical cards.

The inspectors found that the policy on the safe administration of medication management was reflected in practice. The staff team had been provided with training in the safe administration of medication. There was evidence of the children's right to refuse medical treatment being respected with refusal documented. Records of medicine-related interventions were kept in a safe and accessible place. Information of the rights of drug administration was held on the children medical folders along with records of the administration of medication as prescribed. Regarding medication errors that had occurred, incidents that did not pose any harm to the children, it was not clear how they were responded to and managed. The inspectors recommends that the centre managers review this and ensures going forward such incidences are managed appropriately.

There was two different administration of medication records on the children's care records and there was a lack of information regarding the medications prescribed for one of the children on their medication folder. The centre manager needs to review this to ensure the new medication records are completed and relevant information is stored on the children's care records. On review of a medication audits, that included counts of medication, it was found that any identified actions were addressed.

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

Compliance with standards	
Practices met the required standard	**Standard 4.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None identified.