



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 173

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	17th, 18th and 19th February 2025
Registration Status:	Registered from the 1st of May 2023 to the 1st of May 2026
Inspection Team:	Cora Kelly Mark McGuire
Date Report Issued:	1st May 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 4: Health, Well-being and Development, (Standard 4.1 only)	
3.2 Theme 5: Leadership, Governance and Management, (Standards 5.3, 5.4 only)	
4. Corrective and Preventative Actions	14

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 1st of May 2020. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 1st of May 2023 to 1st of May 2026.

The centre was registered to provide a multi-occupancy service to accommodate four young people aged ten to seventeen on admission. The core aims of the centre were to provide care, safety and stability in a homely setting with the model of care as providing specialist residential care through a person-centred therapeutic service to young people with complex emotional and behavioural problems. There were four 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
4: Health, Wellbeing and Development	4.1
5: Leadership, Governance and Management	5.3, 5.4

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, two allocated social workers and other relevant professionals. Inspectors had the opportunity to speak with one of the children. 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 14th March 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 director of operations returned the report with a CAPA on the 28th March 2025. 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: 173 without attached conditions from the 1st May 2023 to the 1st May 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centres' approach to promoting, protecting and improving each child's health, well-being and development was incorporated into a number of policies. As the inspectors were not provided, as part of the inspection process, with a set of the centres current operational policies and procedures as part of this inspection the set of documents submitted during the last Alternative Care Inspection and Monitoring Service, (ACIMS) inspection of the centre in May 2024 are referred to in this report. These included policies on general physical health, children's rights, consultation with young people, care planning, placement planning and key working. On their review of individual care files and interview with staff, the inspectors found some evidence of staff implementing procedures in the policies above. They further identified that work was necessary to ensure that each child was achieving their overall well-being and development potential. Greater attention is required to connect and improve the systems in place to guide staff in these areas.

The inspectors were not able to track the progress made by the children across the areas of health, well-being and development in a specific period of time. There was a disparity in the detail recorded in each child's individual placement plan (IPP), the action plan within the IPP document, key work planning worksheets, and key work performed. Individual goals were not linked to actions within statutory care plans with specific interventions to meet goals not identified. In line with the centres statement of purpose there was little evidence of the organisation's therapeutic support team (TST) having a role in supporting the children either individually and/or influencing staff practices. There were significant gaps in time frames in each child's IPP being reviewed. The practice of conducting monthly progress reviews as part of the IPP process had ceased with no reason for this cited to the inspectors when addressed with centre and senior management. Senior management informed the inspectors that these deficiencies had been identified and that they were actively working to improve placement planning procedures. The inspectors had received no

documents at the time of this report to confirm how this work was to take place and be implemented.

The inspectors found that the children's general day-to-day well-being needs were being met. Each child had opportunities to engage in hobbies and extracurricular activities of their choice. Homecooked nutritious meals, snacks and drinks were provided everyday with the children having the option to cook meals for themselves with the support of staff when required. At the weekly young people's meetings each child had the opportunity to request their preferred meal choices. Health and medical appointments were scheduled as required with visits facilitated by staff. It was evident that the young people were supported with their education and training/employment and progress had been made for three of the children with the fourth child having left education some time ago and was struggling within their placement. The inspectors suggest that more attention is given to addressing the particular health needs of the two youngest children and how they are to be met. For the two oldest children, both aged 17 and half years of age, there was little evidence of significant work being done to develop their independent living skills and their overall health and well-being for example diet and nutrition, the use of illegal substances, mental health, self-care, safe relationships and sexual health and well-being.

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 4.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior management must ensure that effective placement planning procedures are implemented to ensure that each child's health, well-being and development needs and progress can be tracked and documented.

- The centre manager must place greater focus and prioritisation on the health, well-being and development needs of the children preparing to leave care so that they possess the skills they require for independent living.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

There had been no changes to the centres statement of purpose (SOP) which was last reviewed in August 2023 with the inspectors advised that there was no timeframe for when a further review would be undertaken. There was no evidence provided to the inspectors of the SOP being reviewed as part of the centres governance arrangements. The statement was publicly available in the centre with information contained in the young person's booklet and parents information booklet. In interview inspectors found that staff were unclear on the age ranges the centre catered. The SOP was found to have included detail on the aims, objectives, and ethos of the centre, as well as the day-to-day operation of the centre.

All aspects of the organisation were identified in the SOP as well as the therapeutic services available to the young people which included art therapy, occupational therapy, psychology and teachers. The inspectors were not informed of any bespoke training provided by the TST with staff in response to the needs of the children. One of the children living in the centre was receiving direct support from the TST on an ongoing basis without review. Through interviews with centre and senior management and staff, they could not name to the inspector's the purpose of the therapeutic intervention. This information could not be accessed on the child's care file either. The therapeutic supports being received by the other children was directly through staff interaction and their therapeutic training. The training aspect could not be verified by the inspectors as information on mandatory training completed by staff which included model of care training was not provided as requested to the inspectors as part of the inspection.

In interview two allocated social workers stated they were not familiar with the centres SOP with one social worker not aware that their allocated child could access

direct services provided by the TST. At the time of the inspection, they were pursuing external therapeutic support.

The organisation and centre used the trauma informed and principle based Children and Residential Experiences model of care (MOC) and a recognised model of behaviour management to guide their work with the children with information on these detailed clearly in the SOP. To support its implementation one of the six principles of the MOC was assigned each month at management level within the company for implementation by the centre manager in the centre. Staff's understanding of the MOC required improvement; from interview and the review of centre and the children's care files inspectors did not get an understanding of the tiered model system, the care principles and of TST interventions and how it was implemented on an everyday basis. The inspectors identified the need for more detailed reflections and discussions on the MOC at team level and how it's to be implemented to ensure it's meeting the needs of the children. A review of the organisations implementation of the MOC is scheduled for this year by Cornell University who designed the model.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

At organisational level there was evidence of efforts being made to improving the quality, safety and continuity of care for children. At centre level, management had specific oversight, review and monitoring responsibilities with oversight, direction and guidance provided directly and indirectly by the organisations senior operations management team at management meetings and IPP meetings for example. The senior management operations team consisted of a director of operations, a dedicated regional manager, the director of therapeutic support, the TST, the head of training, referrals & discharge manager and SEN team, the director of governance and quality assurance and the compliance manager.

The centre manager reported to a regional manager as their line manager. They kept them informed of the operational running of the centre and provided them with weekly operations reports that included updates on the children and plans for them. Feedback from the regional manager on any aspect of these reports was not evident across a sample of the reports reviewed by the inspectors. The centre manager held responsibility for ensuring that staff were provided with regular supervision where staff practices were reviewed along with typical supervision agenda items. A system was in place for this. Team meetings were held regularly, and attendance was good

overall. Complaints, incidents and concerns were standing agenda items for discussion these meetings. On their review of a sample of team meeting records the inspectors found that there was a lack of recording across these and other specific areas that reflected learning and identified improvement in care practices. There was a lack of recording of internal and external audits conducted too.

The inspectors were informed that auditing arrangements for assessing care provided in the centre against the National Standards for Children's Residential Centres, 2018 (HIQA) were in place. These included the organisations compliance manager conducting external audits with the centre manager conducting monthly self-audits. The inspectors were provided with one external audit, on health and safety, and two self-audits. The centre manager and senior management failed to provide all audits completed since the last ACIMS inspection in May 2024. The regional manager informed the inspectors that the compliance manager issued monthly themed audits but that the arrangements were under review to ensure that a more focused approach was implemented and that audits are relevant to current issues or concerns in centres.

The inspectors were provided with the centre's annual review of compliance that covered the period from September 2023 to August 2024. The report was essentially a full audit against the national standards with 'improvement plan' and 'action plan' sections throughout. It appeared a standalone document with the inspectors unable to arrive at conclusive findings as to its purpose as there was no service improvement plan with it.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.3 Standard 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that timeframes for the review of the centres statement of purpose are set and are familiar to those holding management positions.
- The registered provider must comply with the requirement that centre staff are trained and familiar with the centres model of care.
- The regional manager and centre manager must ensure that the audits completed involve a review and evaluation of the statement of purpose to ensure that services being delivered are in line with what is detailed.
- The regional and centre manager must ensure that team meeting minutes are robust and reflect discussions and learning to include feedback from audits conducted.
- The registered provider must ensure that auditing arrangements that evaluate the safety and quality of care provided in the centre in accordance with the National Standards for Children's Residential Centres, HIQA (2018) are implemented.
- The registered provider must ensure that clear procedures underpinning the purpose of the annual review of compliance are implemented to promote improvements in work practices and are outcome focused.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	<p>Senior management must ensure that effective placement planning procedures are implemented to ensure that each child's health, well-being and development needs and progress can be tracked and documented.</p> <p>The centre manager must place greater focus and prioritisation on the health, well-being and development needs of the children preparing to leaving care so that they possess the skills they require for independent living.</p>	<p>With immediate effect, regional management as part of home visits will review young people's plans with home management to ensure all aspects of care are being supported and progress monitored.</p> <p>By 18.04.25 a full review of each young person's plan for leaving care will be completed by keyworkers and home management that with focus on health, development and wellbeing to support them for independent living.</p>	<p>A full review of the placement planning policy that includes processes, documentation and tracking of progress is in process and plans to be finalised by 30.6.25.</p> <p>Home management will ensure the focus on aftercare plans incorporates more information in these areas going forward. Regional manager as part of planned monthly visits will temperature check plans to ensure these are reflective of all care needs. Quality and Assurance manager will review aftercare plans as part of scheduled audits.</p>
5	The registered provider must ensure that timeframes for the review of the centres statement of purpose are set and are familiar to those holding management positions.	With immediate effect, communication has been issued out to confirm annual reviews of the statement of purpose (SOP) to all homes.	Communication will be shared with all homes regarding the schedule of updates for the SOP.

	<p>The registered provider must comply with the requirement that centre staff are trained and familiar with the centres model of care.</p>	<p>All staff have completed training in the model of therapeutic care. At time of inspection one staff member was outstanding this training, this was completed 17.02.25.</p>	<p>As part of induction to the service, training in the model of therapeutic support is provided. Home management as part of their supervisions will revisit the model with staff and monitor practice in the home to ensure it is in line with our model of therapeutic support.</p>
	<p>The regional manager and centre manager must ensure that the audits completed involve a review and evaluation of the statement of purpose to ensure that services being delivered are in line with what is detailed.</p>	<p>By 25.04.25 the home manager and regional manager will conduct a review of the SOP to ensure all services being provided are aligned.</p>	<p>As part of quality and assurance managers audit in the home, they will conduct a review of the SOP to satisfy themselves that the services being provided are inline.</p>
	<p>The regional and centre manager must ensure that team meeting minutes are robust and reflect discussions and learning to include feedback from audits conducted.</p>	<p>25.03.25 a meeting was held with the team to review audits and learnings shared.</p>	<p>Going forward, actions and learnings identified from audits will be shared with the team via team meeting and or informal supervision.</p>
	<p>The registered provider must ensure that auditing arrangements that evaluate the safety and quality of care provided in the centre in accordance</p>	<p>The quality assurance (QA) team conduct a minimum of two external audits annually per home: a full audit covering all themes of the national standards and an annual</p>	<p>The audit schedule is shared with all home managers and regional managers to ensure transparency and accountability. Regional managers will oversee the quality of self-</p>

	<p>with the National Standards for Children's Residential Centres, HIQA (2018) are implemented.</p> <p>The registered provider must ensure that clear procedures underpinning the purpose of the annual review of compliance are implemented to promote improvements in work practices and are outcome focused.</p>	<p>theme 3 audit. Self-audits (8 per year) are issued by the QA Manager and completed by home managers. Action plans are developed following audits, with clear improvement timelines of 1 month. Home managers will ensure that the completed action plans are evidenced in their governance folders going forward.</p> <p>With immediate effect, the Annual Compliance Review (ACR) will be updated annually to incorporate improvement actions, required resources, and clear timeframes for each theme. The process will include consultation with staff and close collaboration with the management team to ensure the development of realistic and actionable improvement plans. The home manager will be responsible for overseeing the implementation of the Quality Improvement Plan (QIP), ensuring that evidence of completion is provided and that the QIP is fully integrated within the ACR, rather than being treated as a</p>	<p>audits, and the QA Manager will oversee the completion of them. Continuous review of audit processes, through management support meetings and interdepartmental meetings will ensure relevance to current issues or concerns in the homes.</p> <p>To prevent issues from arising in the future, a robust system of ongoing monitoring and accountability will be established. This will include regular reviews of progress against the Quality Improvement Plan (QIP) during management meetings (Quarterly). This process will be monitored during regional manager visits to the home to ensure consistent follow-through.</p>
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