



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 217

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	21st & 22nd of January 2025
Registration Status:	Registered from 17th February 2023 to 17th February 2026
Inspection Team:	Mark McGuire Lisa Tobin
Date Report Issued:	13th March 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 17th of February 2023. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 17th of February 2023 to the 17th of February 2026.

The centre was registered as a dual occupancy service to provide high-quality services to young people aged ten to seventeen years with complex needs and vulnerabilities. The centre's aim was to provide a physically, emotionally, and psychologically safe space in which young people can heal, develop, and move forward in their lives. At the time of inspection, the service was providing a single occupancy arrangement for one young person who was living in the centre in agreement with the National Placement Team in Tusla. This agreement was being reviewed regularly.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3
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 11th of February 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 21st of February 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: 217 without attached conditions from the 17th of February 2023 to the 17th of February 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

Theme 3: Safe Care and Support

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

Inspectors found that the centre staff had a clear understanding of the service's model of care, which emphasised a trauma-focused response and tiered interventions from the service's therapeutic support team (TST). Young people received tiered interventions ranging from non-directive support, guided by the staff team's care practices and behaviour management documents, to more direct one-to-one work offered by occupational therapy (OT) and art therapy professionals. Inspectors noted that all staff were trained in a recognised behaviour management model, which supported the model of care and was the centre's behavioural management approach. The centre also had policies in place for managing challenging behaviour and supporting behaviour change. These policies outlined the centre's approach to positive behaviour support, in addition to their model of care and behaviour management training.

Staff could outline some of the behaviour management policies in place; however, inspectors found that staff knowledge of policies was not strong in all areas, despite inspectors seeing evidence of good policy discussions in team meetings. Areas such as the intimate care policy needed refocusing given the young person's needs, along with associated safety plans. While these were sourced in the office post-inspection, staff needed to understand them and centre management need to ensure they were robust enough to ensure safety for the young person and staff.

Inspectors noted that good systems were in place to identify underlying causes of behaviours, along with intervention strategies. Documents were developed or had input from the service's clinical psychologist and were supported by the centre's individual crisis support plans (ICSP) and individual risk management plans (IRMP), addressing behaviours of concern for the young person residing in the centre. There was a notable reduction in some of the young person's behaviours of concern, as reported by staff and evidenced by a decrease in significant event notifications (SENs). However, a review of certain behaviours was warranted, with some staff noting to inspectors that they felt there had been an increase in some behaviours that

challenge. Inspectors saw how an external service had been supporting the centre and young person to understand and manage such behaviours, and their guidance offers an option to grade these behaviours in terms of severity. Inspectors noted that this grading system may help to see that the severity has, in fact, reduced. Inspectors recommend that the service consider using this colour grading system to track, review, adapt, and respond to the young person's needs and behaviours. The young person's Guardian ad Litem advised inspectors that this matter was discussed and planned for at the young person's child in care review shortly after the inspection had taken place.

Inspectors observed that the centre had access to specialist support and advice, and the services senior behavioural psychologist worked from a hub close by and had a frequent presence in the centre. The new individual therapeutic plan (ITP) document was found by inspectors to be very useful as an alternative to positive behaviour support plans, which inspectors were advised they now replaced. The external service that was involved had conducted training and support sessions with the team, with staff noting to inspectors how helpful they found this support.

Staff demonstrated a good awareness of the young person's needs and underlying difficulties, and their understanding was well supported by the service's TST. Inspectors noted that the impact of the young person's behaviours on centre staff could be significant and advised being mindful of becoming desensitised to issues such as the impact of challenging behaviours, including aggression. It was important to follow and review recommendations from both senior management and the external service to support the team in challenging circumstances and avoid burnout. However, it must also be noted that staff reported to inspectors feeling well supported by the service and centre management and that they were aware of how to access additional supports.

Inspectors found that safety plans for self-injury and self-harm were in place, but there was no additional training provided to staff on managing these issues, which will be addressed later in this report. Additionally, there was no safety plan specifically addressing the young person's health and safety matters related to biting and/or assault. This lack of a plan led to inconsistent responses from team members regarding how to manage such incidents and the promptness of notifying on-call personnel. This inconsistency was brought to the attention of senior management, who agreed to review the matter and develop a robust safety plan tailored to the young person's needs.

Inspectors also reviewed the risk ratings for some behaviours of concern and noted that these required review. High-risk and prominent behaviours of concern were rated quite low, despite their clear and apparent likelihood to occur and impact both

the young person and staff team. Centre management must review the risk management documents to ensure appropriate risk ratings are assigned in line with the service's risk management framework and that suitable responses and safety plans are adopted accordingly.

Physical interventions, while frequent at times, were well reviewed in significant event review groups (SERGs) and in consultation with the service TCI trainer to assess their necessity and appropriateness. They were also carried out as a last resort in line with the young person's ICSP. Inspectors also found that the reasoning behind them was clearly documented in SENs. The young person's allocated social worker informed inspectors that they were well informed when these interventions occurred, and they were always necessary and proportionate to ensure the safety of the young person and staff team. A sample of SENs reviewed showed that the team responded well to the young person's behaviours, being present and attentive to their needs during crises. From reviewing the SEN register, inspectors could also see how the need for physical interventions had significantly reduced in recent months. Both the young person's social worker and Guardian ad Litem attributed this reduction to the dedicated work of the centre team and the support from both the service's TST and external support services.

Inspectors observed the team responding effectively to the young person in the centre, engaging with them throughout the day and establishing boundaries and expected norms for behaviour, which would help with interactions with others. Peer interaction and socialisation were notable concerns for the young person, and the care team were observed modelling norms and behaviours that could assist their development in such interactions. While the young person was meeting other young people infrequently in the service's learning hub, inspectors recommend a renewed focus on this area requiring development to assist the young person in achieving their future goals. The young person's Guardian ad Litem echoed this to inspectors too, noting that while significant progress had been made for the young person to date, that there was a need to set clear goals for developing socialisation skills in the coming months before the young person re-enters mainstream education.

Inspectors noted that all the young person's behaviour management documents highlighted the negative impact of disrupting their space and possessions. Despite this, the service maintenance team had been cleaning the external property and disturbed an area the young person was using as an outdoor play area. This disruption led to the young person not engaging in planned activities to support them for two days. While inspectors understood the maintenance team's diligence in ensuring the property and driveway were clean, all agreed that the area in use by the young person did not require disruption. Centre and senior management assured

inspectors that this issue had been addressed with the maintenance team to avoid a repeat of the incident.

Inspectors found that the restrictive practices register and associated record sheets and documents were well-structured, with a good level of detail, including the proportionality of the practice and team consultation. However, the centre manager's records review conversation section was largely left blank in the restrictive practice record sheets. This section needs to be filled in with the same level of detail as captured in the restrictive practices register to ensure consistency, best practice, and to highlight learning outcomes.

Inspectors observed that the centre's fire extinguishers had been removed from their allocated points and placed securely in the staff offices and bedrooms. A risk assessment had been conducted in July 2024, and these were removed as they were being used as a weapon by the young person in the centre. However, inspectors noted that these incidents had been infrequent and that there had been no progress made to return the fire extinguishers to their allocated points in the centre. In addition, inspectors were made aware of a more recently observed behaviour of concern relating to the young person posing a risk in terms of fire-setting. Given the time that has passed since the initial risk assessment was conducted and the emerging risk of fire-setting, the current practice of storing extinguishers needs to be reviewed and robustly risk-assessed by centre management to determine the more pressing concern.

Inspectors saw evidence that in-house audits were being conducted to monitor the centre's approach to managing behaviour that challenges. The service's external auditor also carried out audits in this area, and inspectors noted that there was follow-through in identifying and addressing action items in subsequent audits, thus ensuring inconsistencies were addressed.

Inspectors also sampled the key working records for the young person and found that focused work was being carried out to support their understanding of behaviour that challenges and how to respect the rights of others. This work was being conducted at a pace advised by the service's TST and was proportionate to the young person's current ability to engage.

Inspectors found a committed team working well with the young person, and their allocated social worker and Guardian ad Litem informed inspectors that it was likely the most stable environment they had ever experienced. The young person's needs were noted by all as extremely complex, requiring a balance between supporting slow progress and preparing for matters such as school within timelines. Ongoing support and multidisciplinary team dialogue will be essential to continue supporting this

young person with positive behaviour change. However, their progress to date was noted by inspectors, and as the service changed its purpose and function from short-term to medium- to long-term care, they can and are now engaging the young person in more long-term interventions to support them further with positive behavioural change.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must review risk management documents ensure appropriate risk ratings are assigned and that appropriate responses and safety plans are adopted.
- Centre management must review and robustly risk-assess the current practice of storing fire extinguishers, considering the emerging risk of fire-setting, to determine the more pressing concern and ensure appropriate safety measures are in place.

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that the young person had complex needs and behaviours impacting their ability to engage in an educational placement. However, recent progress and continuing stability in the young person's placement had led to discussions with the Educational Welfare Officer (EWO) and relevant professionals to source and integrate them back into a formal education placement.

In the interim, the young person was supported by attending the service's learning hub. It was agreed by all that this arrangement was working temporarily as a replacement for formal education and helped reduce behaviours that were preventing them from realistically being in a formal educational placement. As noted earlier in this report, inspectors found that peer and socialisation opportunities were limited for this young person and recommended providing more group opportunities to help with socialisation. Increased socialisation opportunities could provide additional necessary preparation for a formal education placement. This was echoed by their Guardian ad Litem during an interview with inspectors, who also advised that this had been discussed at a child in care review post-inspection. It was being addressed in collaboration with the service's TST, the centre care team, and their allocated social worker to set realistic goals for developing this area in the coming months.

The service's learning hub provided education progress reports that showed the young person's engagement with basic maths and other subjects being covered in the learning hub. The young person had also begun engaging in activities that promoted some opportunities for peer interaction, and inspectors saw some evidence of how they were being positively supported to negotiate and manage interpersonal difficulties in this space. Progress and engagement in the learning hub were well-documented and proportionate to the young person's current, complex presentation.

Inspectors noted to centre management that the young person would likely benefit from an updated National Educational Psychological Service (NEPS) assessment, which may be required to find the most suitable educational placement. While not in formal education, the young person's previous school placement remained open, and centre management advised they would be liaising with this active school placement and the EWO to pursue this assessment further. The young person's Guardian ad Litem provided further insight post-inspection, advising that this had been discussed at the recent child in care review. It was being planned in consultation with the service's TST to ensure it was pursued at an appropriate time, once a current assessment being conducted by the TST had concluded.

Inspectors noted that the household routine regarding the use of an education tablet had reduced in recent months, and planned/focused work on educational activities was described as opportunistic rather than planned. While these changes had been implemented in consultation with the relevant professionals in the young person's life and through their care and placement planning, it is advisable to continue consulting with these professionals to support the young person's preparation for a return to school, hopefully in September 2025. This preparation should be incorporated into placement planning and direct work to give it the best chance of success. While the current level of intervention was directed by specialist supports

surrounding the young person, further review is advisable given the emerging goal of reengagement in formal education.

Compliance with standards	
Practices met the required standard	Standard 4.3
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 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.

Inspectors found that the service had policies and an induction process that outlined their commitment to continued professional development and ensuring staff completed mandated training in various areas. In the last inspection in November 2023, gaps in child protection training, which is a mandatory programme for staff, were highlighted. While inspectors found that in-person child protection training had been completed by all staff in 2023 and 2024, facilitated by an external provider, the online Children First module had expired for two team members and required refreshing. Other notable gaps in mandatory training were outlined in the centre's training log, including developmental trauma training (DTT), first aid, and mandated persons training. Recognised training on suicide and self-harm had been completed by only a minority of the group. Given the risks observed by inspectors in the centre and the associated safety planning mentioned earlier in this report, it was recommended that the team receive training on this. A link to the Health Service Executive (HSE) resource for this training was sent to the centre manager and regional manager, who agreed to follow up on it.

Inspectors saw evidence that staff received induction covering policies, procedures, and the centre's care practices. All staff interviewed as part of the inspection process spoke of taking part in a three-week induction process that covered those points as well as relevant training for their roles. They also received an onsite induction for the centre they were working in, which familiarised them with the young person and the centre's processes. Evidence of induction checklists for some of the team and key policies being reviewed and care practice in the centre was seen. The recent change in purpose and function was also discussed in detail with the team, and they were consulted on this prior to the change being implemented.

Training was scheduled and distributed to the team monthly through the rota, coordinated by the centre manager and the services training department. However, there was no training needs analysis (TNA) in place for the service. TNAs are beneficial for assessing current skills, identifying skill gaps, prioritising training needs, and evaluating training effectiveness. Although a training log was maintained for each team member, a more focused TNA format was needed. Inspectors noted that training was discussed in team meetings and that the team was supported in attending training. Therefore, creating a document that merges these processes could effectively address the lack of a structured TNA.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 7
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 6.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure all mandatory training is up to date. This includes refreshing the online Children First module for two team members, and addressing the other gaps in mandatory training, along with providing training on suicide and self-harm to the entire team.

- Centre management must develop a structured Training Needs Analysis (TNA) to assess current skills, identify skill gaps, prioritise training needs, and evaluate training effectiveness.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>Centre management must review risk management documents ensure appropriate risk ratings are assigned and that appropriate responses and safety plans are adopted.</p> <p>Centre management must review and robustly risk-assess the current practice of storing fire extinguishers, considering the emerging risk of fire-setting, to determine the more pressing concern and ensure appropriate safety measures are in place.</p>	<p>On 19.02.25 centre management reviewed the risk management documents and the associated risk ratings have been changed along with updates to associated safety plans.</p> <p>On 19.02.25 centre management reviewed the risk assessment of storing fire extinguishers off the floor and has implemented a plan to reintroduce these back on the floor to mitigate the fire setting risk. It is planned for all extinguishers to be returned to the floor by 30.02.25. This will remain under regular review.</p> <p>The young person's risk management plan will also be reviewed to ensure appropriate management of this potential risk.</p>	<p>Risk management documents will be reviewed by the regional manager as part of monthly visits to the home.</p> <p>The quality assurance manager will review risk management documents as part of their planned audits in the home.</p> <p>Where extinguishers have been removed off the floor for management of risk; a review of this control measure will be completed at minimum weekly.</p> <p>Regional managers will review the risk assessment as part of their monthly home visits to ensure this practice is implemented for the shortest duration of time and all alternative measures have been considered to reintroduce them back on the floor.</p>

4	None identified		
6	<p>The registered provider must ensure all mandatory training is up to date. This includes refreshing the online Children First module for two team members, and addressing the other gaps in mandatory training, along with providing training on suicide and self-harm to the entire team.</p> <p>Centre management must develop a structured training needs analysis (TNA) to assess current skills, identify skill gaps, prioritise training needs, and evaluate training effectiveness.</p>	<p>Centre management will ensure all outstanding online training will be completed by 07.03.2025.</p> <p>The centre manager will allocate staff to safe talk training as and when it becomes available, in the interim the staff team will complete the suicide and self-harm training provided online by the HSE. This will be completed by 04.03.2025.</p> <p>The centre manager has developed an interim training needs analysis template which will be used to capture these points for the centre by 28.02.2025.</p>	<p>A review was completed by the training department on 16.01.25 on the overdue mandatory training that needed completion and how best this can be escalated to managers and senior managers for address going forward. The training department will issue a training needs analysis by 30.03.25 to all homes to identify training needs specific to each home which will inform a training plan for teams.</p> <p>The completed training needs analysis will be reviewed monthly by the centre manager and the regional manager. Any identified training needs will then be requested and provided for by the services training department.</p>