An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 056

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Ashdale Care Ireland Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**27th, 28th, 29th and 30th April 2026**
Registration Status:	**Registered from 14th January 2024 to the 14th January 2027**
Inspection Team:	**Cora Kelly** **Tara Heeran**
Date Report Issued:	**30th of June 2026**

Contents

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 14th of January 2015. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from the 14th of January 2024 to the 14th of January 2027.

The centre was registered as a multi-occupancy service. It aimed to provide specialist therapeutic care and accommodation on a medium to long term basis for up to four young people of all genders from ten to seventeen years on admission. The staff team worked through a therapeutic practice model which was trauma and attachment informed. The centre had applied for and had an approved temporary change to the age range to permit the admission of a child outside the registered age range. There were four children living in the centre at the time of the inspectors onsite visit. However, one of the children was discharged during the inspection process.

1.2 Methodology

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.1
6: Responsive Workforce	6.3

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, four allocated social workers and other relevant professionals. Inspectors consulted with three children living in the centre and received a partly completed ACIMS questionnaire for the fourth child. 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 25th May 2026. 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 5th June. 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: 056 without attached conditions from the 14th January 2024 to the 14th January 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

The inspectors found that the centre was demonstrating good practices in providing good care and support to the four children, three of whom had been living in the centre for several years. There was evidence of a child centred culture with staff having developed good and trusting relationships with all children and they were continuing to progress across all areas of their development. In line with statutory requirements child in care reviews (CICR's) were taking place for three of the children with care plans either held on their care records or awaiting to be received to the centre following recent CICR meetings. Monthly CICR's were occurring for the fourth child, who was aged under twelve years of age. A care plan for this child and relevant to the placement had not been provided to the centre since they moved four months prior to the inspection. The allocated social worker informed the inspectors in interview that they were pursuing the approval of the care plan from the social work team leader at the time of the inspection. The inspectors requested this is completed without delay. The centre demonstrated good practice in their recording of the review meetings and of the actions assigned for them to respond to. The inspectors recommend that the centre manager requests the allocated social workers to approve the centre records in the absence of care plans or statutory meeting minutes being provided to ensure that they are reflective of the agreed actions.

It was evident that a child centred approach was taken in capturing the children's views of their placement ahead of CICRs' with social work reviews forms completed by the children with the support of staff. There was evidence of the older children having opportunities to attend the review meetings, having their views heard and being empowered to make choices about their care. In discussion with the inspectors two of the children said they were happy living in the centre, that they were supported to engage in activities and hobbies of their choice, were attending school, loved the staff and could contact their social worker when they wished to. A third child spoke of their wishes too regarding their living arrangements.

Each child had a placement plan that was regularly reviewed; formally with the support of the agency's therapeutic support team and internally by the allocated key workers with oversight by centre management. In interview with the inspectors the experienced staff described the placement planning process confidently, how it connected to the statutory care plans and spoke of the types of key working undertaken with the children in line with their assessed and changing needs. The inspectors verified some of this during their review of the children's care records. To facilitate the children's input to their placement plans staff utilised various internal placement planning tools, evidence of which was stored across their care records. The placement plan format included the identification of needs and supports for implementation in response to the needs; however, inspectors found that the placement plan document itself lacked the naming of goals. The centre manager agreed with this too. There was little evidence of key working being informed by resources or information to guide specific pieces of work for example in the areas of internet and social media safety and healthy relationships.

Three social workers told the inspectors that the three children they were allocated to were continuing to progress in their placements with the positive relationships established with the staff team a significant contributing factor. All social workers spoke positively of how centre management and staff advocated for the children and that each child had an input into their daily care arrangements.

In line with their care plans, presenting behaviours and as discussed at CICR meetings it was evident that specific external supports had been identified and secured for the children in response to their individual needs and that these were discussed and tracked at CICR's and other strategy meetings. Staff were actively facilitating children in attending their appointments and providing them with ongoing support. When required, the support of the agency's Therapeutic Support Team (TST) was sought with their input provided directly to the child and/or staff team. Related records for this were held across the children's care files and centre records. Two social workers were satisfied with the occupational therapy and art therapy provided by the TST and stated it was a good support to the children.

There was good communication between the centre and the allocated social workers with the social workers informing the inspectors in interview of their satisfaction with this. As part of their role, an allocated social worker was visiting one of the children monthly with a second social worker and a social work representative actively supporting another child. A social worker for another child told the inspectors they

regularly reviewed the child's care records when they visited the centre with no issues identified to the inspectors.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 17**
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 2.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must develop the placement plan record to ensure goals are named in response to each child's identified needs and that they are monitored and tracked with the necessary supports and resources to ensure the best outcomes for the children.

Regulation 5: Care Practices and Operational Policies

Theme 3: Safe Care and Support

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

The inspectors found that the children were experiencing care that supported positive reinforcement, consistency and structure. The centres policy and procedure on supporting behaviour change and the management of behaviour that challenged included guidance on the centres model of care, supporting positive behaviour, daily routines and the role of the agency's TST. Staff were provided with training in a model of behaviour management that included training in approved interventions and de-escalation techniques and the centres trauma informed model of care that guided everyday care practices. Centre management held responsibility for ensuring this occurred. It was evident that centre management was providing additional specific training for staff to assist them in supporting the children's individual presenting behaviours.

Staff were effectively utilising positive behaviour support plans (PBSPs) to support their everyday interactions with the children individually and to ensure the children were aware of their expected behaviours and daily routines. To assure consistency in practice and particularly for newer staff the inspectors recommend that the children's morning and nighttime routines are stated in their PBSP's, not just named as being in place.

Individual risk management plans (IRMPs) and individual crisis support plans (ICSP's) guided staff in responding to behaviour that challenged and to support the children in managing their behaviour. The inspectors found that staff had established trusting and respectful relationships with each child that was enabling them to support the children in understanding their behaviour that challenged and living in a group environment. Two of the children told the inspectors they got on well with staff and that they were helping them attend to their daily routines. They named particular staff who they would speak with if they were unhappy and could make a complaint to. All four social workers described how staff took a balanced and consistent approach in helping the children understand their behaviours. The ICSP's were found to include details if physical restraint was approved or not; however, they were lengthy and overly detailed across all sections within the document. The inspectors found that a step in the management of a behaviour of concern contained in a PBSP for one child was not included in their ICSP. The inspectors recommend that centre management reviews ICSP's and PBSP's to ensure relevant information is captured, steps for staff to follow are consistent across support plans and that ICSP's assist staff in responding to crises effectively. The inspectors found that the children's IRMP's were reviewed and updated regularly with good oversight by centre and senior management. In response to one child's ongoing challenging behaviour at the time of the inspection centre management were very responsive to inspector's feedback provided. Centre management immediately updated the child's safety plan to ensure clear steps were taken to guide staff in safely responding to presenting behaviour.

The centre was proactive in its efforts towards continuous quality improvement. Arrangements in place to monitor and audit the centres approach to managing behaviour that challenged included audits conducted by the agency's quality assurance department, monthly internal audits completed by centre management and regular internal and external reviews of notifications of significant events that occurred. The centre manager informed the inspectors that they were, at the time of the inspection, generating a process within the centres online information system

that would allow them to have greater monitoring and oversight of positive behavioural support provided to each child.

Restrictive practices were being implemented in line with policy with records held on the children's individual care records. Social workers were aware of those restrictive practices in place for the children they were allocated too. There was evidence of each restrictive practice being monitored, reviewed and either updated or closed regularly.

Compliance with Regulation	
Regulation met	**Regulation 5**
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 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The registered provider held responsibility for ensuring that the centres policies and procedures complied with the requirements set out in legislation, regulations and the National Standards for Children's Residential Centres, 2018 (HIQA) and that they aligned to the centres statement of purpose. The centres suite of policies and procedures were subject to formal review every three years and at other times when required and in response to changes to legislation and guidance issued by ACIMS.

The child protection and safeguarding policy was updated in March 2026 by the agency's policy and procedure review group in response to the ACIMS correspondence that related to obligations they were required to comply with under the Children First Act, 2015. Other policies were found to have been reviewed too. Centre management and staff were informed of policy updates at management meetings and team meetings where they had an opportunity to review proposed updates at draft stage, before being finalised and operational. The inspectors found that policies and procedures were discussed regularly at team meetings and at supervision with good practices noted here by the supervisors and mentors appointed to newer staff members. Key policies also formed part of the agency's induction programme. The suite of policies and procedures were available for staff to review on the centres online information system. A system was in place where staff were directed to read all policies and those updated and sign off as having read and understood them. To have the policies and procedures more easily accessible the inspectors recommend that a paper copy is available for staff to refer to. In interview, staff demonstrated a good knowledge of policies and procedures guiding their practices.

The agency's governance system included centre practices being audited against the national standards by the quality assurance department. A full themed audit was conducted in October 2025 with two further audits occurring after that time.
The centre manager was tasked with responding to actions recorded in the audit action plan which were either met or ongoing at the time of the inspection.

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

Compliance with standards	
Practices met the required standard	**Standard 5.1**
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 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

The inspectors found that staff understood their roles and responsibilities and were clear on accountability and reporting lines. Staff interviewed were familiar with those in senior management positions and of their roles in addition to professionals that formed part of the agency's therapeutic support team. Staff were informed of their roles and responsibilities at their induction stage of commencing work with the agency and in the centre with a clear programme in place to guide this. Roles and responsibilities were regularly reviewed and discussed at team meetings, handovers and supervision.

Staff were supported to exercise their professional judgement, evidence of which was found across team meeting, supervision, handover and on call records. Policies and procedures were in place to protect staff and minimise the risk to their safety. These included for example training in a recognised model of behaviour management, post crisis de-briefing, on-call system, supervision, risk assessments and individual behaviour management plans in place for young people to be utilised by staff in response to crisis situations. In line with the 'guidance on clinical and therapeutic interventions' policy staff were familiar with the work of the TST and of their input in helping them maintain a therapeutic environment. Those interviewed confirmed with the inspectors that they were supported by the centre management on an ongoing basis.

Through regular team meetings, daily handovers, reflective practice sessions, group supervision and individual placement plan meetings it was evident that centre management was providing a team-based approach to learning. These mechanisms were found to promote a culture of learning and development for the team and staff individually. It was evident to the inspectors that the supervision process was viewed by both supervisors and supervisees as a learning and supportive mechanism.

The frequency of supervision was in line with the centres supervision policy. Centre management and experienced staff members were provided with four to six weekly

supervisions with newer staff members provided with fortnightly supervision for the first three months of employment. Supplementary informal supervision was also provided by social care leaders as appointed mentors to new staff. All those with supervision responsibilities were appropriately qualified and supervision contracts were in place for all staff. Despite contracts in place where named supervisors were recorded centre management were found to share supervision sessions. Those interviewed were satisfied with the arrangements and did not raise any issues with the inspectors. The inspectors found from their review of a sample of supervision records the quality of sessions was consistently good with actions monitored and tracked and a significant emphasis was placed on developing staff's skills and practices. A formal system for conducting annual performance appraisals for management and staff was in place alongside probation reviews that were completed at three and six month stages of employment. Annual appraisals were up to date for all staff except one; the centre manager was prioritising this at the time of the inspection.

Systems in place to support staff to manage the impact of working in the centre were policy led and included for example supervision and reflective practice. Additional supports identified by staff as being available to them included training, mindfulness sessions, access to the organisation's employee support and assistance programme and a newly provided wellbeing app.

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

Compliance with standards	
Practices met the required standard	**Standard 6.3**
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must develop the placement plan record to ensure goals are named in response to each child's identified needs and that they are monitored and tracked with the necessary supports and resources to ensure the best outcomes for the children.	With immediate effect, home management has completed a full review of all placement plans. Identified needs have been clearly documented and translated into specific, measurable goals Home management will set, oversee, and monitor progress against all goals through the key working process using our digitalised documentation management system.	Following child in care meetings and subsequent placement planning meetings home management will review all goals with keyworkers to ensure they are clearly identified and documented on the plan. Tasks will be set via digital system where progress can be monitored by management. As part of regional managements oversight, they will complete a review of young people's plans to ensure goals are clear and progress is being made. The quality assurance department will review placement plans and goal planning as part of their scheduled audits.