An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 137

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Ashdale Care Ireland Ltd.**
Registered Capacity:	**2 young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**30th September & 2nd October 2025**
Registration Status:	**Registered from 6th of July 2024 to the 6th of July 2027**
Inspection Team:	**Catherine Hanly** **Eileen Woods**
Date Report Issued:	**27th of 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 6th of July 2018. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 6th of July 2024 to the 6th of July 2027.

The centre was registered to provide specialist residential care for up to two young people aged 10-17 with complex emotional and behavioural problems who cannot be cared for in a mainstream residential setting. Their stated aim was to provide an open and transparent Person–Centred therapeutic service which will be clinically guided and based on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour and to promote resilience and responsibility. At the time of this unannounced inspection, there were two young people living in the centre. With the approval of Alternative Care Inspection and Monitoring Service (ACIMS) the centre was operating outside of its statement of purpose under a derogation process and had accepted a referral for one child aged under 12 years.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
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, and the allocated social workers. Inspectors received two completed questionnaires from the young people, one of whom had been supported by staff due to their age. Inspectors also had the opportunity to observe interactions between this child and staff on the day of their visit to the centre. 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 17th of October 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 3rd of November 2025. This was deemed to be satisfactory, and the inspection service received a commitment that identified actions would be addressed by scheduled dates.

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: 137 without attached conditions from the 6th of July 2024 to the 6th of July 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 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.

There were statutory care plans on file for each of the young people in placement that reflected their needs and their placement in this centre. The oldest resident had a statutory child in care review (CICR) completed a few weeks prior to this inspection and the centre had not yet received the updated care plan. This was sent on by the centre manager to inspectors two weeks after their visit. The youngest child in placement was under twelve years of age therefore their care plan was subject to monthly review in accordance with national policy. The centre maintained their own minutes of these CICRs which enabled them to act on decisions made whilst awaiting a copy of the updated plan/statutory minutes. Both statutory care plans were adequately detailed and gave a clear account of presenting needs. The centre manager was satisfied with the communication and working relationships with both social work teams and was confident that the systems in place enabled them to work cohesively to implement the respective care plans. There were multidisciplinary meeting forums for each of the young people in placement, inclusive of the various professionals involved in the delivery of the overall care package, to ensure that there was a clear and cohesive approach to and delivery of care aimed at meeting the identified needs.

There were up to date placement plans on file for each of the young people. The format for recording and updating these had recently changed within the service since the last inspection of this centre. Placement plans were being reviewed and updated formally on a six-monthly basis by the staff team with the input of the internal therapeutic team. Where updates or progress were identified within this six-month period, adjustments or inclusions were made to the online placement plan record. This new format allowed for accountability of assigned tasks being delivered

and enabled a better tracking of progress towards identified goals. Inspectors found that supports and interventions were clearly identified for each of the young people and progression for the oldest resident since their commencement in this placement was clear through their placement plans and key working.

Individual goals were identified for each young person within their placement plans. The young people were consulted with and encouraged to contribute, mindful of their age and ability to do so. These were regularly reviewed within various mechanisms including team meetings, multi-disciplinary meetings and in CICRs and were updated accordingly. There was a high level of good quality child-centred key work evident across this inspection. This was informed by team discussions based on input from both internal and external therapeutic professionals engaged to work with each of the young people. There was ongoing work in areas of need identified for the older resident and their keyworker was aware of the need to constantly keep this under review. The work being conducted with the youngest resident was age-appropriate and playful with an awareness of and attention to ensuring the messages were understood by them given their young age. On their questionnaires, both young people expressed an overall level of satisfaction with relevant aspects of their lives within the centre. One young person did identify that they would like more discussion on their rights and indicated a greater desire for privacy – topics that their key worker confirmed had been addressed but would be revisited.

As stated above, the centre manager reported positive and frequent communication with the respective social work teams and other professionals involved in the care of young people which contributed to consistent care being provided. The social workers also spoke positively of their contact with the centre and the progression of the young people within their placement.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

This centre was registered for young people aged ten to seventeen. In August 2025, centre management had sought a derogation from the Alternative Care Inspection and Monitoring Service (ACIMS) for the admission of one five-year-old. When inspectors arrived at the house, following short notice to centre management, it was immediately apparent that this was a home to a child of a young age. The gates were closed, preventing immediate access to the busy road; there was a playset with swing and slide in the garden, as well as multiple covered sand/play boxes and a trampoline. Consideration had been given to affording each of the young people in placement their own space and privacy, through the designation of the two sitting

rooms. The younger child's' sitting room had lots of toys, soft floor coverings, a play tent and a tv. Whilst already having some work done, the older young person's sitting room would benefit from some additional personalisation to their individual taste.

Each young person had their own bedroom that was decorated to their respective taste, need and age. The young people had ample space within their bedrooms to keep their personal belongings stored safely. One bedroom was ensuite, and the older resident used the main bathroom. The bathroom was also used by the youngest child as it contained a bath which was very much a part of their established and positive nighttime routine. The staff team were mindful of the potential impact of this shared space at a dedicated time each day in terms of privacy and other contexts and were keeping it under review. The oldest resident had made known their views to the staff team and others regarding their bedroom being their personal and private space. Whilst this was acknowledged by the team, they had also sensitively communicated that should the young person need support in maintaining this as a clean and hygienic space, they would intervene.

The house itself was found to be clean, bright and homely. There had been some painting done to the interior of the home and refurbishment to flooring in some rooms. The exterior of the property was well maintained. It contained a large garden – a small area of which had been developed by staff and the young people into a vegetable and herb patch. The play equipment was secured to the ground. There was a large, concreted area to the rear of the house and this was an area that could be further developed for use by the young people. The front step of the house had recently had tile removed to prevent a trip hazard. This had been identified by the manager to the maintenance team as an area of work requiring attention and must be prioritised. Other items identified for repair/replacement internally, included new couches for the sitting room, as well as works to be conducted in both staff sleepover rooms to make these more conducive to a relaxed and comfortable environment, had been identified in the centre managers' internal audit in January 2025 and in an external audit in July 2024. They remained outstanding at the time of this inspection in October 2025. Inspectors identified several additional matters on their walkthrough of the property that need to be addressed. The manager should conduct their own full audit of the property and present to the maintenance team for action. Senior management must then present an action plan, with timeframes, for these issues to be addressed.

The centre had an up-to-date safety statement that had been reviewed by staff members. There was an identified Health and Safety Representative in the centre, but

they had not completed the relevant training although this had been requested by the centre manager, and this should be made available to them. Inspectors recommend that centre management revise the associated risk assessment with the safety statement to ensure it takes account of all relevant risks related to the youngest child resident.

The centre had a list of identified fire safety routes within the building and had fire prevention and detection equipment throughout. Means of escape were recorded as being checked daily. The inspector recommended that the manager seek a view on the layout of the dining area to ensure that the dining table and chairs were not blocking ease of access to an identified escape route. Fire drills were conducted regularly with no issues noted. All members of the staff team had completed fire safety training; these records were maintained by the training department separate to fire-related records held at the centre. The centre had a visit from an authorised officer from the County Council to inspect fire safety and related matters in April 2024. All matters identified by them, had been attended to by the centre. Accidents or injuries occurring to persons onsite were responded to, recorded and reported in line with the centre policy. This policy also clearly outlined the need for making relevant reports to insurance company and the Health and Safety Authority.

There were two dedicated cars for the home. There was a new weekly check for cars on the online recording system that had transitioned from a monthly hard-record check. The centre manager will need to ensure that these checks are conducted and recorded within correctly identified timeframes as the new system folder said weekly checks but the records within that stated monthly. This online recording system did not account for motor tax, insurance, scheduled services or NCT records and all such records should be stored together for ease of reference for oversight.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.2**
Practices met the required standard in some respects only	**Standard 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Senior management must ensure that all items outstanding from health and safety and property audits are completed within an acceptable timeframe.

Regulation 6: Person in Charge
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 overall approach to and delivery of training for staff was appropriate to the need of the service and the young people in placement. There was a continuous programme of training and professional development available to staff and encouraged by the centre and senior management that contributed to ongoing competencies. The staff and centre manager spoke positively about this and its importance in supporting their work with young people. The staff team had been provided with training in areas specific to the presenting needs of young people at various times since the last inspection of this centre in February 2023. During interview, the staff members and manager referenced these training opportunities and demonstrated their integration of this learning with the delivery of their work. In addition to the formal training programme delivered by the organisation of which detailed records were maintained, the staff team had the input of professionals from

external agencies engaged to work with young people. There was evidence of positive and continuous multidisciplinary meetings and work with the staff team, the social work departments for the respective young people, and the organisation's internal therapeutic team that supported the staff in meeting the identified needs of each young person currently in placement.

There were some gaps in training for some staff that had been identified across various forums including team meetings, in managers reports submitted to their regional manager and in audits conducted by external management. At the time of this inspection, these gaps included training for three staff members in the centre's model of care; two staff members requiring the full Children First training delivered internally, with a further two required to complete the Children First e-learning online module; one staff requiring first aid training, with a further three requiring refresher training. The centre manager conducted an annual training needs analysis (TNA), which was overseen by the regional manager and training team, should they wish to add anything. The most recent TNA identified two separate training needs to support the staff team in their work with each of the current residents. It is important that these, and all training needs, are addressed as a matter of priority, and that the systems in place for ensuring completion of training needs identified are sufficiently effective.

There was a detailed induction process for staff which took place over a three-week period. This consisted of identified training for onboarding staff, familiarisation with policies and procedures, familiarisation with relevant aspects of the operation of the centre and the young people residing there. Inspectors noted that some of the training identified as being part of the induction process including the model of care, Children First and child protection, and first aid, had not taken place during the induction. For one recently recruited staff, they had not completed their Children First and child protection until three months after their start date. Centre management must ensure that mandatory training in areas such as child protection are prioritised for completion within the stated induction period.

Compliance with Regulation	
Regulation met	**Regulation 6** **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

- Centre management must ensure that all training needs, are addressed as a matter of priority, and that the systems in place for ensuring completion of training needs identified are sufficiently effective.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Senior management must ensure that all items outstanding from health and safety and property audits are completed within an acceptable timeframe.	All actions identified on the property audits will be completed by: 28th of November	All actions identified through internal audits now undergo review and approval by a member of the Quality Assurance team. As part of this process, supporting evidence is required to confirm that each action has been addressed. Home Management is required to submit all requests arising from property audits via the digital maintenance pathway. These submissions will be actively monitored by both the Maintenance and Regional Management teams to ensure compliance with the escalation policy, particularly in relation to any overdue actions.
6	Centre management must ensure that all training needs, are addressed as a matter of priority, and that the systems in place for ensuring completion of training needs identified are sufficiently effective.	All staff will have completed all online training modules by 28.11.25 All staff will be compliant with all mandatory training by: 30.12.25 All staff will be compliant with additional training by: 30.02.26	As part of monthly supervision, the Regional Manager will review the training matrix in collaboration with the Home Manager. The Regional Manager in conjunction with home manager will ensure that all staff members due to

			complete mandatory training are scheduled without delay.