



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 160

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Five Young People
Type of Inspection:	Announced
Date of inspection:	6th, 7th and 8th of October 2025
Registration Status:	Registered from 30th August 2025 to 30th August 2028
Inspection Team:	Mark McGuire Cora Kelly
Date Report Issued:	13th of January 2026

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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 30th of August 2019. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 30th of August 2025 to the 30th of August 2028.

The centre was registered to provide multi-occupancy medium to long term care for up to five young people aged from seven to sixteen years old upon admission. The aim was to provide specialist care for young people experiencing complex emotional and behavioural problems. The model of care was described as person-centred, transparent and informed by therapeutic practices, with clinical guidance. It was based on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour and to promote resilience and responsibility. There were four young people of a sibling group living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
5: Leadership, Governance and Management	5.2
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 worker and a parent of the young people. Inspectors also had the opportunity to observe interactions between staff and young people in the centre. Inspectors received completed questionnaires by the young people also. 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 18th of November 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 2nd of December 2025, and a meeting was held with the services management team to clarify the CAPA and report on the 15th of December 2025. Following the meeting, 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: 160 without attached conditions from the 30th of August 2025 to the 30th of August 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found that young people were listened to and that their individual goals, wishes and preferences were reflected in key working sessions, young people's meetings, placement plans and daily records. All young people reported through questionnaires completed as part of the inspection, that they knew how to make a complaint and who they could bring complaints to. They also repeated this understanding to inspectors when they met informally in the centre. The complaints process was reinforced through the young person's booklet, in key working sessions, and at young people's meetings, ensuring that young people understood that providing feedback or making a complaint was their right and that such feedback was welcomed by the care team. A parent for the young people was interviewed as part of the inspection, and they emphasised how clear the complaints process was and their familiarity with same.

Staff demonstrated a sound understanding of the complaints process, including the stages of the procedure, recording requirements, and notification pathways. However, inspectors identified an issue in relation to the initial categorisation and response to a complaint made by one of the young people. The young person's comments should have been managed in accordance with the centre's policy on allegations against staff. While the young person subsequently withdrew the severity of their statement as part of the complaint process, this did not negate the responsibility to respond appropriately using the management of allegations policy.

Once the complaint process was initiated, inspectors found that it was well documented and that the young person was consulted at each stage, with their views and feedback on the outcome clearly recorded. Inspectors also acknowledged that restorative work was undertaken between the young person and staff, and that this was successful in repairing relationships. Supervision records associated with this matter were reviewed by inspectors. While evidence of staff support was noted, there

was no evidence of a formal revisit of the staff code of conduct, and some supervision entries had been lost due to teething problems whilst moving to an online information management system. For transparent oversight and tracking of complaint follow-up, centre management must ensure that all actions and interventions are captured and recorded promptly as part of the complaints process.

Inspectors found that social workers were notified when complaints occurred and that they met with young people to discuss these. Appropriate significant event notifications were submitted also. Inspectors were advised that precautionary control measures had been implemented (such as temporarily suspending 1:1 work), but these measures were not found to have been clearly understood by the care team during interview with inspectors. Despite this, evidence of this support measure was seen in team meeting records and daily handovers. It is important that learning from complaints, and any subsequent risk control measures, are consistently understood and implemented by all staff members.

One of the young people expressed misunderstanding regarding the complaints process and their free time arrangements. Despite these comments, inspectors saw evidence that they were well informed of the complaints process, had utilised this and that there were no issues regarding their free time arrangements, as confirmed by their allocated social worker. However, inspectors recommend revisiting this with the young person to ensure that any misunderstandings they have are explored with them.

In addition, a themed audit reviewed as part of the inspection identified gaps in the recording of complaints. Centre management must ensure that the recording systems are consistently applied, and that implementation is monitored as part of the internal and external governance of the centre.

Information on advocacy services such as EPIC (Empowering People in Care) was displayed within the centre, and the Tusla Tell Us complaints and feedback procedure and the Ombudsman for Children's Office contact details were outlined in the young person's booklet. Inspectors found however, that staff understanding of the Tusla Tell Us process required refreshing. It is recommended also that the centre invite EPIC to revisit and provide an advocacy and information session for the young people.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must ensure that complaints and allegations are categorised, recorded, and managed in compliance with centre policies.

Regulation 5: Care Practices and Operational Policies Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There was an acting home manager in post supported by an acting deputy home manager with both working standard business hours in the centre. Both were covering statutory leave with the acting home manager in post since the beginning of July 2025. The care team reported feeling supported by the home manager in their role and that they did not find the change of management disruptive. However, inspectors identified a need for additional oversight and support being required given that the home manager was new in post. They required structured support to settle into their role and to help with strengthening governance and oversight of centre records. The regional manager acknowledged this and committed to increasing their centre visits which had been occurring monthly and spoke about new coaching sessions they were initiating as a supportive measure with newly appointed home managers in the coming weeks.

Both the home manager and staff team were clear on their roles and responsibilities for the most part during interview, and inspectors saw evidence of professional development, including one staff member's participation in the social care leader development programme. However, it became clear that staff required refresher input on policies, particularly the risk management framework, which was also identified by the regional manager as a development area, and the complaints policy already mentioned in this report.

Inspectors saw evidence of some policy review taking place in team meetings, and inspectors were advised of a working group established to review specific policies also.

Themed and full audits were taking place against the National Standards for Children's Residential Centres (HIQA, 2018) and these were reviewed by inspectors. They were found to be capturing multiple data sources to triangulate findings such as file review, staff observation and testing policy knowledge. However, inspectors noted that certain elements, such as advocacy visits by EPIC, were not followed up in these audits. Additionally, audits from March and February 2025, aligned with inspectors' observations that individual risk management plans (IRMPs) and risk assessments required review. Despite the issue having been identified several months prior to the inspection, the review was found to not have been completed, raising concern regarding the level of senior management oversight to ensure timely completion.

A service level agreement was in place with the Tusla National Placement Team with evidence provided of the centre's compliance to National Standards through key performance indicators annually, inclusive of; staffing levels, staff training, significant event notifications (SENs) submitted, progress reports, therapeutic support team (TST) interventions, and past inspection reports.

The centre's risk management framework was not found to be well understood by the care team and required review and refresher training. Inspectors found that risks associated with safety plans were not clearly understood. Concern arose regarding the risk response to one young person's online activity. File reviews and staff interviews gave inconsistent accounts of serious ongoing vulnerabilities regarding online safety. Inspectors saw evidence of the acting home manager advocating strongly regarding this issue at a strategy meeting with social work shortly after taking up post, which demonstrated a strong understanding of the risk severity by them. Given the ongoing level of risk, the agreement that was discussed at this time required revision to consider current patterns of behaviour. Improved tracking of the level and frequency

of these risks is also required to ensure shared understanding among staff of the risk frequency and severity, and to ensure accurate reporting to external professionals and that the centres response and management of the risk is more robust.

Given the young person's ongoing vulnerabilities and engagement in high-risk behaviours, inspectors found that a review of the current therapeutic responses would be of benefit. The social worker noted to inspectors that they too felt that additional, even indirect, input from the services therapeutic support team (TST) was required in this regard and that they would follow up directly with the acting home manager. The regional manager provided evidence of increased TST involvement taking place post-inspection. However, ongoing monitoring of vulnerability, including potential risk of child sexual exploitation (CSE), is required to provide a clearer understanding of the nature and frequency of concerning behaviours.

There was an active safety plan in place regarding the risk of a person approaching the centre. This risk assessment and the associated control measures required review to ensure all control measures have been accounted for to protect them from the associated risk. Inspectors were advised post inspection that this risk had been reviewed and lowered, with the current control measures now proportionate to the risk rating.

A parent control app was in use on the young people's mobile devices. The app required review to ensure compliance with data protection standards – specifically that explicit content or personal data is not being retained or archived longer than necessary, and that access is restricted to authorised devices and personnel only. Senior management confirmed post inspection that this app was compliant with data protection standards.

Inspectors reviewed the centre risk register and found it did not adequately capture all key operational risks such as staffing deficits, training gaps, and the use of double cover when this occurred in emergency situations. Inspectors again noted that some of these deficits had already been identified in an internal audit in March 2025 but remained unaddressed at the time of inspection.

Inspectors found that one member of the care team did not have Garda Vetting renewed within the service's own three-year best practice timeframe. Inspectors found no evidence of a corresponding risk assessment or mitigating measures recorded in the centres risk register. This was brought to the attention of the regional manager who responded proactively in implementing a risk assessment. However,

the registered proprietor must ensure that all care team members have their Garda Vetting renewed periodically in line with policy and review the system for identifying when renewals are due. Any lapses must be risk assessed immediately and recorded in the centre's risk register to ensure appropriate safeguarding controls are implemented. The senior management team committed to addressing this matter immediately during the inspection process.

A delegation list was in place and utilised by the acting home manager to delegate such responsibilities as supervision in the centre.

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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional manager must ensure timely completion of internal actions identified through the audit process and that the centres risk register be updated to include all operational risks.
- Centre management must review and reissue guidance on the risk management framework to ensure all staff understand how to identify, categorise, and rate risks accurately.
- Centre management must review individual risk management plans and ensure there is clear tracking of the level and frequency of high risks, along with evidence of social work and therapeutic supports where required.
- The registered proprietor must ensure that all care team members have their Garda Vetting renewed periodically in line with policy and review the system for identifying when renewals are due.

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 were advised that staff received appropriate training and development through core training programmes that are to be completed as part of staff induction. However, inspectors found that there were some gaps in the centre's training log with this regard, an issue that had also been identified at the previous inspection. Two staff members were due to complete refresher training in online children first, and one staff member required full child protection training.

Additional training opportunities had been provided in areas such as gender identity and the majority of the staff team had completed suicide awareness training. Inspectors also noted that child sexual exploitation training had been completed online by the full team.

Inspectors saw evidence of a newly developed training needs analysis process, which had been completed by the acting home manager. Inspectors recommend that, to further strengthen this process, consultation with the care team should be incorporated to capture their perspectives on training priorities and development needs.

Given the identified risks within the centre, inspectors also highlighted the importance of all staff completing online safety training to enhance understanding and improve response to emerging online risks for young people.

Inspectors found that a clear induction process was in place for new staff, with evidence of completed induction documentation on file.

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 staff complete mandatory training within required timeframes and that the training log is maintained accurately.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Centre management must ensure that complaints and allegations are categorised, recorded, and managed in compliance with centre policies.	<p>Review of policies has taken place with the team:</p> <p>Policy on Complaints on 09.10.25, Child Protection and Safeguarding Policy on 26.11.25, Policy on Making a Protected Disclosure on 09.12.25.</p> <p>Manager will revisit with each staff to ensure they fully understand each policy and the reporting requirements/processes.</p>	<p>Central monitoring of all safeguarding and complaints are now streamlined with the use of new digitalised system to ensure all are categorised and managed as per policy. The policy on child protection and safeguarding and the policy on complaints will be periodically reviewed in team meetings and management support meetings throughout the year.</p> <p>QA will complete audits, issue and approve actions where required.</p>
5	The regional manager must ensure timely completion of internal actions identified through the audit process and that the centres risk register be updated to include all operational risks.	<p>With immediate effect, the Risk Register has been updated by the Home Manager in consultation with the Regional Manager to include all operational risks. Regional manager is in process of reviewing all outstanding audit actions with the Home Manager which will be actioned by 31.12.25.</p>	<p>An automated notification is built into the new digital system to alert management to review key documents within specific timelines, this includes Risk Register. Regional Manager will monitor the completion of key task to ensure operational risks and control measures are captured.</p>

	<p>Centre management must review and reissue guidance on the risk management framework to ensure all staff understand how to identify, categorise, and rate risks accurately.</p> <p>Centre management must review individual risk management plans and ensure there is clear tracking of the level and frequency of high risks, along with evidence of social work and therapeutic supports where required.</p> <p>The registered proprietor must ensure that all care team members have their Garda Vetting renewed periodically in line with policy and review the system for identifying when renewals are due.</p>	<p>The risk management policy and individual risk management plans were reviewed at a team meeting on 08.10.25 by the Home Manager. Discussion focused on identifying, categorising and rating risks accurately.</p> <p>With immediate effect, risk assessments will be reviewed and shared with the therapeutic support team and social work for their input and to determine if any other supports should be considered. All changes to risk levels will be tracked using the new digital system.</p> <p>Regional Manager has reviewed personnel files to ensure renewals of vetting are scheduled as required.</p>	<p>Home manager will include risk management policy in supervision with all staff members focusing on identifying, categorising, and rating risks accurately. This will be reviewed regularly throughout the year.</p> <p>A review of risk management processes in line with policy will be completed at the next managers meeting with clear direction on the requirements to have therapeutic support team and social work input where there are high risks.</p> <p>The implementation of this will be monitored by regional management.</p> <p>A new online system is in process of rollout which will trigger automatic notification for renewal of staff vetting. The HR department will oversee this function which will be notified to the staff member, Home Manager, and escalated to the Regional Manager as required.</p>
6	Centre management must ensure that all staff complete mandatory training	With immediate effect outstanding online trainings identified in the inspection have	Home manager will complete monthly reviews from the training department to

	<p>within required timeframes and that the training log is maintained accurately.</p>	<p>been completed and a schedule in place for the other training to be completed.</p>	<p>ensure all training is scheduled within timeframes and completed by staff. Regional manager will have oversight of this system to ensure full compliance with standards.</p>
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