



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 204**

**Year: 2025**

## Inspection Report

|                              |   |
|------------------------------|---|
| <b>Year:</b>                 | <b>2025</b>   |
| <b>Name of Organisation:</b> | <b>Ashdale Care Ireland</b>   |
| <b>Registered Capacity:</b>  | <b>Five Young People</b>  |
| <b>Type of Inspection:</b>   | <b>Unannounced Inspection</b>   |
| <b>Date of inspection:</b>   | <b>28<sup>th</sup>, 29<sup>th</sup> &amp; 30<sup>th</sup> April</b>         |
| <b>Registration Status:</b>  | <b>Registered from 8<sup>th</sup> July 2025 to 8<sup>th</sup> July 2028</b> |
| <b>Inspection Team:</b>      | <b>Lorna Wogan<br/>Anne McEvoy</b>  |
| <b>Date Report Issued:</b>   | <b>2<sup>nd</sup> July 2025</b>   |

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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 8<sup>th</sup> July 2022. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 8<sup>th</sup> July 2025 to the 8<sup>th</sup> July 2028.

The centre was registered to provide multiple occupancy placements for up to five young people ranging in age from eight to sixteen years. There were five children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

| Theme                                | Standard |
|--------------------------------------|----------|
| 4: Health, Wellbeing and Development | 4.2, 4.3 |
| 6: Responsive Workforce              | 6.2      |

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 27<sup>th</sup> May 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 10<sup>th</sup> June 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: 204 without attached conditions from the 8<sup>th</sup> July 2025 to the 8<sup>th</sup> July 2028 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 10: Health Care**

**Regulation 12: Provision of Food and Cooking Facilities**

**Theme 4: Health, Wellbeing and Development**

**Standard 4.2 Each child is supported to meet any identified health and development needs.**

This inspection found that the health, wellbeing and development of each child was promoted, protected and improved by the care they received from the staff team in this centre. The centre staff team and external professionals worked together to meet the health and developmental needs of the young people in their care. Three children interviewed by the inspectors confirmed they felt well cared for in the centre and that the adults caring for them helped them in lots of areas of their life.

Pre-admission information outlined medical history, social history reports and previous specialist assessments. Where there were gaps in information on a child's care record, a note was recorded outlining the efforts made by management to obtain the information. The children's individual health and developmental needs were identified at the outset of the placement by the centre managers in their needs assessment and were then outlined in their placement plans. General medicals were completed on admission and secured on the care records. Minor medical complaints identified on admission were addressed by the managers and the key workers. Staff attended the children's care plan review meetings and were fully informed of their needs. This meant that while the service awaited receipt of written care plans for some children it did not impact on them as the actions identified were being actively addressed.

Staff worked with social workers to ensure that any additional needs were promptly addressed with referrals being made to specialist services when necessary. Each of the children's care records reviewed contained details of referrals or assessments from medical, psychology or other specialist services, as required. The inspectors found that staff and managers were proactive to ensure the children were supported to attend their scheduled health appointments. This included psychology, medical, optical and dental checks and mental health services. A review of the children's care records showed that there was a clear record of each of the children's medical and health information and this supported staff and management to effectively



implement their placement planning needs. There was evidence that the managers and staff team worked collaboratively with the allocated social workers and with the appointed Guardians ad Litem (GAL) to meet the children's overall health and medical needs.

The review of files showed that each child was registered to a general practitioner whom they attended when necessary and their details were recorded on their individual care records. Each child had a medical card number and for one child a new medical card was subject to a re- application at the time of the inspection. The managers and key workers pursued and secured registration with general practitioners for the children in a robust and timely manner. A record of early childhood vaccinations was stored on the care records however confirmation that vaccinations offered in second level education were received was not evident in all cases. The inspectors recommend that the centre manager, in consultation with the allocated social workers, verify if these vaccinations were received and if not offer the young people the opportunity to avail of a vaccination catch up programme.

There was a medication management policy in effect. Prescriptions for medication were kept on file, including a record of prescribed medication as the situation called for it. Clear records of medication administration were maintained in line with policy. Monthly audits of the medication management system were undertaken by the centre manager and placed on the centre records. When medication expired, staff returned this to the local pharmacy for appropriate disposal. There were systems in place to record medication errors and there was one medication error recorded on the centre records which did not have any adverse impact on the child. Learning outcomes were identified for staff. Medication was appropriately stored in a locked cabinet. First aid kits were available and staff were trained to administer first aid. Two newly recruited staff had yet to complete their first aid training however this training was scheduled. Updated first aid training was also required for the centre managers. All other staff members had completed medication management training which was up to date.

A review of a sample of work carried out by the key workers and the staff team with young people showed that children were encouraged to make positive lifestyle choices. The children were also encouraged to engage in age-appropriate activities and pastimes. Good physical health and mental wellbeing was a focus of key working and individual work. This work was set out on the placement plan and assigned to specific staff members. There was a plentiful supply of foods and drinks in the centre and lots of healthy food options for them. They were encouraged to give their

opinions on the shopping list and menu ideas and were supported to develop age-appropriate responsibilities and independence skills.

Health risks associated with smoking, vaping, alcohol and drug misuse formed part of the educative key working with the children. The inspectors noted there was limited evidence of information provided to the children on physical and sexual development, sexual health and consent. The inspectors also noted that some staff expressed a lack of confidence in undertaking this work with the children. The centre manager in consultation with each child's social worker should research and plan to address these topics in line with the children's age and stage of development. Additional guidance and training for staff would be beneficial to enable key staff to deliver this information in a confident and child-centred manner. The staff must also familiarise themselves with the relationship and sexuality programme that is undertaken within the education system and reinforce the learning from these programmes with the children in placement.

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

The staff and management in the service ensured that each child was accessing their right to education. The inspectors found that education was valued in the centre and the educational needs of each young person was being addressed. This was also confirmed by all their allocated social workers and the appointed Guardians ad Litem. All five children were in appropriate educational placements in the community and attendance records overall were excellent. There were busy routines in the morning as staff facilitated the children being brought to their respective schools.

On admission the managers, in consultation with the social workers, promptly identified appropriate educational placements for the children. An older child who had previously struggled with mainstream education was consulted and supported to transition to a youth education programme which was more appropriate to meet their educational needs and they had made satisfactory progress. There was evidence that the staff attended parent teacher meetings and ensured that effective lines of communication were established with school personnel. Where communication issues arose the centre managers addressed them in a prompt manner to ensure there was no adverse impact on effective communication. There was evidence of effective communication and collaboration between the social workers, the Guardians ad Litem and the school personnel for each child in placement. Overall, the social

workers and the Guardians ad Litem were satisfied with the progress each of the children had made with their education since coming to live at the centre.

The children's care records contained records of all communications with school personnel. They also contained educational assessments, previous and current school progress reports along with State examination certificates and school awards. The requirement for additional educational assessments for specific children was discussed with social workers, Guardians ad Litem and school personnel. Reports from the respective schools were sought to inform the care plan review process and, in some cases as required, school personnel were invited to participate in the care plan review meetings.

The inspectors observed well established routines to complete homework after school. Staff were observed supporting the children with the homework assignments. Previously when one child was not consistently attending education there was an expectation that they engage in learning within the centre until a more suitable educational placement was secured.

The inspectors found ample individual work and key working completed with all the children to support them with their education and learning. Difficulties and obstacles in school were discussed with them with a focus on encouraging them, supporting them and teaching them to learn to be resilient in the school environment. Staff members supported 'paired reading time' for one of the children to develop their reading skills. For the two older children the staff team involved them in discussions about their plans when they left school and signposted training opportunities based on their interests and aspirations. The inspectors met three of the children and it was evident the children were thriving in their education placements and each confirmed they liked their schools, their teachers and had friends in school.

The centre manager was familiar with the role of the education welfare officer and how to contact them however this support was not required for the current resident group.

| Compliance with Regulation |                                |
|----------------------------|--------------------------------|
| Regulation met             | Regulation 10<br>Regulation 12 |
| Regulation not met         | None Identified                |

| <b>Compliance with standards</b>                                 |   |
|--|---|
| <b>Practices met the required standard</b>                       | <b>Standard 4.3</b>                                     |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 4.2</b>                                     |
| <b>Practices did not meet the required standard</b>              | <b>Not all standards under this theme were assessed</b> |

### **Actions required**

- The centre manager in consultation with the social worker for each child must develop a plan to provide appropriate guidance for the children in relation to physical and sexual development dependent on their age and developmental stage.

**Regulation 6: Person in Charge**  
**Regulation 7: Staffing**

### **Theme 6: Responsive Workforce**

**Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.**

The centre had a recruitment policy in effect however the inspectors noted that the policy did not outline the requirement for police checks where applicants had resided for more than six months overseas. However, following a review of personnel files the inspectors found, in all cases where overseas vetting was required, this was secured on file. The inspectors recommend that the registered proprietor include the practice of overseas police vetting in the next scheduled policy review. The inspectors reviewed two personnel files of staff recruited since the last inspection. There was evidence that the staff were recruited in line with the services recruitment policy and in line with evidence-based human resource practices.

There was appropriate vetting and systems in place to verify the applicant's identity, qualifications, references and ascertain the skills, competencies and personal attributes for all applicants. There was evidence that interview panels were mostly appropriately constituted with a minimum of two persons on the selection panel. However, there was one instance that inspectors found whereby an applicant was interviewed by one person only. The registered proprietor must ensure that all

selection panels are properly constituted with a minimum of two members appointed to the panel.

A staff recently recruited stated that the interview process was robust, and they were expected to demonstrate a good understanding of child protection and safeguarding in interview. Contracts were evidenced on file and signed by the contracted staff. Staff interviewed confirmed they were provided with a job description which outlined their role and responsibilities. A sample of supervision files evidenced that probationary reviews were carried out in line with centre policy for newly recruited staff. The probationary reports evidenced a review of the staff members competencies and evidenced accountability, learning and goal setting in relation to work practice. There were systems in place for all staff to complete mandatory training and additional training for staff was also provided based on the needs of the children and to further develop competencies in the team. Personnel files were maintained for all staff members and stored electronically in a secure manner and training certificates were also evidenced for each individual staff member on electronic files.

The inspectors found that the registered proprietor recruited and retained staff in the centre with the necessary qualifications, skills, competencies and personal attributes appropriate to their role to provide care and support to the children placed in the centre. The centre had a stable consistent cohort of staff. Two additional staff joined the team mid 2024 and one staff member commenced working in the centre in January 2025. Therefore, there was continuity of care and the children experienced stability. The centre manager and the deputy manager supported the team in their work. The team comprised of the centre manager, deputy manager and eleven team members, comprised of four social care leaders, seven social care workers, with one staff working parttime and a point five houseparent post. The required competencies for the social care leaders were clear and they were familiar with their roles and responsibilities. There were four staff members available to the children each day. While the centre routines were busy the inspectors found there were sufficient staff to care for the numbers of children living there.

Staff morale in the centre was good as confirmed by the staff interviewed and through the inspector's engagement with other staff throughout the course of the inspection and observations of staff interactions. The staff members displayed a sense of joy and nurturing in their work and a commitment to the children they cared for. The centre manager was an experienced practitioner who provided strong leadership. There was an evident culture and ethos in relation to providing quality care in the centre and this was led out by the centre manager who staff confirmed was accessible to them on

a daily basis. Staff who spoke to the inspectors confirmed they had confidence in the management and leadership in the centre. The leadership and governance in the service resulted in quality, safe care being provided to the children at the time of this inspection.

The service had a written code of conduct for staff. Staff interviewed struggled to outline the content of the staff code of conduct and were not familiar with the code of conduct of their own professional regulatory body. The centre manager indicated this was previously displayed in the staff office. The inspectors recommend the centre manager review the centre code of conduct periodically with the team and once again signpost for staff the code of conduct for their own professional regulatory body.

| <b>Compliance with Regulation</b> |                                      |
|-----------------------------------|--------------------------------------|
| <b>Regulation met</b>             | <b>Regulation 6<br/>Regulation 7</b> |
| <b>Regulation not met</b>         | <b>None identified</b>               |

| <b>Compliance with standards</b>                                 |   |
|--|---|
| <b>Practices met the required standard</b>                       | <b>Standard 6.2</b>                                     |
| <b>Practices met the required standard in some respects only</b> | <b>Not all standards under this theme were assessed</b> |
| <b>Practices did not meet the required standard</b>              | <b>Not all standards under this theme were assessed</b> |

#### **Actions required**

- None identified

## 4. CAPA

| Theme | Issue Requiring Action   | Corrective Action with Time Scales  | Preventive Strategies To Ensure Issues Do Not Arise Again   |
|-------|--|---|---|
| 4     | The centre manager in consultation with the social worker for each child must develop a plan to provide appropriate guidance for the children in relation to physical and sexual development dependent on their age and developmental stage. | With immediate effect. Home manager has consulted with social workers for 4 young people to devise a plan of work in relation to providing guidance for keyworks in relation to physical and sexual development. Discussion and plan of work has already been agreed and formalized for our eldest young person. Home management have liaised with Ashdale's Therapeutic Support Team in relation to supporting staff with building their confidence in delivering these educational pieces of work in a more child centred and confident manner. | Following admission of a young person, the home management team will agree a plan of work in relation to physical and sexual health which is appropriate to their age and developmental stage. At a young person's initial individual placement plan meeting, this area of work will be explored and guided in conjunction with Ashdale's Therapeutic Team. |
| 6     | N/A  |   |   |