



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 226

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Two Young People
Type of Inspection:	Announced Inspection
Date of inspection:	23rd, 24th and 25th June
Registration Status:	Registered from 8th September 2023 to 8th September 2026
Inspection Team:	Lorna Wogan Anne McEvoy
Date Report Issued:	10th October 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support, (Standard 1.6 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.1 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.3 only)	
4. Corrective and Preventative Actions	19

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 8th September 2023. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from the 8th September 2023 to the 8th September 2026.

The centre's registration status was altered in January 2025 with a change from the provision of short-term emergency care to medium to long term care to accommodate the ongoing assessment and care needs of one young person. The centre is currently registered to provide dual occupancy, medium to long term care for young people aged from 13 to 17 years on admission. The purpose of the centre is to deliver a high-quality service to young people with higher complex needs and vulnerabilities. There was an evidence-based model of care in operation that provided a framework for practice which was informed by research on developmental trauma, attachment and positive behaviour support. The residential team were supported by a therapeutic support team with tiered levels of therapeutic intervention based on the programme of care and the needs of the young person. There was one child living in the centre at the time of the inspection. This was a single occupancy arrangement and was subject to ongoing review by the placing authority.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
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, 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 person, 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 19th August 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 10th September 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: 226 without attached conditions from the 8th September 2023 to the 8th September 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

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.

The inspectors found that the centre provided child-centred care and support. The care approach and the care programme in place was designed to support the child's specific care and support needs. There was an evident focus on hearing the child's perspective and there was evidence that the child was beginning to develop trusting relationships with members of the management and staff team. Their right to be listened to and to participate in decisions made about their life was evident in practice, while taking into account their age, ability and maturity. The child had participated in their care plan review and external professionals praised the work undertaken by the centre to date that enabled the child's participation at care plan meetings.

There was a complaints policy in place that was known and understood by staff interviewed. The inspectors found that the centre's external auditing systems had previously highlighted instances where the staff had not recognised the voice of the child. An overview of care practice and an analysis of complaints made by the child was undertaken by the acting centre manager. A range of systems and practice initiatives were implemented to ensure the child felt their voice was heard. In instances where staff responses to the child around their complaint was not child centred this was evidenced as addressed in staff supervision. The inspectors found that the outcome of maintaining this child-centred approach helped the child to resolve conflict and issues as they arose for them. There was evidence of improved outcomes for the child and they reported to the inspectors that they did feel the adults listened more to them than previously and the manager and key staff helped them to sort out their issues. The child was able to identify key adults that they would go to if they had a problem and named their parent and Guardian ad Litem as key people they trusted. There was evidence that the centre managers, staff and external professionals were invested to support and build on parental contact and communications and the child felt positive about this. There was evidence that all professionals consulted and responded to the child's wishes in this regard. The child's

mother also felt positive about their child's care and the support they had received from the acting centre manager, the staff team and external professionals to build on their relationship with their child.

The inspectors found evidence that the managers and staff team helped the child understand the centre's complaints process. There was evidence across the centre records and in practice in terms of how they listened to the child and how they explained decisions the adults made yet acknowledged the child's point of view. The inspectors found examples of where staff practice changed in response to issues raised by the child and examples where their views and opinions were considered in individual work and key working sessions. There was evidence the acting manager undertook significant discussions with them to acknowledge when things had gone wrong for them and how the staff team would ensure they helped them in alternative ways to support their needs. All staff interviewed acknowledged there had been a cultural change in their practice over the past number of months in relation to hearing the voice of the child and responding to their specific needs.

There was a comprehensive record management system in place to track and monitor complaints. A complaints log was maintained and the inspectors found this was kept up to date and aligned to the complaint records on the child's care file. Notifiable complaints were reported to the social worker on a significant event report and non-notifiable complaints were notified to the social worker by email or verbally. Additionally, all complaints were forwarded to the organisation's complaints officer for tracking and review through an organisation email address. The outcome of complaints made were recorded on file and/or cross referenced in individual pieces of key working on the child's care record. There was a pro forma developed to evidence feedback provided to the child following a complaint or issue raised. There was evidence of managers checking back in with the child to ensure there were no unresolved issues following complaints. The inspectors found the approach to managing complaints with this child had contributed to them slowly gaining trust in the adults caring for them. This view was supported by the social worker and the Guardian ad Litem.

There was evidence of good oversight of complaints through the internal governance systems and the external auditing processes. The team meeting records evidenced discussions in relation to the complaints policy and the complaints process. To further improve this process at team meetings the inspectors recommend further discussion around the implementation of the complaints process and how well or not it continues to support the child based on their specific needs.

The social worker and Guardian ad Litem were satisfied they were notified in a timely manner of all complaints. They commended the way the centre managers engaged with the child and their parent in discussions about the child's care. Both professionals confirmed good collaborative working relationships between all relevant parties. The parent interviewed also stated they felt their voice was heard in discussions about their child's care. They were aware of the centres complaints process and how to make a complaint to an external body. The parent who spoke to the inspectors confirmed they had no complaints about their child's care and were very happy with the standard of care to date.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.6
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 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

There was a well-developed child protection policy in place and staff interviewed were aware of their responsibilities under Children First (2017). The acting centre manager was the named designated liaison person and the deputy manager was the named deputy designated liaison person. Appropriate training was completed in

relation to these safeguarding roles. Staff were familiar with the reporting procedures aligned to Children First. Staff supervision records evidenced a focus on safeguarding and child protection procedures. All staff had completed Children First training and all staff apart from the centre's support worker had completed Tusla's online mandated persons training. The managers confirmed that all staff working in the centre were mandated persons therefore it is imperative that the support worker completes this training. The support worker had just commenced working in the centre and the regional manager confirmed this training would be completed by them. Staff also completed additional training on child protection through an external training programme. Despite several newly recruited staff members to the team the inspectors found there was a strong commitment by the organisation to ensure all staff complete their mandatory training in a timely manner.

There was a child safeguarding statement (CSS) developed and displayed in the centre. The inspectors found the CSS was a lengthy document and while it identified the risks of harm as defined under the Children First Act 2015 it also outlined many other risks associated with children's behaviours and not related to harm as defined by the Act. The inspectors suggest this may be the reason why staff were unable to succinctly identify the risks associated with any potential harm or abuse as defined under the legislation. The director of governance, quality and training informed the inspectors that child safeguarding statements across the organisation were currently under review as they were found to be too cumbersome. A more succinct statement was required to ensure staff had clarity in relation to the identified risks of harm and abuse in line with the Children First Act 2015. The inspectors found that child sexual exploitation was not identified as a risk on the centre's CSS and must be identified on the revised statement with the mitigation measures set out to address this risk. In addition, the acting centre manager must ensure the signature of the Relevant Person in relation to the centre's CSS is inputted on the statement displayed in the centre. The social worker and Guardian ad Litem were satisfied the centre staff were alert to risk and implemented appropriate safety plans to manage identified risks.

Child protection and welfare reports were maintained on the child's care records. A register of all reported child protection and welfare concerns were maintained on a separate log which was used by managers to track such concerns and ensure an outcome from the social work department was recorded. There was one reported child protection concern relating to the child in placement on file. This was evidenced as closed by the social work department. The concern was discussed at a multi-disciplinary meeting and appropriate actions were taken to mitigate the risk at that time. The inspectors found that two separate complaints made by the child contained

a child welfare/protection concern however they were not reported as such and were classified as complaints. The acting centre manager stated they informed the social worker of the reported concerns and the social worker in one instance met with the child and screened out the concern. In the second instance the centre manager provided the social worker with written reports detailing statements from staff involved and the written report of the incident. Based on these reports the social worker determined the incident did not meet the threshold of harm and subsequently met with the staff involved and the child themselves to discuss the incident. In both instances the feedback was provided to the child on the outcome of the allegations of concern. The inspectors found that in one of these instances of the child protection allegation made by the child was not reported in line with Children First (2017). Where an allegation of harm is made the acting centre manager must ensure it is managed in line with their own policy regarding allegations against staff members and reported under Children First (2017).

The parent interviewed stated that staff provided them with weekly updates on their child including incidents of concern. The child told the inspectors that they felt safe living in the centre. There were risk assessments on file to address areas of vulnerabilities and safeguards in place to mitigate such risks. The child was in the early stages of settling into their care placement and given the child's complex presentation work had not yet commenced on more sensitive topics such as self-care and protection, gender identity and sexual development. The inspectors were informed that as the placement progressed all professionals acknowledged the need for this work to be undertaken in time. This work will be guided by the therapeutic support team and external professionals as it required sensitivity and careful planning given the child's complex needs and diagnosis.

There was a written policy on protected disclosures. All staff interviewed were familiar with the process for making a protected disclosure. There was evidence in staff interviews that reflective practice, constructive feedback and an openness to challenge practice was a feature of the teamwork. The inspectors recommend that when the policy is next reviewed that the relevant legislation in relation to protected disclosures is signposted and explained in the policy and that there is more emphasis on reassuring staff that they can make a protected disclosure without fear of adverse consequences to themselves.

The inspectors reviewed the personnel files of recently recruited staff members. There was evidence that the staff were recruited in line with legislation, the services recruitment policy and in line with evidence-based human resource practices. There

was appropriate Garda vetting on file for all staff and verification of the applicant's identity, qualifications and references.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that child exploitation is identified as a risk on the centre's child safeguarding statement with the mitigation measures set out to address this particular risk.
- The centre manager must ensure the signature of the Relevant Person in relation to the centre's child safeguarding statement is inputted on the statement displayed in the centre.
- The centre manager must ensure that where there is an allegation of harm made against a staff member the incident is managed in line with the centre policy and Children First (2017).

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 interviewed understood their respective roles and were provided with a written job description. In addition, on commencement of employment staff completed both organisational and centre specific induction training. Following the appointment of the deputy manager, the regional manager completed joint supervision with the acting centre manager and the deputy manager

to ensure clarity in relation to their respective roles. There was evidence the acting centre manager and deputy manager provided opportunities for the social care leaders and social care workers to develop and progress in their respective roles. While many of the care staff were recently recruited and new to the team every effort was made to ensure they were supported by more experienced staff members. However, the inspectors found that there was lack of clarity around the role and responsibilities of a support worker who was recently employed within the centre. While the job description for the support worker was evidenced as discussed at a management team meeting, the inspectors found that the parameters around the role had not been adhered to. This worker was not supernumerary to the required 2:1 staffing ratio when the inspectors were at the centre. In addition, there was lack of clarity in relation to the support worker undertaking physical restraint interventions if required. While the support worker had completed the behaviour management training there were delays in securing registration with their professional regulatory body therefore their behaviour management training certificate was withdrawn by management. The situation where this support worker was not supernumerary to the required staff ratio presented significant risk as they were not authorised to undertake agreed restraint interventions. There was lack of clarity in relation to this when the inspectors spoke with the support worker and another staff member. The director stated they would ensure that their HR services review the role of the support worker at the next management meeting to ensure there was absolute clarity around the parameters of the role.

The inspectors found there was a culture of learning in the centre. Staff were facilitated to attend in-service training and external learning forums. External audits identified good practice and deficits and there was evidence of action taken to promote improvements in work practices and to achieve better outcomes for the child. Learning and sharing of information were evident in team meeting and management meeting records. The outcomes of significant event review group meetings were shared at team meetings. There was evidence that team meetings were undertaken on a regular basis in 2025 and the meeting records evidenced a wide-ranging agenda to support safe and effective care. Every second team meeting was dedicated to reviewing and planning the child's care. The inspectors found that staff attendance at team meetings was low due to requirements to have staff on duty, reduced staffing resources and that several staff worked parttime hours, however there were systems in place to ensure staff read and signed the team meeting records, and this was verified by the inspectors. The acting centre manager acknowledged the low attendance and was addressing this issue at the time of the inspection. An external psychologist facilitated a reflective space each quarter for the team members

whereby they came together to discuss teamwork and how effectively they were working together with the child in placement. In addition, a team building day was facilitated a few months prior to the inspection. The organisation had updated their employee assistance programme for staff with a targeted emphasis on staff wellbeing. Wellbeing check-ins formed part of the team meeting and supervision agendas. Staff interviewed were aware they could access external individual support if required.

The centre management team had identified that annual appraisals, and probationary reviews had not in all cases been undertaken in line with centre policy. The director informed the inspectors they were currently updating the annual appraisal pro forma and there was evidence the acting centre manager had commenced a process to catch up on outstanding appraisals and probationary reviews. The inspectors found that supervision records were to a good standard and evidenced accountability, support and development. Supervision was subject to external auditing. Deficits and gaps in the supervision process were identified in audits and rectified. In the months prior to the inspection there was a renewed focus on completing monthly supervision with staff. At the time of the inspection supervision was found to be regular and in line with policy. The inspectors found that supervision contracts were in place and signed by the supervisor and the supervisee. Supervisors received appropriate training to undertake supervision and staff interviewed were familiar with the supervision policy and the purpose and function of the supervision process. Records of the supervision meetings were signed by both parties.

The acting centre manager received monthly supervision provided by the regional manager and the supervision records reviewed evidenced accountability, learning, development and support.

The inspectors found that there were procedures in place to protect staff and minimise the risk to their safety through safety planning, lone working policies, training in behaviour management, supervision and debriefing processes following critical incidents. Guidance and support for the team to implement the therapeutic programme of care was provided by members of the organisation's therapeutic support team. Staff interviewed confirmed they were supported by the centre managers and the external managers who periodically attended team meetings to listen to staff concerns. The staff supervision records evidenced the support offered to staff in circumstances where they were impacted by their work. The flexibility and commitment of the staff team was acknowledged and commended by the external managers at a team meeting. Morale within the team was described as positive at the time of the inspection and there was evidence of good communication and collaboration between the acting centre manager and the deputy manager.

The inspectors found that the child in placement had experienced several staff changes over the past nine months following their admission to the centre. While there was sufficient relief staff to ensure adequate numbers on duty, the staffing situation did not lend itself to continuity of care for the child in placement. In addition, three of the identified core staff members recently recruited worked parttime hours. The external managers confirmed they had undertaken a recruitment process and they provided the inspectors with evidence of the onboarding status of three staff members which will rectify the staffing deficits and ensure more continuity of care to the child.

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
3	The acting centre manager must ensure that child exploitation is identified as a risk on the centre's child safeguarding statement with the mitigation measures set out to address this particular risk.	With immediate effect the child safeguarding statement has been updated to include the risk of child exploitation as well as outlining control measures.	The organisation is reviewing all child safeguarding statements to ensure they are more succinct, and staff have better clarity in relation to the identified risks of harm and abuse in line with Children's First (2017). Educational work will be carried out with the young person regarding the risks contained within.
	The acting centre manager must ensure the signature of the Relevant Person in relation to the centre's child safeguarding statement is inputted on the statement displayed in the centre.	With immediate effect the relevant signature has been added to the child safeguarding statement and is on display in the home.	Review of child safeguarding statements will be built into our record management system which will require on a minimum quarterly review by management. Regional managers will monitor the system to ensure all procedures and actions are completed within timeline.
	The acting centre manager must ensure that where there is an allegation of harm made against a staff member the	At team meeting 25.8.2025 the acting centre manager reviewed the policy for managing allegations of harm, with	All new staff will undertake training during induction regarding the policy and procedure. Additionally, a designated

	incident is managed in line with the centre policy and Children First (2017).	specific reference to Children First: National Guidance for the Protection and Welfare of Children (2017). The acting centre manager will seek staff's understanding of the policy via monthly supervisions.	safeguarding officer will review all incidents involving allegations to confirm that procedures were followed correctly. As part of regional manager visits and quality assurance manager's audits in the home, they will satisfy themselves that policy has been followed.
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