



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 262**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ltd</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>20<sup>th</sup> &amp; 21<sup>st</sup> May 2025</b>
<b>Registration Status:</b>	<b>Registered from the 24<sup>th</sup> of October 2024 to the 24<sup>th</sup> of October 2025</b>
<b>Inspection Team:</b>	<b>Eileen Woods Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> August 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 24<sup>th</sup> of October 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 24<sup>th</sup> of October 2024 to the 24<sup>th</sup> of October 2025.

The centre was registered to provide care and accommodation for up to six young people seeking international protection aged between sixteen to eighteen years of age. The model of care is person centred inclusive of respect for the individual and their care needs working within a collaborative approach. There were six young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

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 9<sup>th</sup> of July 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 23<sup>rd</sup> July 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: 262 without attached conditions from the 24<sup>th</sup> of October 2024 to the 24<sup>th</sup> of October 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 11: Religion**

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

**Theme 1: Child-centred Care and Support**

**Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.**

This was the first inspection of a new centre. There were six young people living at the house and they greeted the inspectors warmly and spoke briefly about doing well at the centre. They also provided written feedback on their experience of the care they were receiving there. Inspectors observed a busy and warm environment on the days of inspection, with staff and young people sharing lunch and spending time organising their days and activities. The young people were seen to approach staff and the centre manager in particular for requests and interactions. The centre itself had ample space with games, sports equipment and recreational areas available inside and outside.

Items that came up for the young people related to the strength of the wifi signal in areas of the house or the wish for a closer bus stop. Overall, the young people told inspectors that they were doing well, that they were “understood as a teenager”, that there was “positive energy” in the house that they were safe “everything I need is here”. There had been notifiable complaints made and also some disagreements between young people, a young person told inspectors that when young people disrespect each other something is done about it by the centre manager and staff. All complaints had been processed and responded to and where a young person remained dissatisfied the social work team leader and principal social worker, the centres regional manager and other professionals became involved in positive problem solving. This had led to improved community connections and to an agreed system of weekly time set aside, with a translator, for any concerns to be talked through with that young person or any other young person if they may benefit from it.

From the point of admissions onwards there was evidence of induction on rights for the young people and orienting them to the centre and service. The records supported



that young people could opt to use English if they wanted as they had been living in Ireland for a period of time or a translator. Inspectors found that the centre manager consistently held the standard use of translators for important medical or other appointments, and it was scheduled as routine. The UN convention on the rights of the child was referenced during induction into the centre in person and in written information provided to the young people. Inspectors found that the realisation of those core rights had been turned into actions on safe care, education, health and well being. The young people were pursuing language skills, work skills, qualifications and life skills such as swimming, cycling and plans for driving lessons.

The staff and centre manager had good insight into the rights based aspects of the core work at the house as well as supporting the young people through the various legal processes they have ongoing. There were records saved related to contact with all types of professionals, these were well organised to allow for tracking matters that required follow up.

Regarding respect and dignity for young people we heard from a young person, as stated above, that when or if young people did disrespect each other that staff intervened to ensure it does not happen again and helped them through it. There were records of discussions undertaken with the core group about shared living and the personal responsibility, compromises and understanding all needed to make. There was positive evidence around regard for different religions, cultural or ethnic origins.

The young people's dietary needs were well planned for and appropriate shopping completed. Feedback and complaints from young people around shopping and supplies had been responded to by changes and initiatives. Discussions and decisions around these topics were evident in young peoples and team meetings, placement plans, complaint responses and handovers. The daily log record captured day to day life well including diet.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 11 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.1</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>

**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.**

The organisation had provided training for staff in child safeguarding policy and procedure, there were also training certificates in Children First, the mandated persons role and child sexual exploitation. Inspectors found that during staff interviews they struggled in different ways to identify what training they had received and when. Their child protection policy knowledge was not of a consistent standard and therefore was found by inspectors to require additional training and specific follow up.

The child safeguarding statement CSS was similarly poorly understood and the risks identified within it could not be named. With regard to the reporting of child protection concerns or disclosures there was also uncertainty about how to complete this and what the full role of the designated liaison person DLP might be. The staff team had a better recognition and knowledge of the whistleblowing policy. Staff could not fully describe how they could access the Tusla child protection and welfare reporting portal independently nor through which email but did state that they understood that whilst the DLP was there for advice that they would report independently. Inspectors found that whilst the team were qualified and were still

building competencies and experience they relied significantly on the centre manager for daily guidance and direction on all aspects of the policy and CSS knowledge.

There had been child protection reports completed, in the main by the centre manager, and thereafter tracked through the social work department. A record was kept of these including the relevant details of the portal reporting number, dates and supporting records. Correct policies were adhered to regarding safeguarding and investigative procedures following an allegation.

As stated inspectors found that the child protection and safeguarding policies and procedures required renewed training with guidance extracted for staff, in translated or dual language formats also if that might be helpful to all team members. Staff had some awareness of complementary policies but there needs to be additional work on how they identify those allied or complementary policies such as lone working or the code of practice given incidents that had taken place in the preceding months. There were occasional records of lone working staff feeling pressured or intimidated by a young person and although support was given it is important that the planning and policy knowledge is also there to build confident practice.

Consideration should also be given to the translation of the child safeguarding statement which was displayed on the young peoples notice board. There was evidence of good additional information displayed for the young people to assist them in their day to day life. Such as information on relevant organisations and services and the young people had been given information related to independent advocacy organisations and about Tusla's complaints system 'Tell Us'.

Inspectors spoke to staff about the safeguarding of young people and what their current areas of vulnerabilities might be. The staff were able to describe the areas identified for the young people. The records displayed information that the young people's areas of vulnerability by virtue of the legal status, journey, country of origin and current societal risks were well known. In response to this safety plans had been created on how to build communication skills and add to their ability to be safe and engage in the wider community. These included being safe in the community, knowing how to get around and how to stay in touch with staff, road safety skills through a cycling club and attending the GP. The young people had absence management plans in place agreed with the social work department, all the young people had access to ensuite bathrooms, something several of them named as a positive.

Inspectors found that it was in the area of structured direct work in key work that action was required. There was no evidence found of key work with young people relating to how to be safe online, structured and planned sexual health and development work, understanding forms of exploitation, what current Irish law was in this area and relevant cultural information on Irish society. Inspectors did note that there was an open and direct response once the young people raised any questions but there needs to be a structure around core topics. Inspectors advised making the placement plan more specific regarding key work topics and objectives that can be delivered by staff and updated onto the placement plan.

Inspectors found that upon arrival to the house that it was difficult to identify the main entrance and that it was possible to enter and exit without staff knowledge. This was also noted by other professionals who found that due to the layout of the centre and the location of the staff office on the third floor that the centre would benefit from improving security at entry and exit points to alert staff to people's arrival.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1</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 and regional manager must ensure that child protection and safeguarding policies, procedures, roles and responsibilities information are delivered in focused and structured training modules. And regularly tested regarding knowledge thereafter.
- The centre manager must revise with all staff the means by which a child protection report can be made to Tusla.
- The centre manager and regional manager must ensure that core topics relevant to safeguarding and online safety are completed with young people through their placement plans and key work planning and delivery.

- The centre manager and regional manager must review the entry and exit points at the centre and establish enhanced safety measures for alerting staff.

## **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.**

Inspectors found that the centre manager, who took over a month after the centre opened, had established themselves in their leadership role and was well informed about the diverse client group they were providing care for. There was positive feedback from staff and young people about their availability and the support they offered. Inspectors found that they had good oversight of the centres care provision and record keeping and they provided a teaching approach to the work with a view to upskilling the staff. The centre manager reported to a regional manager through a weekly operations report, the regional manager supervised the centre manager, visited the centre and chaired monthly managers meetings. The regional manager ensured that the complaints and any serious incidents were escalated to the organisational serious incident review group, one had been completed with workable feedback for the centre that was then implemented in practice.

Inspectors found evidence of the managers oversight across all records, with oversight and responses to the care standards for young people to the fore. The centre manager also did a significant amount of the recording in particular the significant event reporting. Inspectors identified deficits in recording and some issues related to English as a more recent second written and spoken language for some staff. The team members that inspectors interacted with positive, qualified and committed to their work, the young people found them to be supportive and safe. To support the teams ongoing development therefore there must be training given in reporting and recording in order to assist the staff team to grow their competencies in this area. The centre management team had one team leader in post at the time of the inspection due to staff changes, there was a commitment from the organisation to have two dedicated and trained social care leaders for this centre. Inspectors found that this

was required for the centre in order to allow the centre manager to formally delegate more tasks and to assist with the ongoing upskilling of the team.

There were a set of policies in place, with evidence of induction having been completed by all staff in those policies. The centre manager also regularly directed staff to policy to read and discuss in team meetings and supervisions. As stated, this remained an area that inspectors found additional focused work was required to enhance staff knowledge. The policy suite contained a policy on rights and inspectors recommend that the policy group, which sits at a senior level in the organisation, look at policy development in the areas of anti-discrimination and diversity. There was a service level agreement in place to provide this service for the separated children seeking international protection team within Tusla and routine reporting took place from the organisation to Tusla during this contract.

There was a risk management policy and procedure in place, this was implemented by the centre manager and shared with the regional manager for oversight and feedback. There was a risk register in place that listed the core risk areas, risk assessments were created that built on actions and measures to mitigate or manage risks. The register did not identify staff experience and communication skills and this could be considered whilst actions are developed to support the team further. The risks were reviewed monthly and/or as needed and were divided into a centre risk register and individual young people risk registers per file. Where a risk was rated as higher for a young person this generated a safety plan which was specific to safeguarding and reduction of that risk, including group safety in shared living. Inspectors found that staff understood that there was a risk management system, with risk assessments and were aware of absence management plans and safety plans in particular. Inspectors recommend that that staff team continue to be exposed to how to complete risk assessments to assist them in their daily work for example how to dynamically use the risk assessment approach when a challenge occurs.

Each of the young people had absence management plans (AMP) on file, agreed by their social work department. There had been an incident where two young people left the centre without permission or explanation. Inspectors found that there was a time gap in notifying the young people as missing child in care in line with the AMP's. The social work professionals confirmed that this was due to the centre manager working with them and the relevant authorities during the event until the incident was resolved well, in a timely manner, for all parties. Inspectors found that it would be important to review this with staff to ensure that all knew that this was an exception and that all young people should be reported in line with the agreed AMPS

on file. A review of the AMP's to add clarifying details related to reporting procedures and testing times should also be considered in consultation with the social work department.

There had been a one off delegation of tasks completed for the centre managers one short leave period. There were daily and weekly delegations on record for all staff as well as the social care leader staff. The delegation lists completed by the centre manager for their leave was detailed and well organised to maximise good governance at the centre whilst they were absent.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</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 must put in place an ongoing delegation list with their team leaders.
- The centre management in consultation with the training team must ensure that they review the training needs analysis for the centre to identify and implement any additional strategies for supporting staff learning and development.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager and regional manager must ensure that child protection and safeguarding policy, procedures, roles and responsibilities information are delivered in focused and structured training modules. And regularly tested regarding knowledge thereafter.	With immediate effect, the policy and procedure on Child Protection will be a standing agenda to discuss with the team at monthly team meetings along with scenario based competency questions for home manager to satisfy learnings. This was carried out at team meetings on 05-06-25 & 10-07-25, Safeguarding training was completed by Home Manager at Team meeting on 10-07-25.	Home manager as part of coaching and development of staff knowledge and experience will continue to support staff in their understanding of Child protection and associated legislation, policies and procedures. Regional manager as part of their visits will speak with staff covering this topic to satisfy themselves that staff knowledge on the policy meets requirements.
	The centre manager must revise with all staff the means by which a child protection report can be made to Tusla.	With immediate effect, home manager will demonstrate to staff individually on how they can submit a CPWRF independently via Tusla. Home manager will complete this via 1-1 supervisions in July and August 2025.	As part of local induction to the home, home manager will review this process with new staff. Home manager will complete regular check ins with staff to ensure they fully understand their role and responsibility. Regional manager as part of their visits will ask staff their knowledge of said processes.
	The centre manager and regional	With immediate effect, home manager	Home management will ensure the Key



	<p>manager must ensure that core topics relevant to safeguarding and online safety are completed with young people through their placement plans and key work planning and delivery.</p> <p>The centre manager and regional manager must review the entry and exit points at the centre and establish enhanced safety measures for alerting staff.</p>	<p>liaised with keyworkers and have rolled out a key work planning schedule to ensure all relevant topics are discussed with Young People. IPP's have been reviewed and skills required for independent living and safeguarding have been included.</p> <p>The front electric gate to be re-connected along with intercom which will alert staff when visitors arrive on the grounds. This will be completed by 29.08.25</p>	<p>work schedule is updated monthly to ensure to capture all areas young people require support in. Regional manager as part of their visits to the home will satisfy themselves that actions identified in the young person's plans are completed.</p> <p>Home manager and Regional manager will continue to monitor the environment and should any issue arise put measures in place to address.</p>
5	<p>The centre manager must put in place on ongoing delegation list with their team leaders.</p> <p>The centre management in consultation with the training team must ensure that they review the training needs analysis for the centre to identify and implement any additional strategies for supporting</p>	<p>With immediate effect, the home manager has implemented a delegation of tasks list and roles and responsibilities have been assigned to Team Leaders along with additional.</p> <p>Home management will complete a training needs analysis by 25.07.25. Where additional training is required, this will be submitted to the training department to be facilitated.</p>	<p>Regional manager will support home manager and as part of visits will review delegation of tasks within the home and provide support if required.</p> <p>The home manager will monitor changing needs of the home and young people as the need arises, additional training to be requested and provided. Home manager will complete and submit an annual</p>

	staff learning and development.		training needs analysis at minimum. Where needs are identified, this will be provided.
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