



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 271

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	25th & 26th March 2025
Registration Status:	Registered from 6th of December 2024 to 6th of December 2025
Inspection Team:	Lisa Tobin Cora Kelly
Date Report Issued:	4th June 2025

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 6th of December 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 6th of December 2024 to the 6th of December 2025.

The centre was registered to provide multiple occupancy care to six young people aged sixteen to seventeen on admission. The centre supported young people who come under the care status of separated children seeking international protection (SCSIP). The centre worked from a person-centred model of care, focusing on meeting the unique needs of the young people. It emphasized respecting individual autonomy, tailoring care plans to personal preferences, fostering collaboration, empowering individuals in their care decisions and ensuring continuity of care. 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	1.1,1.4
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, an allocated social worker, and the SCSIP co-ordinator for this organisation. Wherever possible, inspectors will consult with the young people. 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.

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 1st of 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 15th of May 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: 271 without attached conditions from the 6th of December 2024 to the 6th of December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

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 for this new centre. The young people who were placed in this centre were separated children seeking international protection (SCSIP). Inspectors found evidence of staff completing work with the young people about their rights and about the UN convention on the rights of the child.

During interviews with staff, inspectors found that there was a focus on aftercare and independent living skills being developed with the young people. While this was one area where the young people required support, there also needs to be a heightened focus on how staff approached and communicated with the young people to ensure that their safety needs and emotional needs were being met. The review of the care records did not evidence this work, considering the potential trauma suffered by the young people prior to coming to Ireland and on their journey here. Throughout the care records review, inspectors saw that a number of young people were having issues with sleeping, however inspectors did not see this followed up or named in their individual placement plan (IPP) or in their needs assessment form. There was no link noted by staff regarding the presenting sleeping issues and other presenting concerns such as pain as potential emotional and psychological needs of the young people based on what trauma they had experienced. Inspectors recommend that staff are provided with appropriate training to enhance their knowledge of the needs of young people seeking international protection.

Inspectors found that the young people were supported in their diversity through different key working sessions and staff ensured the young people had what they needed to be part of the decision-making process in the centre. Young people

participated in weekly young people's meetings and translators were used for this purpose. Inspectors found from interviews and records that the shared learning opportunities on diversity between the team and young people could be further developed.

The staff supported the young people with their culture identity and religious beliefs. This was evident with prayer mats provided, staff bringing the young people to their place of worship, the young people were supported during Ramadan and celebrations were planned for Eid. There were decorations in the house in recognition of their celebrations.

The dietary needs and requirements were managed within the centre. Inspectors heard from staff that there were enough resources financially to manage the dietary needs of the young people. The young people were given a separate budget to purchase their foods, and they could add to the general shopping list also. Menu planning was part of the weekly young people's meetings and separate dinners were available for all, depending on their needs. Young people enjoyed cooking for themselves and were sharing their traditional meals with staff and peers.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

The centre had an admission policy which outlined what the young people were to be informed of as part of their admission process. The policy outlined the use of interpreters as there were language barriers between the young people and staff. As part of the admission process, key working was completed with the young people around the house rules, complaints and keeping safe in the community with the support of interpreters and google translate. For the newest resident there was no record of a translator being present, however staff had used google translate. A checklist template for admission was provided to inspectors. It was in place to ensure relevant information was provided to the young people. Inspectors recommend that translators must be used as part of the admission process for all the young people to ensure they understand the information been provided. Some of the young people had a better level of English compared to their peers. Staff stated that interpreters were used more frequently at the beginning of their placements but that the young people stated they prefer to use google translate now.

The young people were provided with a booklet about the centre as part of their admission. The booklet was currently in English, and the regional manager informed inspectors that the organisation was in the process of getting the booklet printed in

other languages. Once this has been completed, they will be given to the young people in their own language. The plan was to have access to approximately twelve different languages of the booklet. For the young people who had an interpreter at their admission, they were informed of the contents in the booklet during this call which included what to expect from living in the centre.

From the file review, inspectors found that interpreters were used for five of the six admissions, for the international protection office (IPO) interviews, for garda interviews, for young people's meetings and for when they attended the dentist at the dentist's request. The team should consider that translation services are made available for the young people when discussing any sensitive or significant information to ensure they understand what they are being told, for example, any sensitive or significant incident follow up regarding concerning or risk behaviours.

Inspectors met with one young person and used an interpreter to facilitate the conversation. The young person spoke highly of the care they received, the supports from staff, and stated that they had all they needed however wanted to know where they were moving to as they were turning eighteen that week. All six young people completed questionnaires which again were very positive about their care, rights, supports from staff and the activities they were involved in. Two young people mentioned how there was no footpath or bus to the town given the rural location. Inspectors were informed that staff had access to two centre cars and would drop and collect the young people to the local town. The young people also named in their questionnaires that they did not know their social worker/link worker, had not seen their section five placement plan and had not been part of the creation of a plan. This had been escalated by the centre to the social work department about the need for section five placement plans. All the young people were currently attending English classes four times per week. Staff stated that they felt this was beneficial to the young people and that it was helping the young people understand English. The young people were being encouraged to speak English in the communal areas.

One social worker and the Tusla SCSIP co-ordinator for this organisation spoke with inspectors and stated they were satisfied with the care being provided to the young people and felt that the staff were proactive in communicating with the social work department. Visits had not occurred to the centre by either of them but were planned by the SCSIP co-ordinator to visit during the Easter break. Inspectors informed the SCSIP co-ordinator that there were no section five placement plans on file for any of the young people and that two young people were without an allocated social

worker/link worker. The SCSIP co-ordinator stated they would follow this up and escalate, as necessary.

The young people were made aware of the support services available to them during young people's meetings and during key working sessions. Counselling was offered to the young people which was being provided externally for those who wished to participate. The young people were made aware of advocacy services such as the ombudsman for children (OCO), empowering people in care (EPIC) and Tusla's Tell Us. Information on Tusla's Tell Us was provided in their own language.

Community resources had been sourced for the young people such as a youth group, swimming, attending football matches and other sporting events had taken place to date. The young people enjoyed playing pool, going for walks, and cooking. There was evidence of the staff enquiring about other sporting activities that the young people wished to get involved with. The young people were informed about the National Standards for Children's Residential Centres through a group key working session.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.4
Practices met the required standard in some respects only	Standard 1.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that interpreters are available for the admission process for all young people and consider translation services for any discussions where areas of significance are being addressed with the young people.

- The registered proprietor must ensure that young people booklets are provided to the young people in their native language.

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 improvements were required regarding the overall governance and management of the centre. Gaps were identified in a number of areas regarding the oversight of paperwork, risk management, significant event management, knowledge, and management of child protection concerns. The centre must work towards developing a more enhanced culture of learning, quality, and safety for the young people and for the staff team.

There was a centre manager and two social care leaders that made up the internal management structure. The regional manager was an external support to the team and conducted centre visits at least once per month. The regional manager completed a report with actions attached for the centre manager to follow up on. The staff were aware of the governance structure within the organisation and knew who they could speak to if they had a concern. The staff were aware of the regional managers visit however did not receive feedback on their reports, findings, or actions. The centre manager must provide feedback to the team on the visits/audits completed by the regional manager to ensure they have awareness on what improvements or follow up was required.

As identified by the centre manager in interview, some members on the team did not have residential experience and therefore the centre manager was supporting those staff regarding their progression in skills development and report writing. This was an area the centre manager highlighted that they would continue to undertake daily and through supervision. The regional manager spoke of their support to working with the centre manager through supervisions and through regular communication given the new centre, the team in place and the gaps in governance oversight identified. It was evident to inspectors that there was development work being

addressed, however, ongoing and further supports were required to ensure the governance and oversight of the centre and the development in the young people's care was being responded to appropriately given the gaps that were identified by inspectors throughout the report.

There was a service level agreement in place for the organisation. There was a meeting planned with the funding body in early April 2025. There was no requirements or agreements in place with the funding body for the agency to provide evidence of compliance with relevant legislation and relevant national standards. The director of operations stated they would follow up with this at the meeting with the funding body.

The centre manager was identified as the person in charge with overall accountability, responsibility, and authority for the delivery of service in the centre. While inspectors found evidence of the managers oversight throughout the file review, there were gaps identified in the management of the significant events and child protection welfare report (CPWRFs) concerns and duplication of records on file. Inspectors saw significant events detailing the contents of CPWRF's and staff were not clear on the processes of reporting CPWRF's, despite having completed mandated person's training and the centre having a policy on this.

The centre policies and procedures had been updated recently. There were changes made to the admission and discharge policy to mitigate the possibility of young people over the age of the purpose and function being admitted and how the centre was to respond should this occur.

The risk management framework in the centre consisted of a centre risk register, an organisational risk register, individual risk management plans (IRMPs) and absent management plans (AMPs) for the young people and group impact risk assessments (GIRA). A review of the risk management system was required to ensure all risks are identified, assessed, managed, and linked where appropriate. Inspectors found that a group dynamic risk had not been updated within the IRMPs or the GIRA for when a new resident was due to be admitted to the centre. The GIRA was missing information about new concerns for one of the young people regarding the possibility of child sexual exploitation and the potential risk that peers may be over eighteen years. The centre management must ensure that relevant risk documentation is in place where safeguarding concerns arise for all young people. Inspectors noted there was a difference in the risks named in the young people's IRMP compared to their GIRA and these should be linked to show the same risks. AMPs' were on file for each

young person and were updated as required, however the relevant social workers/link workers did not sign these.

Inspectors reviewed the IRMP and found the risk matrix was not clear regarding the risk ratings and appeared to be missing a column to show proposed level of risk. Control measures to mitigate risks such as specific staff training was outlined in the IRMPs, however based on the training audit, it showed there were deficits for staff in the trainings named such as CSE training and Children's First. As outlined in the placement planning policy, the young people's individual placement plan (IPP) should be informed by the IRMP. Inspectors did not see evidence of risk, safety or emotional wellbeing considered in any of the IPP's reviewed. The centre management and staff need to be clear in acknowledging ongoing potential risk and managing those risks appropriately in conjunction with the social work department where necessary.

Inspectors saw that a self-administration medication risk assessment had been completed for a young person. When inspectors reviewed this, it became apparent that this was not relevant to the medication the young person had been given, and it did not appropriately reflect the risks with the young person holding this medication. This information was provided to centre management and to the regional manager. This was followed up by the regional manager during the inspection and a decision to cease all self-administration of medication was taken until the policy was reviewed.

Arrangements were in place for when the centre manager was absent. Delegation of tasks was in place daily for the staff. Officer roles were in place for staff such as health and safety, medication officer, car officer and health & wellbeing.

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 centre manager must provide feedback to the team on the visits/audits of the regional manager to ensure they have awareness of what requires improvement or follow up.
- The registered proprietor and regional manager must ensure that continued leadership supports are provided to the centre manager and the team to ensure that the overall governance and management of the centre improves.
- The regional manager must ensure that the centre manager and staff are aware of their role as mandated people.
- The centre manager must ensure the risk management processes in place are addressing any risk/safeguarding issues that are presented by the young people. The risk documentation must capture all relevant information on an on-going basis.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that interpreters are available for the admission process for all young people and consider translation services for any discussions where areas of significance are being addressed with the young people.	With immediate effect the use of interpreter services will be encouraged and supported for all admissions to the home. Where young people decline these offers, it will be clearly documented in their care records.	As part of needs assessment at the initial CRA meeting, it will be agreed meeting with the SCSIP coordinator and Social Work Department whether a young person requires the support of interpreter services. This will be clearly documented in Young People's care records. As part of the admission process, the young person will also be offered the use of interpreter services.
	The registered proprietor must ensure that young people booklets are provided to the young people in their native language.	On the 2.5.2025, all resident young people were provided with a further copy of the Young Person's booklet in their native language.	Ashdale Care's SCSIP service now have a library of Young Person's Booklets in a range of languages that can be utilised by the centre. Any new admissions to the home that require a language different to those in the library will have the Young Person's booklet transcribed prior to their admission.

5	The centre manager must provide feedback to the team on the visits/audits of the regional manager to ensure they have awareness of what requires improvement or follow up.	With immediate effect the home manager will provide feedback to the staff team in relation to the regional manager's visits/audits via daily handover meetings and staff team meetings.	Any feedback relevant to the team will be brought to the staff team meetings for the purpose of shared learnings and to ensure that all outstanding actions have been followed up on. This will be evidenced on team meeting minutes.
	The registered proprietor and regional manager must ensure that continued leadership supports are provided to the centre manager and the team to ensure that the overall governance and management of the centre improves.	With immediate effect, the regional manager will continue to complete routine check-ins throughout the week where support, guidance and advice will be provided. The regional manager will complete a minimum of two home visits per month and provide monthly supervision with a focus on continued professional development.	The home manager is participating in the Mentor Connect Training Programme which focuses on key themes for learning such as safeguarding, complaints and so on. The home manager is enrolled and participating in Ashdale Care's Leadership Academy [Management Programme]. The regional manager as part of their visits will temperature check documents to satisfy themselves the governance structures are being followed. The home will receive regular audits from Quality Assurance Manager.
	The regional manager must ensure that the centre manager and staff are aware of their role as mandated people.	On the 29.04.2025 the home manager completed a training piece with the staff team in relation to the role of the	The regional manager is scheduled to complete a follow up piece with the team on the 20.05.2025 to ensure they have the

	<p>The centre manager must ensure the risk management processes in place are addressing any risk/safeguarding issues that are presented by the young people. The risk documentation must capture all relevant information on an on-going basis.</p>	<p>mandated person.</p> <p>All young people's IRMPs were reviewed and updated on the 16.04.2025 to ensure that all risks and control measures in place to reduce risk are incorporated on the young people's individual plans.</p>	<p>required knowledge of the role of the mandated person. Child safeguarding is a permanent agenda item at staff team meetings and supervision. The home manager will test staff's knowledge of this on a regular basis to ensure that they are appropriately informed.</p> <p>The home manager attended training on Risk Management on the 15.04.2025. The Home manager and regional manager are due to complete a review of risk management training with the team 20.05.25. Regional manager will temperature check risk assessments as part of their visits to satisfy themselves that all risks are captured.</p>
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