An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 272

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Ashdale Care**
Registered Capacity:	**Four Young People**
Type of Inspection:	**Announced Inspection**
Date of inspection:	**7th, 8th and 9th April 2025**
Registration Status:	**Registered from 11th December 2024 to 11th December 2027**
Inspection Team:	**Linda Mc Guinness** **Lorna Wogan**
Date Report Issued:	**20th 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 11th December 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle.

In line with the statement of purpose, the centre was registered to provide care for a minimum of 12 months to four young people aged from ten to seventeen years old. The model of care was attachment and trauma informed with the availability of psychology, art psychotherapy, education and occupational therapy. The centre operated a research-based approach to caring for children in residential care.

There was a sibling group of four 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
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
6: Responsive Workforce	6.1

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. 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, young people, staff and management for their assistance throughout the inspection process. The centre was quite unsettled at the time of inspection with young people struggling with uncertainty and decisions about

their care. It was not possible to meet with them during inspection, but inspectors afforded them the opportunity to complete questionnaires.

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 22nd 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 5th June 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. Inspectors are satisfied that the identified regulatory non compliance has been 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: 272 without attached conditions from the insert date 11th December 2024 to 11th December 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection there was a sibling group of four young people living in the centre since end of January 2025. Initially, the duration of placements was unclear and scheduled care planning meetings were postponed until the legal status of the children's care was determined. At the time of the inspection, two child in care reviews had taken place and dates were scheduled for each of the other young people. Therefore, care plans were not yet drawn up to fully inform placement planning. However, the social worker visited the young people the week prior to inspection and also had held online meetings with them to explain decisions being taken in respect of their care.

The inspectors spoke to the social worker allocated to all young people and to the court appointed guardian ad litem (GAL). Both stated that despite complex challenges and some communication difficulties they acknowledged that every effort was being made to support the young people and provide safe care.

The care staff received training in relation to the model of care in use across the organisation and there were established systems in place to formulate placement plans with the input of the care team, the therapeutic support team and the young people. Placement planning to determine short, medium and long-term goals was still in progress at the time of inspection. Notwithstanding this, inspectors found that significant work was undertaken to establish relationships of trust with the care team and support the young people to settle into a new and unfamiliar environment. This was challenging, and day-to-day supervision, management of behaviour and emotional support were the main priorities at the time of inspection. Two young people had initial basic placement plans on file and there were plans to ensure the development and implementation of placement plans for all young people in line with the policy and the model of care as soon as statutory child in care reviews took place.

There was evidence the team planned for the care of young people at team meetings and through handover, however, there were occasions when team meetings were not

undertaken as scheduled due to the demands on the staffing resources and the needs of the children. The external managers must ensure that every possible support is put in place to ensure team meetings are prioritised.

The young people were afforded opportunities to attend and contribute to their statutory care plan reviews. Through the Tusla social work department, parents were offered the opportunity to participate in these review meetings. There were arrangements in place to inform family members how the young people were progressing in the placement. The director of psychology and therapeutic services guided work to facilitate positive communication with family members and support them to understand the role of the team in providing care to their children.

Consultation with the therapeutic support team (TST) was evident and members of that team attended the centre to observe practice and offer support and guidance. Multi-disciplinary team meetings (MDT) took place each week and were always attended by the social work department and the GAL. The social worker and GAL assured inspectors that planning was a priority and that there were often several planning meetings each week. The social work department coordinated all aspects of decision making and they had arranged for the Tusla area therapeutic support team to also attend multidisciplinary meetings. At the time of inspection, it was being explored if, alongside the support from the internal clinical team, previous specialist supports in place for some young people could continue to be facilitated. The GAL was complimentary of the efforts made by the service and the social work team to respond to the needs of the young people.

Inspectors were informed by staff and managers interviewed that there was regular communication with the supervising social worker, however, the evidence of this was lacking and was mostly only evident through MDT meetings. Other communication was often not recorded. The GAL and social worker confirmed that there had been some communication difficulties between them and the centre and that these were brought to the attention of senior management. While there were some improvements, communication difficulties prevailed and were impeding effective planning. An agreed update to parents by the care team did not take place and there were ongoing delays in receipt of key documentation including contacts with family and others. Communication and sharing of information are issues that must be addressed as a matter of urgency.

There was evidence that all young people were informed about the reasons why they were in care, their rights, the internal complaints process and Tusla's Tell Us complaints procedure.

Compliance with regulations	
Regulation met	**Regulation 5**
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 2.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure that all young people have an up-to-date placement plan.
- The centre manager must ensure effective communication with all relevant professionals and that all correspondence is recorded and maintained on each young persons care record.
- The registered provider must ensure that the supervising social work department receives all relevant information in a timely manner.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had a model of care and policies and procedures in place to guide the management of behaviour that challenged. The care team were trained in the policies and procedures and the model of behaviour management in use across the organisation. Those interviewed by inspectors were familiar with trauma informed care and understood that there were underlying causes/reasons for challenging behaviour. Inspectors reviewed significant events notifications (SENs) and found thoughtful child focused commentary by the centre manager. There was evidence of

reflective and restorative work undertaken with the young people and care team members to ensure relationships were repaired following incidents. A review of the centre's records evidenced the care team modelled positive behaviour even when direct interventions or discussions were not feasible with the young people. Despite a difficult period with a high number of significant events there was no evidence that the care team relied on sanctions or consequences to manage behaviour that challenged. The supervising social worker had raised a concern that an agreed approach to the management of a mobile phone was not being implemented in practice and in response the director of operations stated they would immediately review this with the social worker.

The team also received support from the TST, some of whom had visited the centre and met with young people and observed practice. External managers were found to have visited, provided support and acknowledged the challenges faced by the team.

Inspectors found that the implementation of the relationship-based aspect of the model of care was impacted by deficits in staffing resources. There was evidence that this had impacted on the young people with an inability to have a stable consistent team, to plan effectively, to communicate with other professionals and to conduct keyworking amongst others. The issues relating to staffing deficits are further discussed under standard 6.1 of this report.

While there was a process to review significant events for learning, trends and patterns there were some serious events that were not yet subject to review in line with policy. Additionally, there were significant delays in the notifications of significant events with some taking almost three weeks to notify. The social worker and GAL addressed this with centre management as well as the previously mentioned communication difficulties. It was still an issue requiring full resolution at the time of inspection. It was acknowledged that management often had to support care staff working shifts and this resulted in delays in prompt notification, management review and oversight of significant events.

Despite the unavoidable delay in receipt of care plans, inspectors found that in general, comprehensive individual crisis support plans (ICSPs) were in place to support the work of the staff team. These set out clear and practical guidance and suggested interventions to assist young people at difficult stress points throughout the day or if they presented with behaviour that challenged. Whilst acknowledging that it has been difficult to help young people to settle and engage in key working, inspectors found more child centred work was required to ascertain the views of

young people and determine what were helpful interventions when they were distressed and incorporate this into their ICSPs. The inspectors reviewed the individual ICSPs and found that two of these did not identify if physical interventions could be used in crisis and name the specific interventions agreed. A number of non-routine physical interventions were used and were recorded appropriately as restrictive practices.

There was a risk management framework in place with a risk matrix system that was understood by the team and managers. Each young person had an up to date and regularly reviewed individual risk management plan (IRMP). The IRMP's detailed all known risks and set out an initial rating for the potential risk and a projected rating based on the interventions outlined in risk management and safety plans. The supervising social worker confirmed that they received initial copies of ICSPs, risk assessments and associated safety plans, however they were waiting on updated versions of these documents and this must be prioritised.

There was currently no audit completed around the centre's approach to managing behaviour. Due to the high numbers of significant events and day to day management of behaviour with a reduced staff team, a planned audit relating to the management of behaviour under theme 3 of the National Standards for Children's Residential Centres, 2018, HIQA was postponed. However, weekly strategy meetings were undertaken with all relevant professionals to discuss individual needs, viability of placements, supports required and risk management/safety planning.

As well as model of care training, the team were provided with training relating to adverse childhood experiences, suicide prevention, child sexual exploitation and gender identity amongst others. Specialist training to respond to individual needs was also being considered in consultation with the social work department to help the care team respond to high risk. At the time of the inspection there were initial signs of a decrease in the number of incidents since admission to the centre.

Attendance at team meetings was negatively impacted by staff shortages but there was evidence that the care team were made aware of updates to risk management plans at handover meetings and following multidisciplinary meetings. There was a comprehensive system in place for oversight and reviewing any restrictive practices in place. Any such interventions were reviewed and updated in line with policy and communicated to team members. While social workers were aware of restrictive practices in place there was not always evidence of consultation with them on the child's record and this must be included going forward.

Compliance with regulations	
Regulation met	**Regulation 5**
Regulation not met	**Regulation 16**

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 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure that all relevant significant events are notified promptly and reviewed in line with regulations and organisation policy.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Workforce planning was evident in the discussions at senior management meetings. Since shortly after admission of the young people, there was significant pressure to staff the centre to the required level. This was as a result of impact of SENs, risk assessments, injuries and other unplanned leave. Senior management made efforts to use staff from other centres in the region to provide cover, however this was not always possible, and the centre was heavily reliant on the use of agency staff for a period. Since the young people were admitted at the end of January 2025 forty-nine individual staff had worked in the centre which impacted on the provision of consistent care. The service recently recruited three staff to the core team to ensure the staffing resources were improved to meet the needs of the young people.

The inspectors found the core staff team were committed to the young people and worked hard to ensure they provided safe care. However, the team were impacted by the deficits in staffing resources and had to cover additional shifts and did not get

sufficient rest during the night due to the needs of the young people. Inspectors found that the purpose and function of the centre could not be realised at this time. The model of trauma informed care is based on building consistent and trusting relationships with adults, and with such a high turnover over of staff and temporary cover of shifts by different people this could not be achieved

Of staff interviewed, some did not feel fully appraised of senior management plans to provide adequate staffing. Members of the team had made some suggestions to mitigate the impact of low staff numbers however they were uncertain about the status of their suggestions. Senior managers acknowledged that staff had made suggestions and that several options were being considered to manage the crisis. A group debriefing had taken place however there was still uncertainty. It is recommended that senior management communicate more effectively to alleviate anxiety, support the team further and support staff retention.

It was determined in consultation with other professionals, that to manage risk and meet the needs of young people, the optimum number of staff per day would be four to include two sleepover shifts and two completing day shifts. Additionally, on occasion, there was a requirement for waking night staff. Inspectors found however that it was not possible to maintain this level of staffing and on several occasions only two staff were available to work, and the manager or deputy had to support care staff on shift.

The supervising social worker and GAL were aware of ongoing staffing difficulties, and this was a regular point of discussion at weekly meetings. At the time of inspection, the recently appointed deputy manager was acting up as the house manager during a period of unexpected leave by the centre manager. The staff team consisted of six wholetime equivalent social care workers and 1.5 social care leaders. Two 'bank staff' were available to support the core staff team for annual, sick and other leave. There were three core staff changes since first registration and the centre was reliant on using agency staff and people from other centres. It was inspectors' assessment that there was insufficient care staff to meet the needs of young people through the agreed staffing ratios and to cover all types of leave.

Additionally, the current staff mix included some experienced people, and some who were new to working in residential care. The care team were provided with written job descriptions and an employment contract. The inspectors noted that only two of the core team held a qualification in social care with the others holding relevant qualifications. When recruiting for additional staff senior management should make

every effort to ensure a better balance of those with social care and those with a relevant qualification. The registered provider must ensure that there are sufficient staffing numbers in place with the qualifications, competencies and experience to meet the needs of the young people.

There was evidence that the care team were provided with a comprehensive induction programme that included mandatory training and overview of relevant policies and procedures of the organisation. As mentioned previously other training was planned for the team to further develop their skills and knowledge to support the young people. Due to responding to a difficult period, staff were unable to commit to further training or have a full attendance at team meetings and inspectors were informed that this was a priority of senior management once the centre was at full staff capacity. Inspectors found also that professional supervision had not taken place in line with policy due to the day to day demands of the service and this must be prioritised as a matter of urgency.

The organisation recently developed a staff retention policy that was provided to inspectors. This included a conducive work environment, career development opportunities, employee engagement, remuneration, additional benefits, work-life balance, recognition and rewards and exit interviews. It was too early to determine if this would be effective. Staff who spoke to inspectors highlighted the support of colleagues when on shift. The organisation had various systems to support care teams such as supervision, training, clinical support, team meetings, group debriefing and access to an employee assistance programme (EAP). In order for these to be effective, all must be taking place in line with policy and there must be stable management and sufficient numbers of experienced care staff.

The director of operations and regional manager acknowledged the difficulties and impact on young people and the team. They had developed a strategic plan with a range of supports in place to assist the centre managers and staff team. These included, additional management support, increasing the team to twelve team members as a matter of priority, increasing the numbers of experienced staff, coaching, quality assurance audits, waking night duties if required and additional support from the occupational therapist and behaviour support therapist. They acknowledged that it has been a difficult period and commended the resilience of the team and their work with young people to date.

There were policies and procedures in place to ensure recruitment was in line with legislation however inspectors found that these were adhered to only for core staff

employed by the organisation. Inspectors reviewed the vetting for an agency staff member and found it did not evidence that a third reference was sought or that overseas vetting was undertaken. The service must ensure they secure vetting in line with legislation and their own recruitment policy.

There was an on-call system in place that was shared in the organisation between senior members of the teams. This was recently updated to ensure that those on call were living within a reasonable distance to attend the centre and provide support if required.

Compliance with regulations	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

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	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard 6.1**

Actions required

- The registered provider must ensure that there are adequate numbers of staff available with the qualifications and experience to meet the needs of the young people.
- The registered provider must ensure that all staff who undertake work in the centre are appropriately vetted.

4. Corrective Actions and Preventive Actions (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that all young people have an up-to-date placement plan aligned to the goals of a Tusla care planning document.	Care planning dates are scheduled to be completed 12.06.25. Placement plans are in place that incorporate actions and goals identified through as per needs assessment and MDT weekly meetings and with input from social work and TST. Once the care planning meeting takes place, placement plans will be updated.	Placement plans will be reviewed and audited monthly, overseen by the management team in the home to ensure they remain aligned with care plans. The regional manager as part of their visits to the home will conduct temperature checks of both placement plans and care plans to ensure information within is aligned.
	The centre manager must ensure effective communication with all relevant professionals and that all correspondence is recorded and maintained on each young person's care record.	With immediate effect, the regional manager completed a review of all communication agreements with home manager and put systems in place to ensure consistent communication and sharing of information with relevant persons.	Regional manager as part of their visits and oversight of the home will review evidence to ensure communications, information and records are being shared in line with agreements with external professionals.

	The supervising social worker must receive all relevant information in a timely manner.	With immediate effect, regional manager has implemented a plan with the home management team to ensure relevant professionals are updated within specified timeframes in line with policy. This has been effective to-date.	As part of the regional managers visits to the home, they will complete review of young person files to ensure communication is maintained with social work departments and this communication is timely and in line with policy. The regional manager attends regular planned meetings with social work department and will check at this forum that they are satisfied with timelines of reports/communications received.
3	The centre manager must ensure that all relevant significant events are notified promptly and reviewed in line with regulations and organisation policy.	With immediate effect, the regional manager implemented corrective actions for management to follow to ensure the escalation, reporting and review of significant events are done in a timely manner and in line with policy.	The policy on significant events and the policy and procedure on escalation will be reviewed with the staff team through staff supervision and team meetings. Regional manager as part of their visit to the home will seek evidence of staff understanding of the policies with both management and staff. Regional manager will monitor SENS to ensure they are reviewed and escalated in accordance with policy.
6	The registered provider must ensure that there are adequate numbers of staff	There are two young people residing in the home. There is a staff team of 9.2.	Weekly work force planning meeting will ensure the home has adequate staffing

	available with the qualifications and experience to meet the needs of the young people.	16.06.25 an additional staff member will be allocated to the team following induction which will bring the team to 10.2. All staff receive organisation induction as well as local induction to the home. At all times, minimum required staff are present in the home.	levels, prioritise any upcoming deficits for targeted recruitment whereby experienced candidates will be prioritised for this home. Ongoing support via supervision, local induction, any additional training requirements will be provided to staff in the home. This aims to improve support and retention of staff.
	The registered provider must ensure that all staff who work in the centre are appropriately vetted.	With immediate effect, the home manager as part of ensuring compliance for all staff will sign off on all compliance packs for agency staff prior to staff starting in the home. The compliance checks will be conducted in line with staff employed with the organisation.	A full overhaul has been completed for all agency staff re compliance checks. A dual level of governance has been introduced whereby HR will conduct first review before sending the pack to the home manager for their review and sign off.