



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 273**

**Year: 2026**

## Inspection Report

<b>Year:</b>	<b>2026</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>4<sup>th</sup> &amp; 5<sup>th</sup> of February 2026</b>
<b>Registration Status:</b>	<b>Registered from the 13<sup>th</sup> of December 2024 to the 13<sup>th</sup> of December 2027</b>
<b>Inspection Team:</b>	<b>Eileen Woods Catherine Hanly Catherine Fitzgerald</b>
<b>Date Report Issued:</b>	<b>22<sup>nd</sup> April 2026</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 1: Child-centred Care and Support (Standard 1.1 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.1 only)	
3.3 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
<b>4. Corrective and Preventative Actions</b>	<b>16</b>

## 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 13<sup>th</sup> of December 2024. 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 as a multi-occupancy service for six separated children seeking international protection aged sixteen to seventeen upon admission. It aimed to provide person centred care 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 inspectors 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 20<sup>th</sup> of March 2026. 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 4<sup>th</sup> of April 2026. Evidence of the actions undertaken was received on the 8<sup>th</sup> of April 2026. 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: 273 without attached conditions from the 13<sup>th</sup> of December 2024 to the 13<sup>th</sup> of December 2027 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**

**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.**

Inspectors found that there were policies in place to support education in the UN Convention on the Rights of the Child and regarding consultation. The staff team evidenced the sharing of information related to rights during young person's meetings and during key working sessions. The young people had been provided with booklets in their native languages. The empowering people in care organisation EPIC had visited the centre and met with the young people with the support of interpreters.

There was evidence across the young people's records of the use of interpreters. This was not evenly represented across all young person's care files, on occasion that was explained on those records as offered and refused or where a young person's proficiency in English had progressed significantly. It should be more clearly recorded by all staff as offered to young people for key meetings such as medical appointments. It was the social work departments responsibility to engage translators for relevant legal status related appointments. Inspectors observed a social work visit to the centre and the use of interpreters with sufficient time allowed to ensure that the young people involved were heard and understood.

There were young people's meetings held on a weekly basis, these were recorded. On a weekly basis, where young people made requests, for example wanting more food to be purchased there was no response recorded. Inspectors established through team meetings and other centre records that food supplies were adapted based on feedback from young people. In the area of young people raising everyday requests or complaints inspectors found significant gaps. There were no recorded complaints on the young people's records, despite evidence that they had on occasion raised areas of concern. Inspectors found a lack of policy knowledge in complaints by the staff team,

coupled with a lack of understanding of the importance in young people having opportunities to self-advocate through use of the complaints policy.

Social workers confirmed that young people had raised complaints directly with them which they then discussed with the centre manager and young person together to reach agreed outcomes. These related to lifts, foods and dissatisfactions regarding staff communication styles. Inspectors could not see centre records related to these. There must be a reliable process for complaints local or external to be evidenced on the records as responded to and changes, where needed, identified. Young people were provided with feedback forms by the centre from time to time, one young person had raised dissatisfactions within theirs, not all of which were necessarily within the control of the centre, but inspectors could find no direct process that responded to these. One young person in giving feedback to inspectors was unsure how their complaints had been responded to and considered some to still be unresolved. Their social worker confirmed that they had revisited the matters with the young person and would continue to clarify with them and the centre management as necessary.

The young people informed inspectors in written and verbal feedback that they liked the centre and that there was good food, that they could cook for themselves if they wished and that their various religious and cultural needs were met and respected by the staff and by each other. There was evidence in the physical environment and the routines of the centre of respect for the religions of the young people. Inspectors observed the young people gathering at various times in the kitchen, cooking for themselves or having meals prepared by staff. Inspectors were informed that the young people and staff shared breakfast together as part of daily routines. Menu planning was not recorded at young people's meetings but instead was contained within the digital folders and daily logs.

There was a focus on young people's independent living skills and this presented as the central approach to planning. Some of the young people were sixteen and one was under sixteen and required support in some aspects of their daily living. From discussions with social workers some of these supports related to when lifts are provided and when not. The decision making around this was found to relate to young people needing to be fully independent and being aware of the house rules related to advance planning. Where this was discussed and how was also difficult to see on the centre records and the team must be clearer on discussions and decisions made in consultation with young people.

Inspectors found that there was one bedroom that was not ensuite, this young person used a main bathroom and inspectors found it to be in poor condition. No staff appeared to be aware of this. The acting centre manager took action to address this and provided evidence to confirm that repair had taken place. Inspectors recommended that they ensure that this bathroom and others are checked regularly to ensure they are fit for purpose.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 11 Regulation 12 Regulation 17</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 1.1</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 must ensure that staff are trained in and are proficient in the complaints and feedback policy. Centre records must evidence attention to young people's requests, dissatisfactions and complaints and what solutions were put in place.

**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.**

This centre had policies in place pertaining to child protection and safeguarding that were developed centrally by the company policy team. The policies complied with the requirements of Children First Act 2015 and relevant legislation with the matter of who holds the role of mandated persons and the inclusion of a nonmandated persons reporting procedure to be updated in the policy.

The training records confirmed that mandatory training had been completed in Children First, in the centres child protection policies and procedures along with training in child sexual exploitation, the role of mandated persons. Staff had limited recall on what additional training they had completed, for example child sexual exploitation or human trafficking. Inspectors found during interviews that knowledge of the roles, responsibilities and procedures to follow in making child protection reports and how required improvement. This was despite evidence of these policies being discussed in team meetings and in some supervisions. There was a lack of knowledge as to how to report through the relevant portal and how this could take place, the same applied to knowledge of joint reporting procedures or how allegations made during work might be dealt with. The team members could name the roles involved such as mandated persons and designated liaison person but as stated the procedural knowledge was lacking.

There was a child safeguarding statement in place, this was prominently displayed. Staff were aware that risks were captured within it and they had some knowledge of these. Overall, the staff did not display robustly the knowledge and skills to identify and minimise risk. They were aware of the anti-bullying policy but required some prompting to name it, group impact risk assessments/GIRAs had been completed but were not clear nor updated well.

There were no records of child protection concerns or reports having been by the centre. There had been comments made by a young person related to other residents that records were unclear regarding to substance of what was said. There was some evidence of follow up completed but not of any assessment made as to whether it met the threshold for an incident report or as a child protection matter. Inspectors therefore could not assure themselves as to whether safeguarding for all young people required any updating. The relevant social workers were not aware that comments had been made and the risk assessments on file did not reflect this information either. The centre management and their line management must ensure that they retrospectively review this event for learning, for reporting as deemed necessary and to accurately record and track matters.

Inspectors did find that staff had been supportive to young people, and this was captured in interviews with staff, in interviews and written feedback from young people, from social workers and was found in the records. And that there was a professional structure in place for leadership of the team in providing good day to day care. For example, bringing young people to medical or therapeutic appointments and encouraging the young people in same. Inspectors also found that the team

respected young people’s wishes and provided a homely environment. But the team must also ensure that they record key information on young people, for example significant medical conditions were not well reflected on two files and on a third their difficulties in adapting to group living had not been captured well. Individual key working had been completed, and group sessions had been done in topics related to personal and online safety, cultural integration and sexual health and development information, including information on the Irish legal system in this regard.

Staff were aware of the policy on protected disclosures and knew where and how to access it and the occasions where they might require it. They had clear knowledge of the organisational structure also and the key persons up to CEO level and said that all were accessible.

<b>Compliance with regulations</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 registered proprietor must ensure that there is a review of the child protection and safeguarding training and learning model in place for the centre and deliver training to meet the team’s development needs.
- The centre management must ensure that staff are aware of how and when to make a report of a child protection nature.
- The centre management and staff must review together the complementary child protection and safeguarding training they have completed to date.
- The centre management and their line management must ensure that they retrospectively review comments made at the centre for learning, for reporting as deemed necessary and to accurately record and track through to an outcome.

## 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.**

The centre manager had gone on a period of statutory leave the week before this inspection. There was an acting centre manager in place and they met with inspectors for the purposes of this inspection visit. This change in circumstances for the centre had been approved through the Tusla Alternative Care Inspection and Monitoring service/ACIMS relevant process for same. There had been robust pre-planning over three months for the acting up position with training and induction taking place. The acting centre manager had good awareness of areas for training and development needs. For example, they wished to strengthen their own child protection and safeguarding knowledge base and the teams, they had identified a need for report writing training also.

The staffing list provided to inspectors named two team leaders as part of the team, of whom one would remain at the centre with the other, and two other staff, to move to another centre due to open within the organisation. This will leave the centre requiring a second full time permanent team leader and adequate staff to fulfil their own listed staffing commitments. The acting centre manager had commenced delegation lists and structures for their team leader. They had also completed training in or were due to complete additional training in supervision and other management tasks. They were supported in their transition by the regional manager.

There had been a centre audit conducted in October 2025, an action plan was generated from this the majority of which was closed prior to the end of 2025. Some residual tasks remained and had been dated for action. The audit and inspection identified some similar areas but diverged on policy and procedure knowledge displayed and evidenced in practice under the National Standards for Children's Residential Centres (HIQA 2018) Theme 3, standard 3.1.

There was a regional manager in post, they supported nine centres at the time of this inspection. The regional manager had a regular presence at the centre, monthly at

minimum, and received governance reports from the centre manager weekly. They visited and met with young people as part of their role. They were supporting the transition into the acting up position of the centre manager.

There were policies and procedures in place, reviewed centrally by the company and disseminated to staff teams. Inspectors heard from staff about a significant use of artificial intelligence/AI assisted tasks and entries copied into the secure digital filing system in place for this centre. The director of governance, quality and training attended the preliminary feedback and informed inspectors that the use of AI was limited to one platform and was included in the information security policy. What inspectors found was that the description of its use, how it appeared on the key working records and the staff awareness of safety and limits around its use required attention and should be included in report writing training. For example, whilst AI supported sourcing good ideas and information for key working it must thereafter be evidenced as engaged in or understood by a young person. The management must also ensure that search terms and prompts should follow data minimisation rules and guidelines and that the team are aware of the contents of the information security policy.

The centre management implemented a company risk management policy, with the centre manager taking ownership of the centre risk register and updating and reviewing it monthly and/or as needed. There was a matrix in place to guide decision making and ratings, the acting centre manager had been inducted into this and shared progress on this with the regional manager in the first instance. The digital recording system allowed for live oversight of the centre risk register by senior operational staff. The centre risk register was well completed, and relevant risks had been entered and were being overseen. Inspectors recommend that consideration be given to adding the actions identified in this report in the area of child protection, safeguarding and training knowledge should be duly updated onto this register until completed.

Risk management for the protection of the young people took place through the completion of the individual risk management plans/IRMPs, within which if a rating was higher than a specific number an additional safety plan was generated. Each young person also had an absence management plan agreed with the social work department. The inspectors had discussed findings related to making IRMPs more individualised in other recent inspections within the SCSIP centres run by this company. The IRMPs here were well completed, detailed and reviewed in the pre-identified areas committed to within the template. Inspectors continue to

recommend that where individual differences in risk and needs, for example where concerning comments may have been made, where health conditions or previous trauma were present, that the plans reflect these and how the young people would be additionally supported.

<b>Compliance with regulations</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 registered proprietor must ensure that report writing training is delivered and that the training include the safe use of AI in line with the company policies and procedures.
- The centre management and staff must ensure that they reflect on and respond to individual differences in risk profiles for the young people.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that staff are trained in and are proficient in the complaints and feedback policy. Centre records must evidence attention to young people's requests, dissatisfactions and complaints and what solutions were put in place.</p>	<p>With immediate effect, all complaints records have been reviewed in full in collaboration with the Regional Manager and Home Manager to ensure compliance with policy. Complaints Policy has been reviewed with the staff team at team meeting 04th March 2026. Complaints policy and procedure is a set agenda item for all staff supervision in April. Complaints have been discussed weekly at each young person's meeting with Home Manager reviewing same.</p>	<p>Home manager will conduct a daily review of records and will ensure any issues raised follow the correct procedure in line with policy. Home manager will discuss complaints policy as part of regular team meetings and supervision to satisfy self that staff can recognise complaints and follow correct procedures. Regional manager will temperature check documents as part of their visits to the home. Quality assurance as part of scheduled audits will complete checks to ensure compliance with policy.</p>
3	<p>The registered proprietor must ensure that there is a review of the child protection and safeguarding training and learning model in place for the centre and deliver training to meet the team's development needs.</p>	<p>By 17.04.2026. The Home Manager will complete a review of the Child Protection and Safeguarding policy with the team. The home manager will bring this to each individual supervision for each individual staff member and ask them scenario based</p>	<p>Child protection and safeguarding policy will be a standing agenda on team meeting  Regional Management as part of their visits to the home will ask staff about the policy to satisfy that learnings have been</p>

	<p>The centre management must ensure that staff are aware of how and when to make a report of a child protection nature.</p> <p>The centre management and staff must review together the complementary child protection and safeguarding training they have completed to date.</p>	<p>questions to ensure they comprehend and fully understand all elements of the policy. Any gaps noted by management, further training will be provided.</p> <p>With immediate effect, the Home Manager reviewed safeguarding processes with all staff, including practical demonstrations on accessing and reporting concerns via the TUSLA CPWRF portal. Staff knowledge was tested by the Regional Manager during a home visit on 01.04.26, and safeguarding training and scenarios were reinforced through team meetings and supervisions. This was formally discussed at a team meeting on 18.03.26, with all staff demonstrating a clear understanding, and has continued to be reinforced since the inspection.</p> <p>Review of training was completed during team meeting on 18.03.26 ensuring staff understanding of roles, responsibilities, and reporting requirements, and confirming that training remains current,</p>	<p>imbedded.</p> <p>Quality assurance as part of their scheduled audits will complete interviews with staff to test knowledge.</p> <p>Ashdale Care’s Child Safeguarding policy has been reviewed and updated to include the inclusion of a CPWRF portal account using the home’s email address for staff’s usage when reporting safeguarding concerns independent to the home’s DLP.</p> <p>Regional Manager will continue to attend team meetings periodically and review child protection and safeguarding understanding within the team.</p>
--	--	---	---

	<p>The centre management and their line management must ensure that they retrospectively review comments made at the centre for learning, for reporting as deemed necessary and to accurately record and track through to an outcome.</p>	<p>relevant, and effectively applied in practice</p> <p>Regional Manager along with Home Manager has completed a comprehensive review of this incident. Learnings were extracted and fed back to team meeting on 01.04.26.</p>	<p>Regional Manager will continue to complete monthly visits and supervision with Home Manager, and temperature check staffs knowledge of policy.</p>
5	<p>The registered proprietor must ensure that report writing training is delivered and that the training include the safe use of AI in line with the company policies and procedures.</p> <p>The centre management and staff must ensure that they reflect on and respond to individual differences in risk profiles for the young people.</p>	<p>Report writing training was completed on 04.03.26. Use of AI was reviewed in line with company's policy on 4th March 2026.</p> <p>A full review of all IRMP's was conducted on 19.02.26 by Home manager, Regional Manager and Quality Assurance Team to ensure any additional information was included.</p>	<p>Home Manager will monitor to review all documentation submitted by the staff team. Any feedback or amendments required will be communicated to the staff team. This will be temperature checked by Regional manager and Quality Assurance as part of scheduled visits to the home.</p> <p>All risk assessments will be reviewed in line with policy. Regional manager will complete temperature checks of documents to ensure they are reflective of all current risks. Quality assurance team as part of scheduled audits will review all risk management plans to ensure they are individualised and reflective of risks and</p>

			are completed in line with policy.
--	--	--	------------------------------------