



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 299

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Ashdale Care Ltd
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	6th and 8th of October 2025
Registration Status:	Registered from the 16th of May 2025 to the 16th of May 2026
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	05th of January 2026

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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 16th of May 2025. 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 to provide care and accommodation for up to six young people seeking international protection aged between sixteen to seventeen upon admission. The model of care was 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 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 12th of November 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 through the director of operations returned the report with a CAPA on the 24th of November 2025. The centre was asked to provide supporting evidence for the CAPA and this was provided on the 3rd of December 2025. This was deemed to be substantially satisfactory with additional information requested on one item 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: 299 without attached conditions from the 16th of May 2025 to the 16th of May 2026 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.

The centre operated from an overarching policy titled ‘child centred care and support’ which had policy and procedure subsections related to rights, advocacy, diversity, privacy and access for young people. There was evidence of policy induction being completed by staff prior to taking up their roles and this continued into the workplace through policy review at team meetings. These meetings were held bimonthly, and policy review was as an integral part of the agendas, this included areas related to rights. The staff team during interview did not name the UN Convention on the Rights of the Child but did know key rights that young people had. There was evidence that there was planned sessions related to rights completed through key work and young people’s meetings.

There was a large notice board displaying a range of information to the young people, these included rights and centre related information booklets and were available in the various first languages of the young people. The young people gave written feedback to the inspectors that raised no concerns related to their lived experience at the centre. They had access to a complaints system and noted that they would talk to staff if they had worries or concerns. Inspectors found that there had been three complaints made and these had been resolved directly with the young people by the centre manager. The records of these were not fully reviewed onsite as the inspectors were not aware of their being retained on a restricted file, a sample was reviewed post inspection upon request. The complaints themselves were understood well when discussed at the team meetings and tasks were assigned to support the young people to solutions or fair outcomes. A social worker was aware of complaints made by a young person.

There was regular use of translators with the young people and this included a session once a week to ensure that they have fully understood key information shared during the week. There had been access to language classes and a variety of options were researched for further language support. The majority of the young people had completed two long courses during the summer with local area partnerships for migrants and vulnerable groups.

Upon admission there was information shared through a young person's booklet which explained, in their own languages, all that they could expect from the service. There was information on rights, complaints, finances and an induction into the centre. There was weekly planning done and young people had welcome packs provided to assist their settling process. The young people had a good understanding of the care being provided to them, as did the professionals involved with them.

This was a shared house with a mix of cultures, ethnicities and faiths and a culture of positive regard for each other was promoted successfully. Inspectors observed a culture of mutual support between the majority of the group and observed the young people to be friendly with each other. The team took note of the individual needs of the young people for example focusing on equality and gender positive role modelling. There was consistent follow up by staff in young people's meetings and in one-to-one sessions with staff regarding the house culture.

There was menu planning completed with culturally significant days and dates celebrated. The young people could cook and bake for themselves and for others as a shared experience. The inspectors observed the after-school meal being prepared in advance and a number of the young people noted to inspectors how good that was to come home to after school. Records were maintained of diet, school attendance and daily activities through the daily logs.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

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

Actions required

- None identified

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors reviewed training records and found that the centre team had completed mandatory training in Children First and in the company policy and procedures in child protection and safeguarding. These included policies on anti-bullying and digital safety as well as protected disclosures, staff were found to be familiar with these. They had also trained in child sexual exploitation (CSE), trafficking and the role of being a mandated person. Further complementary training had been completed in female genital mutilation (FGM) awareness. The centre manager and their two social care leaders had trained in the role of designated liaison person (DLP).

The team had discussed child protection, safeguarding and protected disclosures policies in team meetings and the child safeguarding statement was on the agenda routinely for mention. The staff displayed good working knowledge of reporting procedures and of the principles of Children First. Despite the work and training completed inspectors found that the team had different understandings of who on the

team held the role of mandated persons, this should be clearly understood by all staff and must be addressed again with the team.

Inspectors found that disclosures made by young people, either at the centre or to their social work department assigned workers, were followed up appropriately. The centre manager ensured that there was practical medical and therapeutic support provided and safety measures in place to support the young people. Whilst there were safety measures in place inspectors found a gap in how the risks surrounding the areas disclosed were represented on safeguarding plans.

The centre team planned for safeguarding through individual risk management plans (IRMP's), and absence management plans (AMP's). The centre management aimed to work in partnership with the social work department with both plans, the AMP's being a central responsibility of the social work department. It was difficult, on occasion, for the centre management to access social work personnel to update the AMP's and a social work team leader had made themselves available to review these with staff. At the time of the inspection additional social workers had been assigned to the young people and had engaged around visits, safety planning, behavioural and other needs. There were some omissions on AMP's related to previously known information and inspectors requested that the centre management review these again with the social workers.

Inspectors found that there should be team training and reflection on absence management and missing child from care in the separated children seeking international protection SCSIP context and the team's experiences to date. There must be reflection upon and learning identified regarding what is within the scope of the team and what was not. For example, one young person who had previously lived in the house has been missing child from care (MCFC) for an extended period and at the time of the inspection other young people had gone to places unknown to staff.

Review of centre records found that within the IRMP's, where it related to safeguarding, the plans had been created and updated by the centre management. The scoring and safety plans generated in the IRMP's were generally of good quality but did not suit all the young people risks individually. Inspectors found that there were gaps between the known risks, such as disclosures around trafficking, the significant event reports, complaints and other information streams and having appropriately calibrated and individualised safeguarding responses with plans in place. Inspectors found that the centre management should consult with the social workers regarding the details and expectations around safeguarding particularly

around trafficking and previous movement between countries. This should ensure that all parties are clear about the proportionate steps being taken and the balance of what the young people themselves want, what they need in terms of independent living skills and how well they can protect themselves in the community and online.

The centre manager reported to the regional manager through a weekly operations report and inspectors advised that they make better use of the safeguarding section within this to support their work at the centre. A review of key working and group house meetings by inspectors highlighted some gaps in the area of self-care and self-protection skills. The young people as stated attended some summer courses containing elements of this work. Inspectors recommend that the team to keep these matters part of ongoing key work with regular integrated follow up, some of the young people's files contained this, others did not.

The young people responded to this inspection and greeted inspectors warmly as visitors to the centre. In their feedback they said that they felt safe and comfortable at the house and with the staff. For one young person they wanted a more urban setting but for the majority of the young people they liked the more rural location and felt it was safe option for them at that time.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

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

Actions required

- The centre management and regional management must ensure that all staff understand who holds the role of mandated person and the associated roles and responsibilities.
- The centre management must liaise with social workers about the expectations and roles of each person within the absence management plans and ensure that information is congruent and up to date.

- The centre and regional management must review the individual risk management plans and safety plans to ensure that they are individualised and take account of all relevant information sources.
- The centre management and centre team must ensure that they deliver regular key work on the skills needed for self-care and self-protection.

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 has had a qualified and experienced centre manager in place since its registration in May 2025 and their leadership was evident to inspectors through a variety of centre processes. They were delegating tasks and had in place a delegation log. They provided leadership at team meetings and through signing off on daily records. They had put in place a daily system of record keeping designed to educate staff on what information could and should be given prominence or required escalation to them as centre manager or to the social care leaders or regional manager in their absence. There were two social care leaders in post and they were developing their own skills through regular meetings with the manager, supervision and training. The manager kept oversight of tasks completed through the delegation logs and the social care leaders had shared the acting up responsibilities during any short periods of leave the manager had taken.

The centre had a service level agreement in place with Tusla for the provision of this service type. The social workers gave positive feedback on the care and protection provided to the young people by the centre manager and staff.

Inspectors reviewed the team meetings records and found they had a focus on information sharing, discussion, task assignment and learning outcomes, the latter were prominent and well recorded. The policies and procedures were discussed at team meetings, with examples provided to enhance learning, staff were also directed to read them. The staff had been trained in policy and procedures prior to taking up

their posts and had been well supported to complete both core and additional complementary training, for example in human trafficking.

The centre management completed weekly operations reports which they submitted to a regional manager. The regional manager had recently changed and the new regional manager had contact with the centre, reviewed reports and visited the centre generating outcomes from visits and linking to the young people. There were managers meetings held monthly and inspectors found that these were detailed for the specific client group cared for within this company's centres.

The centre had a risk management policy, procedure and framework in place that was implemented with the lead responsibility being with the centre manager. The centre had a risk register in place which the centre manager reviewed in line with the framework, every three months unless specified otherwise. Additional findings related to risk management have been discussed under standard 3.1 of this report.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre management and regional management must ensure that all staff understand who holds the role of mandated person and the associated roles and responsibilities.</p> <p>The centre management must liaise with social workers about the expectations and roles of each person within the absence management plans and ensure that information is congruent and up to date.</p>	<p>Role of mandated person reviewed at team meeting on 04/11/2025 and as part of individual staff supervision meetings throughout the month of October and November. Role of mandated person was discussed during handover by Home Manager throughout the month of October and November. All staff members could articulate who is a mandated person and the associated role and responsibilities during these instances.</p> <p>With immediate effect, addendums were updated for all absence management plans to include details of individual young people, including places they are known to frequent and with whom they may be meeting. Also included, is the frequency of contact with the home, and measures to be taken if contact ceases while on free time. These were completed collaboratively with</p>	<p>Role of a mandated person will continue to be reviewed as part of team meetings, individual supervisions and daily handovers.</p> <p>Policy testing will be completed with all staff members, as part of these forums. Regional Management will review policy knowledge with teams during site visits.</p> <p>Home Manager will increase communication with social work departments around the risks identified in absence management plans and addendums.</p> <p>Home manager will seek input and sign off from relevant social workers.</p>

	<p>The centre and regional management must review the individual risk management plans and safety plans to ensure that they are individualised and take account of all relevant information sources.</p> <p>The centre management and centre team must ensure that they deliver regular key work on the skills needed for self-care and self-protection.</p>	<p>the social work department for each young person.</p> <p>All Individual Risk Management Plans [IRMP] were reviewed by centre and regional management on 16/10/2025 to ensure all information is individualized including risk rating and current control measures.</p> <p>Effective immediately, safety and self-protection have been included in the individual placement plans for all young people.</p> <p>Key working sessions were completed with all young people in these areas throughout October and November.</p>	<p>Risk Management plans will be completed prior to young person's admission, based on information presented at Collective Risk Assessment.</p> <p>These will be reviewed regularly as the young person settles into their placement to ensure all presenting risks are captured. Regional manager will complete checks on IRMPs</p> <p>Quality Assurance manager will complete audits and will review all IRMPs as part of this process.</p> <p>Key working calendar has been developed to inform staff of list of key working that needs to be completed with all young people.</p> <p>Keywork tasks will be set up which will remain outstanding until completed.</p> <p>As part of placement planning reviews, any identified keywork will be set out as a task for completion on the digitalised system.</p>
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