An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 315

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Ashdale Care Ireland Ltd**
Registered Capacity:	**Six young people**
Type of Inspection:	**Announced**
Date of inspection:	**10th & 11th of March 2026**
Registration Status:	**Registered from 25th of July 2025 to the 25th of July 2028**
Inspection Team:	**Catherine Fitzgerald** **Mark McGuire**
Date Report Issued:	**04th of June 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 25th of July 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 multiple occupancy care for six young people seeking international protection aged sixteen to seventeen upon admission. There were six young people residents at the time of inspection, and one young person was outside of the centres age range. A change of circumstances to temporarily amend the age range to accommodate this younger person was applied for and approved. The centre aimed to provide person centred care, a holistic approach that prioritises everyone's preferences, needs, and values in all aspects of their care.

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 28th of April 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 12th of May 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 315 without attached conditions from the 25 of July 2025 to 25th of July 2028 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 all staff in the home were aware of and promoted and protected the rights of the young people as specified by the United Nations Convention on the Rights of the Child. This was evident from speaking with the young people, from review of their key working documents, and multilingual documents were observed by inspectors throughout the centre. The young people had been provided with a young person's booklet in their native language upon admission. Included in these booklets also were young person's rights. There was evidence in key work reports that translators were used in key working sessions and for important meetings that took place in young people's lives to ensure they had a clear understanding of important conversations that affected them. The translation service being used in the home was found by inspectors to be used effectively and they were available during the inspection process on very short notice.

Inspectors found evidence of a culture of respect for each young person in the centre. Young people had cultural nights where they made food and shared positive stories and memories about their childhood. Respect of young people practicing their religion was observed, with young people being facilitated to attend places of worship and evidence seen of religious festivals being celebrated in the centre. Young people were also provided with items they required for religious practice upon admission. Diversity among the staff team was utilised in a way that staff learned from each other in supporting the young people's culture.

Dietary needs for the young people were supported with respect given to their cultural needs. Young people created their own weekly menus and grocery list at young people's meetings. The weekly dinner menu was displayed. The young people enjoyed cooking for themselves, and inspectors saw how young people often cooked

for each other and staff reported to inspectors that they ate together in the evenings. Inspectors found that while the young people's preferences for food choices that supported their religious faith was taking place, they were not taking part in the grocery shopping and learning appropriate budgeting skills to help prepare them for independence. Inspectors recommend that more focused work in this area takes place to ensure they are more actively involved in the weekly grocery shopping.

Inspectors had the opportunity to meet with all the young people, and they shared their experiences of living there which were mostly positive. All the young people completed questionnaires as part of the inspection process also. During inspectors' meetings with young people, they informed inspectors that they were happy living in the home and happy with how their rights were being supported.

Key work planning was evident and young people's voices were included in key working plans. Inspectors found that young people were involved in their key work plans monthly and it was evident that a lot of work on young people's rights had been completed. However, while work was being completed to support young people's respect and understanding of their culture of origin, there was little evidence found of how they were beings supported to understand the cultural differences found in Ireland. Inspectors recommend that while doing cultural work with the young people that the Irish culture is also included. In the young person's daily logs there was a section that allowed for an entry for young person's voice to be captured and inspectors found this was being well utilised in the log entries sampled. These entries were comments that young person had made during the day.

Inspectors found that young people were aware of their right to make a complaint and they described knowing how to do this in meetings with inspectors. Inspectors reviewed complaints and found that for one young person they had complained about a safety plan initiated by the social work department, feeling it was impacting their rights. This young person was supported by the care team to use Tusla's Tell Us Complaints and Feedback Process and was also given information about reporting to the Ombudsman for Children. This young person met with inspectors and advised they had not received a response from Tusla despite the complaint being made two months prior to the inspection taking place and inspectors recommend that the care team and centre management support the young person engaging with Tusla regarding follow up on their complaint.

Inspectors met with the social worker assigned to this young person as part of the inspection process and they provided more context around the safety plan and how

they had regular meetings with the young person to clarify the expectation regarding same. They also committed to discussing this further with the young person at the upcoming child in care review scheduled to take place to clarify any misunderstanding they have and to ensure their voice is heard.

Inspectors saw evidence that the Empowering People in Care (EPIC) organisation had visited the centre and met with the young people twice since the home had opened.

Inspectors saw how young people's rights to education and recreation were being well supported. All the young people were found to be engaged in formal education. Inspectors also saw how all the young people were engaged in sports activities in the local community such as boxing, soccer and cricket, and they all spoke positively about these activities.

Inspectors saw evidence that young people were well supported with the International Protection Office (IPO) application process. One social worker who had several young people placed in the centre commended the care team and centre management on how well they supported young people with the IPO process.

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

- No actions 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.

The centre had a suite of policies and procedures designed to protect young people from all forms of abuse and neglect. Inspectors reviewed these policies and found them to be in line with Children First and relevant legislation. Policies and procedures were due for review the end of March 2026, where changes were to be made to the current list of mandated persons and the child protection and safeguarding policy to ensure that it accurately reflects those staff members who are now legally mandated persons by virtue of their registration status with the Regulating Health and Social Care Professional Body CORU.

Inspectors interviewed care staff and found they were somewhat familiar with these policies and were aware of upcoming changes regarding mandated persons. Inspectors found staff were somewhat knowledgeable of the procedures to follow should they become aware of a potential child abuse concern. Inspectors found that there was a Designated Liaison Person (DLP) who was the centre manager and a Deputy Designated Liaison Person (DDLP) who was the regional manager. Staff during interviews were aware of who the DLP and DDLP were. The practice within the centre was that the centre manager submits all Child Protection and Welfare Report Forms (CPWRF) to the Tusla portal. Inspectors found that staff were unsure of how to complete this process. Inspectors found evidence that CPWRF's were being completed and submitted and on the sample of CPWRF's that were reviewed by inspectors there was no secondary reporter details captured on some of these reports, despite the initial disclosure being received by a staff member other than the DLP who was carrying out the report. The centre manager must ensure that the care team who receives the disclosure of abuse are recorded on the CPWRF's as a joint reporter.

In interview with the care team inspectors found they were also able to refer to Tulsa's Child Sexual Exploitation (CSE) procedure but showed poor insight into recognising potential CSE, the tracking of CSE and the reporting pathway for CSE. Inspectors found that there was confusion among the staff team with CPWRF and CSE reporting and staff were found to have little insight into these reporting pathways being separate. The centre manager and registered provider must ensure

that the centres child protection and safeguarding policies and associated processes, such as CSE are reviewed by all members of the care team and that managers assure themselves that the care team understand the procedures to be followed.

Inspectors found that there was a policy in place to address bullying. In interview staff were able to refer to this policy. There was no dynamic of bullying in the home at the time of inspection.

Inspectors reviewed the training log. Inspectors found that staff received regular training in safeguarding children, all staff had completed the Tusla e-Learning module: Introduction to Children First, 2017. However, inspectors found one staff member new to the home needed to complete the mandatory safeguarding training which was scheduled to be completed. Inspectors found the training log was well maintained and up to date.

Inspectors found while reviewing the visitors log that there was not consistent use of this log to track visitors coming to and from the centre. The centre manager must ensure consistent use of this log.

Inspectors reviewed personnel files for five staff members, files reviewed by inspectors were found to have been processed in line with ACIMS guidelines on safe recruitment and vetting.

Inspectors spoke with three social workers. These social workers spoke in a positive light of the care the young people received in the home. Social workers advised that their young people felt safe in the home and enjoyed living there. All social workers commended the care team on their communication with them.

There was policy on protected disclosures, staff had been inducted into this policy and inspectors found that those interviewed were familiar with it purpose and the procedures available to them if required.

Several of the young people resident in the home agreed to meet and speak to inspectors over the course of the inspection. Young people stated to inspectors that they felt safe living there, they knew who they could speak to if they had an issue of concern and were confident that the care team listened to their concerns when they raised them. This was also confirmed in key work documents maintained on young people's care records.

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 manager must ensure that the member of the care team who receives the disclosure of abuse is always recorded on CPWRF's.
- The centre manager and registered provider must ensure that the centres child protection and safeguarding policies and associated processes are reviewed by all members of the care team and that centre manager assure themselves that the care team understand the procedures to be followed.
- The centre manager must ensure consistent use of the visitor's log.

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 there were governance arrangements in place suitable to the size and purpose and function of the centre. There was a centre manager in place who was on leave the days of the inspection but had organised an interview with inspectors prior to this leave. A social care leader was covering in the centre managers absence, and a delegation log was completed and viewed by inspectors. Inspectors found in staff interviews they were somewhat unclear about the organisational structure above regional manager level. Inspectors recommend for the company's organisational chart to be refreshed with all team members.

Inspectors found that the centre manager supervised the staff team and the social care leader had just begun the process of supervising some staff. Both the centre manager and social care leader were trained in supervision. Supervision was being carried out every four weeks with staff members, and the centre manager was supervised by the regional manager monthly and these rotated from being in person to online. There was a staff team of ten in place with one vacancy of a social care leader. In interview the centre manager said they had sufficient staffing and the social care leader vacancy was not impacting on the running of the centre. At the time of inspection, the centre was not using agency staff and could manage the roster with the staff they had. The company was actively recruiting for this position. All staff had job descriptions and contracts.

There was a regional manager in post, they supported nine centres at the time of inspection. The regional manager had a regular presence at the home, monthly at minimum, and received governance reports from the centre manager weekly which was then brought forward to a weekly meeting the regional manager had with the director of operations. They visited and met with young people as part of their role. Staff interviewed reported that the regional manager is easily accessible to staff by phone or text if needed.

Inspectors found there were effective oncall arrangements in place. The centre manager and social care leader covered on call from Monday to Thursday in the home and for weekend periods centre managers within the organisation cover oncall for several houses on a rotational basis. There was a rota in place for this. In interview with the care staff, they were aware and familiar with this system.

Inspectors found that there were systems in place for external management oversight through the company's auditing system. There was a self-audit tool in place and a recent audit on complaints had been carried out. Additional to the self-audit tool there were three audits completed yearly. One focused on all themes of the National Standards for Children's Residential Centres (HIQA, 2018), one on themes 1, 3 and 5 of the National Standards, and the other was a health and safety audit. There was a pre-inspection audit carried out the week prior to inspection and there was an action plan in place, findings in this audit were similar to inspectors' findings for 3.1 in this report. This demonstrated to inspectors' effective oversight from external management.

Inspectors found that the registered provider had yearly contracts in place with the state funding body, the Child and Family Agency.

Inspectors found that there were systems in place to manage risk. There was a risk register and a risk matrix in place to help determine risk ratings. In interview the centre manager explained that the risk register was reviewed at a maximum every two months or as required. The regional manager signed off on the risk register when updated. In interview the centre manager explained that the regional manager was always available to discuss risk. The centre manager carried out the risk assessments but gathered the teams feedback at team meetings to aid in the assessment. Inspectors found that staff had limited understanding of the risk management framework and safety planning. The centre manager must ensure that the care team receive refresher training in the risk management framework and policy.

Inspectors found that young people's individual areas of vulnerability were documented in individual risk management plans (IRMP) and were reviewed by centre manager however in interview, inspectors found that the care team showed a poor understanding of the IRMP's and associated safety plans. Inspectors found inconsistencies with risk rating and implementation of safety plans across young people's care records. In interview with staff inspectors found they were unclear on safety plans and the control measures within. The centre manager must ensure that they review the IRMP's and associated safety plans with the care team and assure themselves that the care team has a clear understanding of same.

Compliance with regulations	
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 ensure that the care team receive refresher training in the risk management framework and policy. They must also review the IRMP's and associated safety plans with the care team and assure themselves that the care team has a clear understanding of same.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that the member of the care team who receives the disclosure of abuse is always recorded on CPWRF's. The centre manager and registered provider must ensure that the centres child protection and safeguarding policies and associated processes are reviewed by all members of the care team and that centre manager assure themselves that the care team understand the procedures to be followed. The centre manager must ensure consistent use of the visitor's log.	With immediate effect the centre manager will ensure staff who receive the disclosure of abuse is recorded on the CPWRF. The child protection and safeguarding policy was issued to all staff on 25/03/26 The centre manager completed a review of this policy with the team at the team meeting on the 16/04/2026. This included details on reporting via the pathway. The review included role play to ensure staff fully understood policy. Use of the visitor's log was reviewed at team meeting on the 06/05/2026. All staff were reminded of the requirement to request all visitors to sign in.	The centre manager will ensure that the member of the care team is recorded on any CPWRF's that are submitted in line with policy. The centre manager will complete regular reviews with each staff member via supervision and team meetings to satisfy themself they fully understand the policy. Regional manager and quality assurance manager will review policy knowledge with teams during site visits. The centre manager will complete regular checks on the visitors log to ensure it is completed consistently. Regional manager as part of their visits to the home will check the visitor log.

5	The centre manager must ensure that the care team receive refresher training in the risk management framework and policy. They must also review the IRMP's and associated safety plans with the care team and assure themselves that the care team has a clear understanding of same.	All IRMP's were reviewed on 14/04/2026 by centre management and regional management. Risk management framework, IRMP's and associated safety plans were revised in detail with staff members on the 06/05/2026.	Policy on risk management and risk assessment will be reviewed with staff member in individual supervisions. Regional manager will complete temperature checks of staff knowledge during their monthly visits to the centre and of documents on the company's documentation system to ensure they are reflective of risks. Centre management will review IRMPs with the team at the team meeting at a minimum of quarterly as per policy or sooner if required.