An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 144

Year: 2026

Inspection Report

Year:	**2026**
Name of Organisation:	**Ashdale Care Ireland Ltd**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced**
Date of inspection:	**17th & 18th of February 2026**
Registration Status:	**Registered from the 13th of November 2024 to the 13th of November 2027**
Inspection Team:	**Eileen Woods** **Catherine Fitzgerald** **Tara Heeran**
Date Report Issued:	**13th of May 2026**

Contents

1. Information about the inspection **4**

1.1 Centre Description
1.2 Methodology

2. Findings with regard to registration matters **7**

3. Inspection Findings **8**

3.1 Theme 3: Safe Care and Support, (Standard 3.1 only)
3.2 Theme 4: Health, Wellbeing and Development, (Standard 4.1 only)
3.2 Theme 6: Responsive Workforce, (Standard 6.3 only)

4. Corrective and Preventative Actions **16**

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 13th of November 2018. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from the 13th of November 2024 to the 13th of November 2027.

The centre was registered to provide multiple occupancy care for up to three young people aged between ten to seventeen years of age. The aims included providing a familial style therapeutic model within the living environment with access to a multi-disciplinary therapeutic support team based on assessed needs. The team were to be skilled and trained in a model of therapeutic care and support provided by the company. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.1
6: Responsive Workforce	6.3

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 2nd 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 23rd 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: 144 without attached conditions from the 13th of November 2024 to the 13th of November 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

There was a child protection and safeguarding policy in place that had previously been reviewed in December 2024, with the aim of a two-year review cycle. During this inspection, on foot of feedback from inspections and developments in the sector, the policy was being reviewed in March 2026. This review incorporated procedures for non-mandated persons on the team and updates on reporting procedures for staff members. The changes and current policy were in line with Children First, the relevant legislation and developments with the introduction of CORU registration for social care workers.

The centre had a child safeguarding statement (CSS) in place, this was displayed and reviewed every two years. The centre manager and their deputy were named as the designated liaison person (DLP) and deputy DLP within this. Staff were aware of the CSS and its function within practice. The staff training records confirmed that staff had completed mandatory training in Children First and in the centres child protection policy, procedures and related supporting policies in for example anti-bullying and the code of behaviour. The staff had also completed training in child safeguarding from an external agency and training in child sexual exploitation. New staff had either completed their mandatory training before joining the team or within two weeks of same. The centre management completed policy follow up and education at team meetings and during supervision sessions. Inspectors found that the staff interviewed were knowledgeable regarding child protection and safeguarding for the young people

The centre manager and deputy manager had received training in the DLP role and were experienced in the area of child protection and safeguarding. The centre manager demonstrated to inspectors their understanding of and undertaking of the responsibilities of the DLP role as described in the centres child protection and safeguarding policies and related policies. The management completed their own training, tracked team training, consulted with others in relation to child safety and

made child protection reports. They ensured compliance with current policy in line with Children First. They upheld the principles of safe care and maintained robust standards in safe day to day living for the young people and those caring for them. They were supported in this by their deputy manager, the team leaders along with the whole team. New staff received guidance and mentoring along with training in the relevant policies and centre practices, there was a focus on the care model principles and maintaining a familial environment within a strong safeguarding approach.

Child protection and welfare reports had been made as required. Once reported through the portal a significant event report was issued to the professionals alerting them to this. The reports were uploaded onto the digital filing and recording system for the individual young people. There was tracking attached to these that inspectors found would benefit from further attention to ensure that the details and timings of follow up through to closure functioned more effectively. A number remained open and the reasons for these was known where it related to ongoing Tusla and legal processes. Inspectors found that the child protection and welfare report forms/CPWRF's they reviewed listed the centre manager as the sole reporter. It was clear that the disclosures had been made to a number of staff but that the system implemented at the centre routed the reporting procedures through the DLP. The registration for the Tusla child protection reporting portal was through the centre manager and the deputy managers emails. Following feedback at this inspection the centre manager provided confirmation that the centre staff email had now been registered for the portal and that they understood the need to record joint reporting and joint reporter details on the forms. The centre manager also stated that they would inform staff of same and that all would revisit the role and responsibilities of mandated persons in reporting independently and without delay should that be the case. They must also ensure that staff understand, and carry out, their responsibility to report independently though the portal.

Safeguarding related incidents were subject to review by the organisational incident review group and evidence was seen of this process taking place and recommendations made for action and implementation by the team. Inspectors found that these were duly followed up by the centre management. Two types of incident reviews took place depending on the nature of an incident, an inhouse and an organisational one. The regional manager also responded to incidents of a safeguarding and child protection nature to support the measures in place. Debriefs with staff, incident oversight and reviews along with supervisions were used by the centre manager to determine if additional safeguarding related training would be

necessary. The centre manager followed up with the training department in these instances.

Inspectors found that the young people had both lived in this home for a number of years, one of them told inspectors that this was the place they called home, that everyone had a voice and that it was like a family. The other described in writing feeling safe “all the time”. The young people were aware of their safeguarding plans, in line with their age and stage of development, and included in safety planning aimed to improve their quality of daily life. Inspectors found evidence on the care records, and from a social worker and guardian ad litem (GAL) that the young people could revisit and discuss decisions with the team and the professionals involved. A parent also informed inspectors that overall that they were happy with the care provided and the experience they had of the management and team. They said they could raise a concern and one had been responded to the previous year through the professionals involved. They further added that it was their hope that their child would continue to prosper further in education whilst there.

There was evidence on the young peoples care records of key work and support around online safety, self-care and self-protection and the autonomy and safety of others. There were specialist services involved both internally and externally and these were closely involved with the team and young people. Their advice was evident and integrated in practice in safeguarding. There was contact with family and any reports of a child protection nature that required notification to family were managed by the social work departments.

There was a 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.

Compliance with Regulation	
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 received the information is recorded on the child protection and welfare report form. And that all staff understand their role and responsibilities in reporting, either independently or through joint reporting.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre had policies in place on personal development, health and well-being, on access to medical and specialist services and on self-harm and suicide. There was a well-developed model of care with training delivered on a module basis to staff. The young people's individual placement plans (IPP's) contained sections related to health, well-being, individual assessed needs and education. There was ample evidence of promotion of healthy options and choices explained and made fun. There was key work completed that displayed a holistic approach to wellbeing throughout the living environment at the house.

Inspectors found that the team members interviewed were knowledgeable regarding the individual young people, their health and assessed needs as well as having knowledge of their personalities and daily lives, likes and dislikes. Both the young people told inspectors in written and in verbal feedback about feeling safe and happy

and having plenty of time with staff, as well as activities and sports to do of their choosing. Inspectors observed that there were bikes, scooters in use and a garden with a secure trampoline. New goal posts were being purchased at a young person's request. There was an external building that contained occupational therapy approved equipment for sensory play and self-regulation. A young person described very well how and what they utilised and what it gave them in terms of relaxation or resetting emotions. Inspectors could see that all of these items had been used and enjoyed by the young people. New items were purchased as seasons changed or new interests taken up.

Inspectors found that the sexual health and development needs of the young people were attended to in line with their age and stage of development. They received information in line with peers of the same age and there was good nutrition integrated as part of the daily caring routines. Where new habits or changes emerged for a young person inspectors found through the IPP's, supervisions and key work records that the team responded to support them and educated them about for example, the risks in vaping or over consumption of high sugar food and drinks. The young people were involved in choosing foods and although still young they lived in a family style environment that allowed them to be involved in the kitchen and in some of the shopping. There were shared meals on a planned basis only, based on necessary safeguarding routines in place. Young people were engaged in schools and had completed religious education there in accordance with theirs and their families wishes.

The centre management liaised with the company therapeutic support team (TST) to organise collaboration at placement plan meetings held monthly for one young person at a time. There was evidence of their advice in the daily planning and approaches to the young peoples assessed needs and emotional needs, in particular as they matured through different developmental stages. The centre model of care was central to daily living and embodied in planning and routines. A representative from the TST attended some child in care reviews and both young people had access to one-to-one sessions in for example, a course of art therapy or occupational therapy (OT), either currently or in the past. The OT visited the centre and provided guidance and advice that was put into practice at the centre. Where a young person attended for external clinical sessions the centre management and staff team planned effectively for safe journeys to and from and shared information to ensure continuity of safe care.

Compliance with Regulation	
Regulation met	**Regulation 10** **Regulation 12**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 4.1**
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 required

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors interviewed two staff, the centre manager and their regional manager, a social worker, a GAL and a family member. There was input from a young person in person and in writing and in writing solely from the other young person. All parties identified a strong culture and care model evident in this centre that communicated itself in a number of different ways. Inspectors found that there was evidence directly from these parties, on centre records and evidenced through observation at the centre of a therapeutic, trauma informed approach to care. For staff they stated that it was the day-to-day support, direction, leadership and feedback they received that allowed them to provide the care needed. For the professionals it was good communication and consistency in therapeutic care delivery. For the young people it was their experience of a fair and safe place to live and being supported in a way that was well explained no matter how difficult that was.

The centre management and team leaders were going through periods of staff changes on an ongoing basis and had a strong system of ongoing education of the

staff team. The changes often related to staff being successful at interview for promotion within the company and therefore moving post. There were also vacancies related to social care workers roles being filled as required, with one vacancy pending recruitment at the time of the inspection. The care needs of both young people relied on strong adherence to their plans and integrated knowledge of the cause and effect of changes to daily routines. The centre management achieved this through centre based inductions, the provision of supervision, team meetings fortnightly and mentorship.

There was a culture of learning and development through constructive criticism and practice review, for example during in-house significant event reviews. Inspectors also found evidence of reflective practice taking place, this was modelled by the experienced staff and seen as integral to the overall learning environment. The day-to-day care required significant attention to detail and opportunities were taken to ensure that all incoming staff had support in learning the key safe care routines and why they were important. The centre manager advocated strongly for consistency in their team to their senior management due to the level of care and detail required day to day.

Supervision was provided by the centre manager, the deputy manager and social care leaders; all had received training in the provision of supervision. During the induction stage and as part of their probation phase inspectors found that new staff received twice monthly supervision sessions for the first three months. There was a written record kept of all supervision sessions and both parties signed the sessions with a plan of action agreed after each. These records were audited from time to time by the company quality assurance team and actions identified as required based on those audits. The centre also internally audited and reported on their provision of supervision through their governance reporting.

Inspectors found that staff had been inducted into the supervision policy and had received further centre-based training in the policy as a team. They participated in the sessions some of which were varied to be activity or relaxation based and staff found this approach to be helpful in processing the intensity of the work. They had yearly performance reviews with their supervisor with personal development goals identified. Staff had access to an employee assistance programme (EAP) and as well as other employee benefits. The EAP was advertised to staff and they could independently access support if they wished to do so.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 6.3**
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 required

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 received the information is recorded on the child protection and welfare report form. And that all staff understand their role and responsibilities in reporting, either independently or through joint reporting.	Management reviewed policy and TUSLA portal to all staff at team meeting. This included mock submission 26.2.26 to ensure staff fully understand the process.	Home management will check in with staff via team meeting and supervisions to ensure they understand roles and responsibilities in line with policy. As part of home visits, Regional manager will temperature check staff knowledge and understanding. This will also be reviewed as part of quality assurance audits.