



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 309

Year: 2026

Inspection Report

Year:	2026
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	6 young people
Type of Inspection:	Announced
Date of inspection:	2nd and 3rd March 2026
Registration Status:	Registered from 27th June 2025 to 27th June 2028
Inspection Team:	Linda Mc Guinness Tara Heeran
Date Report Issued:	16th April 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 27th June 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 as a multi-occupancy service. It aimed to provide care to young people between 16 to 18 years of age who were outside their country of origin and separated from parents or caregivers. The aim was to provide stability through the provision of a physically, emotionally, and psychologically safe space to support young people to heal, develop and move forward in their lives. There was a focus on child centred thinking and planning to achieve positive outcomes. 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 16th March 2025.

The findings of this report 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: 309 without attached conditions from the 27th of June 2025 to the 27th of June 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.

The organisation had a suite of policies and procedures to guide staff practice and to ensure that young people experienced care that promoted and respected their rights. Policy and practice in the centre were found to be aligned to the United Nations Convention on the Rights of the Child. The policy relating to child centred care and support included sections relating to children's rights, advocacy, diversity, privacy, participation, and access to information. There was also a robust complaints policy and procedure. Throughout the two days in the young people's home inspectors found from observations of practice, talking to young people, the care team and review of centre records, that the managers and care staff were committed to upholding all their rights. The team had completed training sessions relating to trauma and adverse childhood experiences, migrant mental health, intercultural awareness, and human trafficking to support the work with separated children.

There was evidence that when young people moved in to the centre they were provided with a welcome booklet with information about the house and their various rights. This was available in English and translated into the first language of young people living in the centre. It included information on young people's meetings, key workers, day to day routines, expectations, confidentiality and how to make an internal or external complaint if they were unhappy. An approved translation service was made available to ensure that the young people understood what was being communicated and inspectors found that this was followed up at individual level through key work, individual work and through group meetings. They confirmed when speaking with inspectors that the team explained about the house, the rules and expectations and how they would be supported while they lived there. A child centred approach was evident from observations of practice, review of records and conversations with young people and staff members.

Five of the six young people completed questionnaires for the inspection (one just moved in prior to the visit), and they confirmed that they were happy living there, had people they could trust and that they felt listened to. They made statements such as ‘everybody takes care of me,’ ‘I am happy with day-to-day life’ and ‘they had nothing to change.’ One young person who had made a complaint stated they had brought it to the attention of the centre manager and were happy with how it was resolved.

Three young people also spoke directly with inspectors and expressed they were very satisfied with the supports and assistance with education, the activities they were involved in and the help they received with other aspects of their lives. One stated that the care team ‘did everything they could to help.’ There was evidence that any expressions of dissatisfaction made by young people such as curfews, sharing bedrooms and asking for extra resources, were explored with them and either resolved to their satisfaction or explanations were provided if this was not possible.

There was evidence too that they were consulted and participated in decisions about their care. There was a strong emphasis on supporting young people to attend or source appropriate education or training in line with their abilities and preferences. For some young people, significant resources were provided to the provision of extra tuition to help them with their ambitions in a chosen career path. English language tuition was sourced for others to support entry into the Irish education system. The young people who spoke with inspectors were proud to talk about their achievements in education, plans for future studies and employment, and their involvement in community activities such as cricket, football, and local gyms.

Weekly young people’s meetings were facilitated and these included topics such as rights, complaints, advocacy services, national standards, house rules as well as meal and activity planning. The meetings were generally well attended but if they were busy or chose not to attend, there was evidence that there was a check in with individual young people taking place. Young people’s views and voices were well captured across all records. Work took place with young people to support them with integration into Irish life and culture, and respect for all people’s rights based on gender, sexual orientation, race, and religious beliefs, for example, was explored with them.

Appropriate translation services were made available for medical, legal appointments and if required for individual work until it was assessed in consultation with them and their supervising social workers that it was no longer required.

They were involved in meal planning and had various choices of nutritious, culturally appropriate food. They were supported to observe cultural and religious practices and the team were excited to help them prepare for an upcoming religious festival. The house was decorated and plans were discussed in handover at the request of young people to purchase specific clothes and food to celebrate. They also received allowances for items to facilitate self-care, hair care, and other requests to support their cultural needs. The advocacy service Empowering People in Care (EPIC) had visited the young people in the centre as well as a community officer from An Garda Síochána to explain the role of the Gardaí. One young person was interested in pursuing this as a career path and had spoken to the team about exploring how this might be achieved. The staff team had also built positive relationships with the local authority integration team who had visited the centre and explained supports and resources available to the young people such as training and employment opportunities, healthcare, English language tuition, and volunteering opportunities.

Inspectors found that although space was limited in the house there were areas where they could relax and spend time alone or with each other. Care staff were observed to knock on young people’s doors before entering their private spaces.

There were systems in place and effective monitoring to ensure that care records were maintained appropriately for all young people living in the centre.

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.

The organisation had robust policies and procedures to support the provision of safe care and support. These included, child protection and safeguarding, bullying, complaints, protected disclosures, working alone and safe recruitment and selection of staff. The procedure to confirm the identity of visitors was evident in practice when inspectors visited the house. One staff member remained awake at night time.

There was evidence that all young people living in the centre were safeguarded from abuse and neglect and their welfare was promoted by the care team. From review of centre records and through inspection interviews, inspectors found that safeguarding policies and procedures were understood and implemented in practice in line with Children First, National Guidance for the Protection and Welfare of Children (2017). The lead inspector spoke with a Tusla worker who was allocated to the majority of young people placed. They made quarterly visits to the centre and met with each young person individually. They stated that all young people reported feeling safe and well cared for, with sharing a bedroom being the only issue of dissatisfaction brought to their attention. They reported that there was good communication with the team and the care and welfare needs of young people were prioritised. They confirmed receipt of significant events, complaints, placement plans, and other key information in a timely manner.

There was evidence that child protection and safeguarding policies and procedures were revisited with staff members in team meetings and through individual supervision. Care staff who met with inspectors were familiar with required reporting procedures in line with Children First (2017). They were aware that the centre manager held the role of designated liaison person (DLP) and that the regional manager was the deputy DLP in the absence of the manager. Staff explained to inspectors the joint reporting procedure in operation across the organisation but were also aware of the right and obligation to report in instances where this was not possible or the DLP was not in agreement.

A review of the centres' training records found that all staff had received training in Children First and mandated persons training. A staff training database was maintained to track any refresher training required. The child safeguarding statement (CSS) was displayed in the centre as required, and there was evidence that it was updated if a new child protection or safeguarding risk was identified. Care staff who met with inspectors were able to identify risks set out on the statement and control measures to mitigate against possible harm. The team were proactive to ensure young people were safe when engaging in community activities. They sought and received the CSSs for organisations/clubs that young people joined.

A list of all mandated persons was maintained in the centre and was undergoing review based on changes required as a result of CORU (the regulator for health and social care professionals) registration for social care workers.

There was a register of child safeguarding/child protection concerns, and all entries were recorded and reported appropriately. There was evidence of collaboration and follow up with the separated children seeking international protection (SCSIP) social work department following referrals, and safety plans were drawn up as required. Staff confirmed that child protection and safeguarding was discussed regularly and inspectors review of team meetings evidenced this in practice.

The care team worked extensively with all young people to support them to develop the knowledge and skills for self-care and protection. The young people who spoke with inspectors said they felt safe living in the house, and that the adults had explained to them about risks they may experience in the community and the importance of speaking up if they felt unsafe. They had access to the internet and appropriate safeguards/ parental controls were in place and these were monitored by remote checks on the system to ensure they were effective. Online safety was discussed with young people to educate them about potential risk or harm. There was also significant work taking place about issues such as consent, healthy relationships, and sexual education/sexual health.

There was a low level of significant events or incidents in the centre, however, any that took place were notified appropriately and managed and reviewed in line with organisational policy. Individual needs and vulnerabilities of young people were identified through placement planning and risk assessment processes in consultation with the social work department. If required, safety plans and safeguards were put in place and regularly reviewed.

There was a protected disclosure /whistleblowing policy in place that care staff who spoke with inspectors were familiar with. Concerns about impact of poor practice had been raised with senior managers by a team member and inspectors found that appropriate action was taken. Two young people also raised concerns about the practice of a staff member, and prompt and appropriate action was taken to ensure safety. There was a review for the purposes of centre and organisational learning, and findings were communicated in a timely manner to staff members at all levels. There was evidence that required practice changes were implemented and monitored.

There were no incidents of bullying in the centre, but the team were alert to signs of bullying or intercultural differences that could impact the welfare of young people. The risk management framework was understood and evident in practice (with appropriate risk assessments and safety plans) where individual or group risk was identified.

Inspectors found that policies and procedures for the safe recruitment of staff members were robust and evident across personnel files reviewed. Procedures to secure Garda vetting and international police checks for staff who had resided and worked abroad for more than six months were implemented. There was a system in place to maintain and monitor personnel files.

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

Compliance with standards	
Practices met the required standard	Standard 3.1
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 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.

There was a policy to support effective governance. There were defined governance structures in place that set out clear lines of accountability. The internal management structure was appropriate to the size of and statement of purpose for the centre. The staff team comprised of the social care manager, two social care leaders, five residential care workers and four support workers. There were minimal changes of staff since the centre commenced operations and the positive impact of this was evident in the relationships built with young people and effective key working taking place.

The manager had achieved a level 7 qualification and was completing a management qualification they committed to at the time of registration of this service. They worked office hours from Monday to Friday, and they maintained responsibility for oversight of day to day running of the centre and planning for young people. It was the inspectors' assessment that they, with the support of the social care leaders, facilitated the provision of high quality, safe and effective care.

The manager reported directly to the regional manager with responsibility for all separated children's services within this organisation. The regional manager visited the centre at least once a month and had attended team meetings. There was evidence of their oversight of operations during visits to the centre and remotely through the company's IT system. They provided written and verbal feedback to the centre manager. Young people and staff were all familiar with this person.

The regional manager expressed confidence in the abilities of the manager to support the team and meet the needs of the young people. Young people who spoke to inspectors all reported liking and trusting the manager and one said, 'their door was always open' and care staff reported they were accessible and supportive.

There was a clear delegation of duties to appropriately skilled and qualified people if the centre manager was absent. The centre manager provided on call support outside of office hours during weekdays and it was shared with other managers on a rotational basis for weekends.

Inspectors found that there was an effective risk management framework and various systems in place to ensure the provision of safe and effective care. There was a suite of policies and procedures appropriate to the purpose of the centre. Team meetings took place every two weeks and alternated with individual placement planning meetings (IPP) to identify the support needs of each young person. One inspector attended a daily handover meeting and found this was an effective and child centred forum used to communicate key information, plan shifts, assign specific tasks and reflect on outcomes of interventions. There were regular management meetings where issues such as risk management, complaints, safeguarding, health and safety, staffing and training needs, and shared learning across the organisation was discussed. Each record had an associated action plan. Staff interviewed described how they received information and feedback following management meetings or learnings from review of incidents in this and other centres.

A weekly operational report was completed by the centre manager and uploaded to the electronic IT system so it, and other key documents, could be reviewed by external managers in real time. This report covered areas such as professional supervision, placement planning and review of significant events, complaints or child protection concerns if required.

Quality assurance and compliance audits were undertaken by the organisations' compliance department. Findings were communicated to the staff team. A comprehensive and detailed full eight-theme audit benchmarked against the national standards for residential care was completed in November 2025. The centre was deemed by the auditor to be compliant with 95 % of areas assessed. Inspectors were provided with evidence that actions requiring attention were either completed or being progressed at the time of inspection. A robust health and safety audit was completed in late January 2026, and the action plan was almost complete at the time of inspection.

The organisation was contracted by the separated children's team within Tusla to provide this and other services to separated children seeking international protection. They were required to submit information and data to Tusla, and both parties held regular meetings to update on the service and discuss any issues arising.

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