



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 039

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Three Young People
Type of Inspection:	Unannounced
Date of inspection:	24th & 25th February 2025
Registration Status:	Registered from 17th September 2023 to the 17th September 2026
Inspection Team:	Janice Ryan Ciara Nangle
Date Report Issued:	9th May 2025

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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 in 2011. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 17th September 2023 to the 17th September 2026.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for three young people from age thirteen to seventeen on admission. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provides a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2, 3.3
4: Health, Wellbeing and Development	4.3

This inspection was conducted due to numerous escalations being received over a six month period from the National Placement Team (NPT) in relation to the challenging behaviour among young people resident in the centre. One young person was discharged from the centre prior to this inspection taking place.

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 03rd April 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 returned the report with a CAPA on the 17th April 2025. 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: 039 without attached conditions from the 17th September 2023 to the 17th September 2026 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 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had policies and procedures in place that promoted positive behaviour and guided staff's approach in the management of behaviour that challenged. The centre had a recognised framework of behaviour management in place however, on a review of a training audit completed in February 2025 inspectors found that that one staff member had not been trained in this model nor had a number of staff completed refresher training within the specified timelines. Additionally, inspectors found that not all core team members had completed full training in the Systemic Therapeutic Engagement Model (STEM) model of care. The inspectors found that an audit plan was in place to address this deficit however where STEM training was required there was no identified dates for completion of same and improvement is required in this regard. The team had also been supported to complete additional training including child exploitation training, ligature training and safe talk training.

The inspectors found that staff had a good level of knowledge in relation to the needs of the young people which was necessary to support the young people in their placement. The centre had a relatively new team in place and staff in interview confirmed the importance of ensuring newer staff members are placed with more experienced staff members. This provided support and guidance to new staff and ensured consistency in plans. The inspectors found when interviewing staff about the interventions they used they were able to detail the practical things they did, however this was not outlined in the relevant supporting documents to the same understanding.

The inspectors sampled a range of behaviour management tools on file which included Individual Crisis Support Plans (ICSP), Individual Absent Management Plans (IAMP), practice guidance documents and risk assessments. The inspectors found that these documents contained a large amount of detail not relevant to the plans. The inspectors found that although these plans were overseen by centre management and external management that no action had been taken to address the

amount of information within the ICSP following a recommendation from the centre manager as part of the regional significant event review group meeting (SERG) in November 2024. The inspectors also noted that this was a recommendation in a previous inspection in a sister centre.

The inspectors found that within a sample of ICSPs at times the language used within was not child friendly and the function of behaviour was not being described from a therapeutic approach as it did not take into account the underlying reasons for this behaviour. Additionally, the ICSPs did not clearly identify specific de-escalation techniques to be taken by staff to support the young person to manage when dysregulated. The inspectors found that within some significant events reviewed that these deficits identified within the ICSP contributed to staff not responding from a trauma informed perspective when young people presented in crisis.

A review of the IAMP evidenced that they contained too much personal detail which was confusing and did not add value to the purpose of the plans. Following a review of a sample of significant events which contained information when a young person was missing in care the inspectors found that checks throughout the night were not in place when this young person had not returned to the centre. The inspectors found that this was a recurring issue and there were conflicting reasons given for this practice being in place however, the inspectors found no written documented evidence of where this was agreed. The inspectors also found that this approach was recorded within the young person's IAMP. The inspectors found that given the needs of this young person and the known concerning risks while out in the community the practice of not attempting to check in on their wellbeing during the night when missing from care was not safe care. Furthermore, the inspectors found no risk assessments in place to support this practice.

The inspectors found that the staff team were making efforts to support the young people to understand their behaviour that challenged and were committed to working with the young people. However, the inspectors found that limited work had been completed in relation to the peer dynamic within the centre and further improvement is required in this area. The inspectors found that the team were managing the behaviour of all young people to the best of their ability however, in the absence of clear guidance within the behaviour management tools this did not support and guide a new team to effectively manage the behaviour in the centre.

A significant number of sanctions were in place and the inspectors found at times staff were utilising generic sanctions for behaviours that presented regularly. The inspectors found that there was an over reliance on sanctions and that the number over a twelve month period was not proportionate or supportive to affect change in behaviour for the young people. The inspectors found brief discussions through team meeting minutes of sanctions implemented however, there was no consideration given to alternative sanctions when these did not work. The inspectors found no documented evidence of a review or oversight of these sanctions by external management nor was this identified within an audit completed in April 2024. Sanctions must be reviewed to ensure that they are purposeful and proportionate to the level of behaviour that presents.

Restrictive practice was in place. The centre had an internal alarm sensor which monitored movement within the corridors. This was risk assessed and measures in place were in line with the level of risk identified however, this risk must be kept under review in line with Standard 3.2 of the National Standards for Residential Centres, 2018 (HIQA).

In interview with one social worker who was recently allocated they confirmed that they were satisfied with the care being provided to their assigned young person however, they noted that more work is required by the care team to support the young person to engage fully in all aspects of their placement.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The inspectors found that centre management and staff promoted an open culture within the centre where staff and young people were encouraged to raise concerns and report incidents. The inspectors found that young people's care was discussed as part of the fortnightly staff team meetings. The centre had also implemented a monthly consultation form which was completed with young people. This form allowed the young people to provide feedback on elements of their care in the centre.

The quality of care was reviewed and audited through a range of internal and external mechanisms in the centre. Incidences were reviewed internally by management and staff and externally at the regional Significant Event Review Group (SERG) meetings. On review of the internal SERG meeting minutes the inspectors found that they contained good detail and discussion in relation to trends, patterns, key areas of learning and areas of practice that was ineffective. However, the inspectors found

that further improvement is required to ensure that where interventions or approaches are reviewed that more specific details is documented within these minutes. This will guide the staff team to implement clear strategies which will support the young person to manage their behaviour. Externally significant events were reviewed as part of the regional SERG meetings. This process consisted of one significant event being reviewed from each centre. The minutes reviewed contained feedback and learning which was discussed with managers from sister centres.

Significant events were also discussed at team meetings with the purpose of identifying learning from events and to see where patterns and trends existed. Attendance at team meetings by all team members was good. These meetings allowed learning from these forums to be shared with the staff team to support the development of best practice and improve the quality of care provided in the centre. The records contained good discussion in areas where changes to interventions were required to the young people's plans. However, at times details recorded in key areas were limited and it was difficult for inspectors to track where learning from SERG meetings was discussed. While inspectors had identified deficits within the recording of information improvements had been made since the previous inspection. Further improvement is required to ensure that where details are discussed in all forums mentioned above that these are consistently recorded across all centre and young people's records.

The registered provider had mechanisms in place for social workers and parents or significant others if involved in their children's care to provide feedback to the team about the quality of care in the centre. One allocated social worker in interview confirmed that they could discuss openly with the centre manager and staff any issues or concerns that arose within the placement and that the centre was responsive to this.

The centre did not have a formal arrangement for feedback to be provided from parents or guardians currently as there was limited engagement from these parties. However, in interview with staff they confirmed that they provided an update by text to the parents/guardians of the young people on a weekly basis and this was recorded within team meeting minutes. This was confirmed in interview with the centre manager who stated that when appropriate, parental feedback is sought at meetings or through phone contact.

An audit had been completed in April 2024 specifically which incorporated elements of standard 3.2 of the National Standards for Children's Residential Centres, HIQA (2018). This audit had identified deficits within the recording of information however it had not captured significant deficits identified within the behaviour management tools mentioned above or addressed the issue of the amount of detail within these documents. The registered provider must ensure that auditing systems are being utilised effectively to ensure that these accurately identify deficits and areas of good practice that supports service improvement.

There were systems in place for the reporting, recording and reviewing of significant events in the centre. There were systems in place for the oversight of all significant events by internal and external managers as discussed above. The inspectors found that the staff team were managing a complex dynamic between two young people which resulted in an increase in significant events for the centre. This resulted in the ACIMS receiving numerous escalations from the SEN National Placement team. The inspectors found that significant events were completed and forwarded to the relevant parties in a timely manner and were of good quality. The inspectors found that the centre was appropriately identifying and managing the risk in the centre however further improvement is required to ensure that specific interventions are documented clearly within the behaviour management tools which will support a new team to increase safety and reduce risk for all young people in the centre.

One social worker confirmed that they received comprehensive reports and timely information from the centre in relation to their assigned young person and key information in relation to significant events was shared with them in a prompt manner.

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 3.2 Standard 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that all staff are trained in the recognised framework of behaviour management and the STEM model of care.
- The registered provider must review the behaviour management tools in place to ensure that they are clear and contain only relevant information purposeful to the plan.
- The centre manager must ensure that the ICSPs identify specific steps to be taken by staff in supporting the young people when dysregulated.
- The centre manager must ensure that the measures identified within IAMPs are appropriate to meet the presenting needs of all young people and that these measures are collectively agreed.
- The centre manager must ensure that a review of sanctions occurs within the centre to ensure that they are proportionate to the behaviour.

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

At the time of inspection, there were two young people living in the centre who were not engaging in any educational placements. One young person had ceased attending Youthreach and the other young person had refused to attend a secondary school from their home area.

The inspectors reviewed a range of centre and young person's records including placement planning and child in care review minutes and found that while the team were actively discussing education through these forums, they were not proactively ensuring within the daily routines in the centre that educational and training opportunities were supported. The inspectors found limited individual work was being completed with the young people to develop their interests and strengths in achieving their goals. Although the team were reporting non-attendance daily to the relevant school for one young person the inspectors could not see within the daily logs reviewed where this young person was supported or encouraged to attend school within the routines of the centre.

The centre had implemented a behaviour modification chart for one young person which included school attendance as an incentive however, since September this young person had only attended school on two occasions. The inspectors found limited evidence of where this behaviour modification chart had been reviewed or

discussed by centre management or staff given this goal was rarely achieved. Furthermore, the inspectors found limited evidence of individual work with the young person in relation to alternative incentives to support them return to education. In recent months discussion had taken place around the opportunity for the young person to engage in an Iscoil programme however, prior to this, work completed in relation to education was limited.

The other young person had not sustained a consistent educational placement for a period of two years. On the day of inspection this young person had attended an interview with a potential placement for September 2025 in an alternative education setting. However, when discussed in interview around what could be implemented between now and this placement commencing the inspectors were advised that Youthreach would be considered. The inspectors found that the team had not given consideration from previous knowledge of attendance at this placement that this option may not be suitable, and that consideration should be given to alternative educational sources. On a review of a child in care meeting minutes for October 2024 the inspectors noted that the option of home tuition was discussed for this young person. However, following on from this and through discussion at placement planning meetings for this young people the inspectors found no evidence of where the centre had proactively followed up on this as an option to achieve a positive outcome.

Assessments had been completed for the other young person prior to being admitted to the centre and the inspectors found that recommendations within these were being implemented in the school for this young person when they attended.

The inspectors found that young people were supported to engage in a range of extracurricular activities. This included outdoor sporting activities for one young person including basketball and football. The inspectors also observed this young person being supported to cook their breakfast and lunch while in the centre in which they appeared competent in doing same. A review of individual work for another young person indicated that ongoing work was being completed in terms of developing their independent life skills for example cooking and budgeting while in the centre.

During the course of this inspection one young person was assigned a new social worker who also highlighted that a more structured approach was required by the centre to meet the educational needs of their assigned young person. They confirmed

that a plan had been developed in recent days with the centre and the young person to support them engage in a new educational programme.

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 4.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that adequate planning is in place for all young people in relation to educational opportunities and these are incorporated through daily routines in the centre.

3. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure that all staff are trained in the recognised framework of behaviour management and the STEM model of care.</p> <p>The registered provider must review the behaviour management tools in place to ensure that they are clear and contain only relevant information purposeful to</p>	<p>The centre will ensure that all staff are trained in STEM and in the behaviour management model. All new staff will complete the Introduction to STEM as part of their induction, and all staff will be scheduled to complete all modules during their probationary period. All new staff members will be scheduled to complete the full behaviour management model training, and all staff will complete the refreshers. A training audit was completed on 14.04.25 and action plan developed which ensures all staff are booked onto and have completed relevant training. All staff training was scheduled on 16/04/25.</p> <p>Behaviour management tools were reviewed by the centre management team and ICSP updated accordingly. These tools</p>	<p>The bi-monthly training action plan will be completed by centre manager and sent to the regional manager to review. The regional manager will escalate requirement for courses that are not scheduled or full. Training requirements will continue to be discussed monthly in regional management meetings and unscheduled training discussed in senior management meetings. This process will identify and escalate scheduling of training as required.</p> <p>The case management team to discuss and update relevant information in conjunction with centre management team in case management meetings. This will also include a monthly review of the ICSP and</p>

	<p>the plan.</p> <p>The centre manager must ensure that the ICSPs identify specific steps to be taken by staff in supporting the young people when dysregulated.</p> <p>The centre manager must ensure that the measures identified within IAMPs are appropriate to meet the presenting needs of all young people and that these measures are agreed by all professionals.</p>	<p>were reviewed and discussed with the team at the team meeting on 16.04.25</p> <p>ICSP section regarding challenging behaviour was reviewed and updated by centre management team around proactive and reactive behaviour and the function of the behaviour. Specific steps were highlighted to support the young person. These documents were reviewed and discussed with the team at the team meeting on 16.04.25</p> <p>IAMP has been reviewed by centre management team and only relevant and current information identified and included. These documents were reviewed and discussed with the team at the team Meeting on 16.04.25.</p> <p>The IAMPs were circulated and agreed by all professionals on 16.04.25</p>	<p>all behaviour management tools. Review of ICSPs will take place in regional management and SERG meetings.</p> <p>The centre management team will review the ICSP minimally on a monthly basis and following incidents. Any learnings identified from this review will be added to the ICSP.</p> <p>The case management team to discuss and update relevant information in conjunction with centre management team in case management meetings. This will also include a monthly review of the IAMP and all behaviour management tools. Review of IAMPs will take place in monthly regional management and monthly SERG meetings.</p>
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	The centre manager must ensure that a review of sanctions occurs within the centre to ensure that they are proportionate to the behaviour.	Sanction review was completed by centre management team regarding effectiveness of sanctions and proportionately to behaviour of concern. Sanctions were updated and noted in relevant Practice Guidelines. These were reviewed and discussed with the team at the team meeting on 16.04.25. All sanctions will be reviewed at team meetings moving forward to ensure that they are proportional and effective.	The regional manager to oversee sanctions monthly to ensure that they are proportionate to behaviour. This to be discussed on senior management monthly auditing and governance report.
4	The centre manager must ensure that adequate planning is in place for all young people in relation to educational opportunities and these are incorporated through daily routines in the centre.	All young person's placement plans are updated to reflect interventions used to address education. Young people's daily and weekly routines include these opportunities. Practice Guidelines to be updated to reflect current plan on how to encourage and support young people to attend their educational placements. These were reviewed and discussed with the team at the team meeting on 16.04.25	Monthly placement plan and weekly routine review. Case management team to discuss and update relevant information in conjunction with the centre management team in case managements meetings. Regional manager will discuss young person's educational opportunities with centre manager in each supervision.