



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 275**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>14<sup>th</sup> &amp; 15<sup>th</sup> May 2025</b>
<b>Registration Status:</b>	<b>Registered from the 19<sup>th</sup> of December 2024 to the 19<sup>th</sup> of December 2027</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Linda Mc Guinness</b>
<b>Date Report Issued:</b>	<b>31<sup>st</sup> July 2025</b>

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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 Assurance 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 19<sup>th</sup> December 2024. At the time of this inspection the centre was in their first registration and in year one of the cycle. The centre was registered without conditions from the 19<sup>th</sup> of December 2024 to the 19<sup>th</sup> of December 2027.

The centre was registered as a single occupancy service to accommodate one young person from age thirteen to seventeen on admission. The centre had a recognised model of care which provided a framework for positive interventions and drew on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention, and daily life events. There was one young person in residence at the time of inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 person, 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 relevant social work departments on the 26<sup>th</sup> June 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 8<sup>th</sup> July 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: 275 without attached conditions from the 19<sup>th</sup> of December 2024 to the 19<sup>th</sup> of December 2027 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 17: Records

#### Theme 2: Effective Care and Support

#### **Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.**

At the time of inspection, the young person had been living in the centre for over four months. They were admitted to the centre in January 2025 following a transition period during which staff had linked in with them in their previous care arrangement. While acknowledging the fact that the young person's admission had to be expediated, inspectors found that the planning that took place prior to their admission was not adequate as the staff did not have the training required to meet the young person's identified complex needs. The placement proposal submitted to the national placement team stated that the young person would be cared for by a well-trained team. However, at the time of admission inspectors found deficits in mandatory and supplementary training. This is discussed in more detail further on in the report.

A statutory review had taken place for the young person within the regulatory time frames and there was an up-to-date care plan on file which detailed the aims and objectives of the placement. There was also evidence of regular multi-disciplinary planning and strategy meetings that took place outside of the statutory review process to review the young person's care. The centre had arrangements in place to keep the young person's parents informed of their progress and their views were recorded in the care plan minutes and centre contact records. A parent who spoke with inspectors also confirmed that they were consulted and kept informed of the young person's progress.

The young person had a placement plan on file which was updated on a monthly basis. There was evidence that individual work was identified and completed in accordance with the placement plan. Inspectors interviewed one of the key workers during the inspection and found that they were attuned into the young person's needs and they outlined specific pieces of work they were undertaking with the young person. They were also consulting with the young person on a regular basis to gain



their input into their placement plan and their overall care. This was confirmed by the young person who told inspectors that they were satisfied that their views were considered in terms of input into planning and setting individual goals. The placement plan was reviewed at team meetings and there was evidence that the young person had made progress in their placement.

Inspectors found from interviews and the review of centre records that there were communication issues within the team and inconsistencies at times in regard to their approach to working with the young person. Furthermore, the quality of the records also needed to be improved. There was evidence on file that the centre manager had addressed these issues with the staff team on a number of occasions including at a number of team meetings. Inspectors raised these issues with senior management post inspection and received a satisfactory response from them in relation how these issues and other issues of concern were going to be addressed. At the time of inspection, the majority of team meetings were taking place online. Given the fact that it was a relatively new team still in the process of formation, inspectors recommend that in person team meetings take place more frequently to support effective communication, to promote team cohesion and a more coordinated approach to providing care for the young person.

The young person was linked in with a number of specialist services. Inspectors found that prior to the inspection one of these specialist services that was providing guidance to the care team had conducted a workshop and further sessions were planned. However, attendance was poor with only two of the staff attending along with the centre managers. The registered provider must ensure that every effort is made to maximise attendance at specialist training to ensure that staff receive appropriate guidance as to how best to meet the young person's needs.

There was effective communication and good collaboration between the range of professionals involved in the young person's care and this was evidenced on the care records. There was evidence on file that the allocated social worker was sent monthly progress reports along with other relevant information. The allocated social worker and the young person's Guardian Ad Litem (GAL) also reported in interviews with inspectors that they were satisfied with the level of communication, and both acknowledged that the young person had made considerable progress in their placement.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- The registered provider must ensure that every effort is made to maximise attendance at specialist training to ensure that staff receive appropriate guidance as to how best to meet the young person's needs.

**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 policies and procedures in place to protect children from all forms of abuse and neglect. The inspectors found that these policies were in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017. These policies included a range of safeguarding policies such as whistleblowing, protected disclosures, staff recruitment, anti-bullying, incident reporting and a code of conduct for staff.

Staff training records provided to inspectors evidenced that all staff had received training in the Tusla E-Learning module: Introduction to Children First and in their

role as mandated persons. All of the care team with the exception of three staff had received training in the organisations specific child protection policy. Inspectors were presented with a training audit action plan which detailed outstanding training needs. However, in the case of child protection and other forms of training it did not specify dates, stating that there was no training available to book. This was brought to the attention of the regional manager during the inspection and post inspection the regional manager provided inspectors with a schedule of dates for staff to complete child protection and other outstanding mandatory training.

The centre had a child safeguarding statement (CSS) on display that was supported by a letter of compliance to confirm it had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. Staff members interviewed during the inspection were not clear in relation to the potential risks of harm to the young person identified in the statement. In addition, while there was evidence in team meetings minutes that child protection policies had been reviewed, an audit completed by the regional manager prior to the inspection identified gaps in staff knowledge noting that further action was required to address this with the team in supervision and team meetings. Inspectors recommend that these audit actions are implemented as a matter of priority.

The named designated liaison person (DLP) in the centre was the centre manager in line with the organisations policy and procedures on child protection. All those interviewed by inspectors demonstrated appropriate knowledge in how to respond to a disclosure of abuse and confirmed they were registered on the Tusla portal to report a concern. There had been one child protection and welfare concern submitted in the period under review which had been reported appropriately. There were arrangements in place agreed with the social worker to inform parents of allegations of abuse.

Following a review of the young person's care records and interviews with the centre manager and staff, the inspectors found that they had formed a good relationship with the young person. This was confirmed to inspectors by the young person who stated that they felt safe and cared for by the care team. There was evidence that staff worked closely with the social worker, specialists and the young person's family members to promote the safety and welfare of the young person. The allocated social worker, GAL and parent all confirmed they were satisfied the young person was safe and well cared for.

The inspectors were satisfied that individual work had been completed with the young person to help them understand their emotions and feelings and to keep themselves safe. There was evidence that staff encouraged the young person to speak out, have their voice heard and that staff listened to them. Appropriate safeguards were in place in relation to the young person's phone and online access.

Individual areas of vulnerability for the young person were identified by the care team and risk assessments were undertaken to protect them from harm. Individual risk assessments on file were completed in line with the centre's risk management framework; the risk was measured, the level of risk identified, and measures implemented to minimise risk. Inspectors found from interviews and a review of centre records that staff did not have a sufficient knowledge of the risk management framework. At the time of the inspection, room searches were one of the control measures in place. Inspectors found in interviews with staff there was some confusion in relation to the procedure when conducting room searches and management should ensure that all staff are clear on this process. Inspectors noted that the centre managers were primarily responsible for the development of risk assessments, and they acknowledged that further training was needed for the team to assist them in understanding the risk framework process

Staff interviewed were aware of the centre policy in relation to protected disclosures. They were aware of the line management structure within the organisation and were confident they could report a practice concern without fear of adverse consequences to themselves. They also identified external agencies that they could contact to report a concern.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

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

## **Actions required**

- The registered provider must ensure that all staff receive training in the centres risk assessment framework.

### **Regulation 10: Health Care**

#### **Theme 4: Health, Wellbeing and Development**

##### **Standard 4.2 Each child is supported to meet any identified health and development needs.**

The inspectors reviewed the care records and found that there were assessment reports on file informing the physical and mental health needs of the young person. This included reports from child and adolescent mental health services, psychology services and paediatric support services. There was evidence on file that the recommendations of these reports had been discussed at the young person's care plan review and professional meetings to determine the placement goals for the young person.

Inspectors found that the social worker had provided the centre with comprehensive referral information including a record of medical and health information and other relevant medical reports on admission. All medical appointments including dental and ophthalmic appointments were recorded on file along with the outcome of these appointments. Appropriate medical consent forms were on file for emergency medical care signed by parents or social worker as appropriate.

The young person had access to the general practitioner (GP) they were registered with prior to admission who was located a significant distance away from the centre. At the time of inspection, the centre manager was making efforts to source a local GP service in accordance with the young person's wishes.

There was evidence that some work had been undertaken with the young person in relation to their physical and mental health and they had made significant progress in relation to their physical health. Inspectors recommend that work is also undertaken with the young person in relation to sex education and sexual health going forward.

The allocated social worker, GAL and centre manager all confirmed they worked together to ensure access to specialist services for the young person. The care team was receiving guidance from a number of external specialist services. As highlighted

previously in the report staff attendance at one of these specialist services workshops was low and this issue needs to be addressed by management.

The social worker reported that the young person had made significant progress in terms of their overall health since their admission to the centre.

The centre had a medication management policy in place. Inspectors found that there had been a significant number of medication errors in the five-month period since the centre opened. These incidents had been reported to the social work department and resulted in increased oversight of the administration of medication by centre managers who introduced a number of additional checks. Staff in interview reported that while they were given an overview of the centres medication policy when the young person was admitted they had not received any formal medication training which they felt would have been beneficial given the number of medications that they were required to administer. Inspectors found that there was a delay in the delivery of this training with seven of the eight members on the team receiving the training the day prior to the inspection. Inspectors also recommend that the team is provided with training on mental health and self-harm.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- None identified

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
<b>2</b>	The registered provider must ensure that every effort is made to maximise attendance at specialist training to ensure that staff receive appropriate guidance as to how best to meet the young person's needs.	Centre and senior management have discussed the contractual obligation for staff to attend specialist training via individual supervisions and team meetings on the 23/05/25 & 06/06/25. Staff understand and have agreed to attend specialist training as this is mandatory training.	Centre management will ensure all specialist training is scheduled and included within the monthly roster. Attendance at such, will be monitored and reviewed by the regional manager. This will be commented upon with the Senior Management Monthly Auditing Report. Should nonattendance occur, this will be escalated to senior management. Staff are remunerated for attendance at specialist training.
<b>3</b>	The registered provider must ensure that all staff receive training in the centres risk assessment framework.	Risk Management training occurred on the 04/07/25.	Centre management will ensure that any new employees will complete Risk Assessment training as part of their induction. This will be overseen by the regional manager. Senior Management will conduct a targeted audit on risk identification and management by 01/08/25 to ensure

			learning has been embedded into practice.
4	N/A		