



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 006

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	31st March & 1st April 2025
Registration Status:	Registered from the 13th of March 2024 to the 13th of March 2027
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	5th June 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 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 in March 2015. At the time of this inspection the centre was in their fourth registration and in year two of the cycle. The centre was registered without conditions from the 13th of March 2024 to the 13th of March 2027.

The centre was registered as a multi-occupancy service to accommodate four 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 provided 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. At the time of inspection there were four young people in residence. The centre had a derogation against its statement of purpose and function to facilitate the placement of two young people who were under the age of thirteen years.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3

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 relevant social work departments on the 1st May 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 15th May 2025. After further communication and amendments to the CAPA, it 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: 006 without attached conditions from the 13th March 2024 to 13th March 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a number of relevant child protection policies and procedures in place which were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The policies and procedures in place to protect and safeguard young people from harm included staff recruitment and selection, safe practice and working alone, child sexual exploitation, bullying and a staff code of practice. While the centre had an up to date child safeguarding statement, inspectors found that the child safeguarding statement on display in the centre was out of date and all those interviewed during the inspection did not have a sufficient knowledge of the risks identified in the statement. While there was evidence that safeguarding and child protection policies had been reviewed at team meetings inspectors found that there was some confusion in interviews in relation to the identity of the centres designated liaison person (DLP). Some of the team identified the centre manager as the DLP and others stating that this function was carried out by the group services director who was the named relevant person. The registered provider must ensure that the centres child safeguarding statement and the child protection and safeguarding policy are reviewed with the staff team.

At the time of inspection there was an acting manager in post along with a relatively new staff team. Training records provided to inspectors showed that all the team had training in Tusla e-Learning module: Introduction to Children First, that the majority of the team had received training in external child protection and mandated person training. A training schedule was provided to inspectors for the completion of the outstanding training. Inspectors were informed during the inspection that a new deputy manager was due to be appointed, and a date was set for both the deputy and acting manager to receive training in their DLP roles.

There was evidence that staff worked in partnership with social workers to promote the safety and well-being of the young people. There were minutes on file of regular strategy and child in care review meetings taking place at which child protection and

safeguarding issues were discussed including the thresholds for the reporting of incidents in term of risk and harm.

The centre had a bullying policy and there were a number of recorded bullying incidents involving the young people on file. Social workers informed inspectors that they were happy with the way the care team managed bullying incidents. Individual work records and significant event notifications (SENs) viewed by inspectors evidenced the team's efforts to address bullying incidents and negative dynamics amongst the young people. There were also concerns in relation to the negative impact that one young person's behaviour was having on the other young people who felt unsafe at times due to the unpredictability of their behaviour resulting in staff on occasion having to implement safety plans to protect them. Significant event notifications and child protection and welfare report forms (CPWRFs) had been submitted for this ongoing concerning behaviour. The staffing ratio was increased for a period in response to this concern and changes were made to the centre roster to make staff more available to the young people at key times. Professionals' meetings had taken place to address these concerns and at the time of inspection social workers reported that these concerns had lessened and the risk had reduced.

The centre maintained a record of all reported child protection concerns and these were highlighted and tracked through the significant event register. There were some open child protection concerns in respect of some of the young people and there was evidence on file that the centre management followed up with social workers to determine the outcome of these concerns, where appropriate. There had been a number of allegations made against staff members which were reported in accordance with policy to Tusla. Social workers confirmed to inspectors that they were satisfied that the correct reporting procedures had been followed and appropriate safeguarding measures including risk assessments were put in place in response to these allegations.

The centre had a policy on information and communication technology which included guidelines regarding the young people's access to the internet and social media. There were age-appropriate parental control measures in place on the younger children's electronic devices and safeguards had been put in place in response to one young person's inappropriate phone use following several incidents. Inspectors had concerns in relation to another young person's phone use and the impact it was having on their sleep pattern and daily routine. The social worker for the young person and the centre management told inspectors that this had been discussed on a regular basis at professional meetings, and they were linking in with

specialist support to seek clinical guidance on this issue. There was evidence in individual work records that work had been undertaken with young people in relation to phone / social media use. The team and key workers had provided general information to young people to develop the skills needed for self-care and protection. However, there was no evidence of any individual work undertaken with any of the young people in relation to age appropriate sex education. Additionally, the two younger children had not completed any individual work in relation to online safety and this work should be incorporated in placement planning.

Inspectors found in interviews that individual areas of vulnerability were identified and understood by the care team however safeguards were not consistently named in young people's plans. The risk assessments on file were of poor quality and required review and there were other areas of risk where there were no risk assessments in place. This issue is discussed in further detail under section 3.2 of this report.

The centre had a protected disclosures policy for staff members to facilitate staff to raise concerns or disclose information relating to poor practice, however from interviews with staff members they did not appear to be aware of this policy. When this was further discussed in interview, staff were aware of who they could approach within the organisation should the need arise. The registered provider must refresh the protected disclosure policy with the care team.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

There were policies and procedures in place to guide staff in the management of behaviour. The majority of the staff had been trained in a recognised model of behaviour management and there was evidence of a refresher training schedule in place. The centre's Systemic Therapeutic Engagement Model (STEM) model of care also supported practice in behaviour management and all of the staff team had received some training in the model.

Inspectors found that there had been a very high staff turnover in the centre since the last inspection which had an impact on the team's capacity to manage the young people's behaviours. At the time of inspection there were only two staff who remained in post since the previous inspection in February 2024. Based on the information provided to the inspectors there were twenty-three staff that left their posts during this thirteen month period including the entire management team. Seven of these individuals moved to the organisations other services or were promoted internally

which left gaps in management roles for a period. At the time of inspection there was no deputy manager in post as the previous deputy manager had taken up a post as a social care manager in one of the organisations new centres. Social workers in interview stated that the constant changes in the care team had impacted on the consistency of care for the young people in terms of the implementation of boundaries, plans and routines not being followed. Two of the young people were linked in with a support service, and they too highlighted the negative impact of inconsistent staffing on the young people to their social worker. Young people's records also reflected the difficulties they had adjusting to the number of staff changes particularly with the manager and several long serving staff that they had built good relationships all leaving their posts within a short space of time. One young person who completed a questionnaire for inspectors outlined their frustration at the constant rule changes. Social workers reported that these changes in the care team coincided with an increase in the number of significant events taking place in the centre around this period.

It was evident that the changes in management and high staff turnover also had an impact on the quality of documentation in place to provide guidance to staff in the management of challenging behaviour. The centre management in interview attributed this in part to the constant change in key workers, case managers and the absence of a deputy manager. Each young person had documents on file including working guidelines, individual risk management plans, individual crisis support plans (ICSPs) and individual absence management plans (IAMPs). Inspectors found that a number of these documents were not of the required standard and did not contain the relevant accurate and up to date information. The practice guidelines on file for all the young people required updating and the ICSPs for some of the young people had not been updated in a number of months despite a number of significant events taking place which should have resulted in changes to these plans. As highlighted previously in the report some risk assessments were of poor quality and there were areas of risk where there were no risk assessments in place. Social workers stated that at times staff did not follow young people's plans due to inexperience and inconsistent staffing and this had impacted on the implementation and overall management of behaviours of concern.

All those interviewed during the inspection demonstrated an awareness of the presenting behaviours of the young people. The young people were made aware of the expectations for their behaviour through key working, on-going discussions with staff and in house meetings. There was evidence that life space interviews were recorded following significant events on the young people's care records. Inspectors found that

there was conflict and negative interactions at times between the four young people living in the centre. Some of this behaviour related to two of the young people and was more akin to sibling rivalry. There were other incidents whereby young people were found to be in each other's rooms without permission and without staff knowledge which resulted in subsequent changes to supervision arrangements.

There was evidence on file that sanctions were implemented for unacceptable behaviour and positive behaviour was rewarded. The centres sanctions policy stated that sanctions were intended to achieve a therapeutic or learning outcome and sanctions should be linked to the young person's action. Inspectors found that a significant number of sanctions that were issued were not natural consequences linked to the misdemeanour and there was no learning or restorative aspect to them. The registered provider centre must review the effectiveness of the current sanctions in use and ensure that more emphasis is placed on a learning and a restorative approach. Inspectors found that the language used in the recording of sanctions and in some significant event records such as "negative punishment" also needed to be reviewed and more child friendly language used.

There was evidence on file that the management of young people's behaviour was discussed at the care plan and strategy meetings. Social workers told inspectors that the current team were doing their best to manage the young people's behaviour. A new acting manager had been appointed to the centre in January 2025 and all social workers expressed confidence in their efforts to support the young people and to promote positive behaviour. Key working records viewed by inspectors evidenced that a significant amount of work was being done to assist the young people to manage their own behaviour. The acting manager had introduced house meetings with all four young people present which had proved successful to date and agenda items included bullying, sharing spaces and having respect for one another. The care team were also being supported by an external specialist service to assist them in managing one young person's behaviour.

Inspectors found evidence that the acting manager and regional manager had oversight of the centres approach to managing behaviour, commenting on significant events notification reports. These comments included how the young person's behaviour was managed by staff and if any learning could be taken from the event. The centre manager completed a monthly governance report that included the significant events for each young person. The regional manager conducted an audit of theme 3 of the national standards in February 2024 which identified one action in relation to the management of behaviour which the acting manager had responded

to. Inspectors found that the audit was not comprehensive and contained limited analysis of the standard and did not identify all the issues found in this inspection.

There were agreed restrictive practices in place in the centre to ensure safety. There was evidence to show that these restrictive practices had been assessed and were required due to safety risks to the young people. Restrictive practices were monitored and reviewed as necessary at internal management meetings.

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

All those interviewed stated that an open culture was promoted in the centre whereby staff and young people were encouraged to raise concerns. A team facilitation day took place in March 2025 attended by senior management and the care team and the agenda included a focus on improving levels of communication and consistency amongst the team. The acting manager had also reviewed the centres shift evaluation process with an emphasis on ensuring that it included an honest review of staff practice to address any issues that had arisen and to identify areas for improvement. Regular house meetings were taking place and there was evidence that young people had used the centres complaints process. The three young people who completed questionnaires all identified members of the care team that they would speak to if they had a concern or wished to make a complaint.

Social work feedback on the young people's placements was evident through care plan reviews and minutes of professional and strategy meetings. Contact with parents was arranged with social workers and the care team were facilitating family contact visits.

The centre had a policy on the notification, management and review of incidents. Inspectors found that there had been a number of instances when social workers had not been informed of significant events in a timely manner in line with policy. One social worker informed inspectors that they had addressed this with the centre management and since then they had been notified of all significant events in a prompt manner.

The centre was part of a monthly organisational significant event notification review group. Inspectors reviewed a sample of these minutes and found them to provide learning and analysis on incidents that had previously occurred. In interview the

acting manager and staff outlined learning from the review of recent incidents that occurred in the centre.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that the centres child safeguarding statement and child protection and safeguarding policy are reviewed with the staff team.
- The registered provider must review individual areas of vulnerability and ensure that there are adequate risk assessments in place for each young person.
- The registered provider must ensure all staff are aware of and familiar with the organisations protected disclosure policy.
- The registered provider must review all documentation in place to provide guidance to the care team in the management of challenging behaviour to ensure that these documents are up to date, relevant and identify clear responses for staff to manage the young people’s behaviours.
- The registered provider centre must review the effectiveness of the current sanctions in use and ensure that more emphasis is placed on a learning and a restorative approach.
- The registered provider must ensure that there is a more robust and in-depth auditing of the centres approach to the management of behaviour that challenges.
- The registered provider must ensure that all significant events are reported promptly to social workers and other relevant professionals in accordance with centre policy.

4. 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 the centres child safeguarding statement and child protection and safeguarding policy are reviewed with the staff team.</p> <p>The registered provider must review individual areas of vulnerability and ensure that there are adequate risk assessments in place for each young person.</p>	<p>The updated child safeguarding statement was updated and signed by the acting centre manager on the 02.04.2025. This is displayed on the office wall for all staff to reference. Child Safeguarding Statement and child protection and safeguarding policy were reviewed with the staff team on 15.05.2025</p> <p>Centre management reviewed all active risk assessments and updated them in relation to the identification and management of the young people's individual vulnerabilities and the possible impact between residents on the 13.05.25. Additional areas of vulnerability were also identified and risk assessments created accordingly.</p>	<p>Centre manager will conduct quarterly reviews of all safeguarding documents. Updated policies will be promptly circulated and signed by staff and discussed in management and in team meetings. In addition, the regional manager will conduct a Child Protection and Safeguarding Audit by 30.05.25, this will involve staff interviews in relation to child protection and safeguarding policy and practice.</p> <p>The Regional manager conducted a Risk & Behaviour Management Audit on the 30.04.25.</p> <p>The Regional manager and compliance officer will continue to review all young people's risk assessments via the centre monthly report.</p>

	<p>The registered provider must ensure all staff are aware of and familiar with the organisations protected disclosure policy.</p> <p>The registered provider must review all documentation in place to provide guidance to the care team in the management of challenging behaviour to ensure that these documents are up to date, relevant and identify clear responses for staff to manage the young people's behaviours.</p>	<p>Centre management reviewed the Protected Disclosure Policy within the team meeting on 15.05.2025.</p> <p>Centre manager has completed a review of all the practice guidelines, ICSPs and risk assessments on the 04.04.2025. All documents have been updated, and feedback will be given to the team at the team meeting on the 15.05.25. Behaviour management training was provided to staff team on 09.05.25 and further training is scheduled for 19.05.25, 23.05.25 and 30.05.25 to support the staff team in managing challenging behaviours.</p>	<p>The Regional Manager will continue to escalate risks where appropriate for further discussion and review to the organisation's risk register and monthly senior management meetings.</p> <p>As noted above; regional manager will conduct an Child Protection and Safeguarding Audit by 30.05.25, which will involve staff interviews in relation to Child Protection and Safeguarding Policy and Practice. Incl. Protected Disclosure Policy.</p> <p>The regional manager will continue to review all practice documents on a monthly basis. Feedback will be provided and recorded within the senior management monthly audit and report. Practice documents will continue to be reviewed as part of the monthly Significant Event Review Group and feedback provided via team meetings.</p> <p>Violence, Harassment and Aggression Training has been secured for the staff</p>
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	<p>The registered provider centre must review the effectiveness of the current sanctions in use and ensure that more emphasis is placed on a learning and a restorative approach.</p> <p>The registered provider must ensure that there is a more robust and in-depth auditing of the centres approach to the management of behaviour that challenges.</p>	<p>An external audit regarding behaviour management will be completed by the 30.05.25. Feedback in relation to the findings will be discussed within the team.</p> <p>The centre management completed a review of sanctions and the sanctions policy within the team meeting on the 08.04.25. placing further emphasis on learning for young people.</p> <p>The regional manager will complete a risk and behaviour management audit by the 30.05.25.. Findings of such will be presented and reviewed within the team meeting, for centre learning. A further Risk and Behaviour Management audit will be completed by 30.10.25 as part of the annual auditing schedule.</p>	<p>team on the 19.05.25 & 23.05.25 provided by TUSLA.</p> <p>The regional manager will continue to oversee the sanctions utilised within the centre, via the monthly centre report, to ensure sanctions are developed with an emphasis on learning and restorative practices.</p> <p>All young people's practice guidelines will be updated in relation to practices surrounding sanctions by the 30.05.25</p> <p>The regional manager will continue to provide oversight and feedback on all significant events within the centre. This feedback will be focused upon behaviour management and also commented on within the senior management audit report.</p>
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	<p>The registered provider must ensure that all significant events are reported promptly to social workers and other relevant professionals in accordance with centre policy.</p>	<p>The centre management team are aware that all significant events should be reported to professionals within a 48-hour period, as per policy. The centre manager will cross reference the system and the register each morning to ensure significant event notifications are sent out to the relevant professionals within the timeframe outlined within the policy.</p>	<p>The senior support and integration manager will conduct a full review of the young person's Individual Crisis Support Plans (ICSPs) in relation to significant event management by the 23.05.25.</p> <p>The director of quality assurance will review and update all the audits utilised based on internal review and external feedback as part of organisational learning.</p> <p>Centre manager will ensure all SEN's are notified to the appropriate professionals in a timely manner and recorded within the centre. The regional manager will provide weekly oversight to ensure this practice occurs.</p>
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