An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 027

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Daffodil Care Services Ltd.**
Registered Capacity:	**Four Young people**
Type of Inspection:	**CAPA Review**
Date of inspection:	**12th, 13th and 14th May 2025**
Registration Status:	**Registered from the 23rd May 2025 to the 23rd May 2028**
Inspection Team:	**Ciara Nangle** **Janice Ryan**
Date Report Issued:	**6th August 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 a corrective actions and preventative actions (CAPA) review 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 23rd May 2013. At the time of this CAPA review the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 23rd May 2025 to the 23rd May 2028.

The centre was registered to provide short to medium term care to four young people aged between thirteen and seventeen years of age on admission. The model of care was the systemic therapeutic engagement model (STEM) which provided a framework for maximising positive interventions with young people. The model was grounded in a strengths-based approach focusing on relationships and resilience. There was one young people living in the centre at the time of inspection and a second young person transitioning into the centre.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 3rd and 4th September 2024. An unannounced visit to the centre took place to review relevant documentation and the physical premises of the centre. Interviews with staff and management were completed remotely.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 2nd July 2025. The findings of the CAPA review were used to inform the registration decision.

During the inspection process the centre submitted additional information in relation to their staffing, which indicated that they had come into compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in ACIMS Regulatory Notice on Staffing Levels & Qualifications for Registered Children's Residential Care Centres, August 2024.

The findings of this CAPA review have determined the centre to have substantially implemented the required actions and therefore 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: without attached conditions from the 23rd May 2025 to the 23rd May 2028 pursuant to Part VIII, and 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 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Issue Requiring Action:

- The registered proprietor must ensure that they implement formal mechanisms for seeking feedback from families, young people and professionals.
- The centre management and staff must complete a review of all complaints for learning regarding what is notifiable and what can be resolved locally.
- The organisational management must ensure that the template for the significant event reports is updated regarding persons to be notified. There must also be consistent identifying of notification to parents/guardians.
- The centre management and staff must ensure that there are anti-bullying resources and behaviour management support for the team to implement.

Corrective Actions:

- Exit interviews are in place and are completed with young people who leave the service. YP placements including strengths and challenges of the placement are reviewed at a team meeting following any discharge for reflection and centre learning. Regular meetings take place with all professionals where feedback is sought on if the Placement is meeting the YP needs. Parents are requested to attend any Child in Care reviews to express their feedback also.
- Centre Management reviewed complaints policy and reviewed all young person's complaints submitted within the previous 6 months. (18.09.2024) Following review of policy, complaints arose after this date with YP and management adhered to feedback from inspectors regarding escalation. Both complaints were recorded as notifiable (30.09.2024).
- SEN form has been reviewed and updated following this feedback- Monitor and ACM have been removed and Regional manager and other section have

been added to notification section. This form will go live and replace all previous versions on organisations recording systems on 04.11.24
Centre management consulted with both YP Social work departments and confirmed desired process of parent's notifications on 01.10.2024 and 07.10.2024 this was also discussed with staff team on 18.09.2024 and all monthly documents updated to reflect confirmed notifications.

- Anti-bullying champion has been reallocated to designated staff member (16.10.2024).
  These resources will be discussed via IWR's. ICSP and PG have been updated for both young people to reflect possibility of bullying within the centre and how to appropriately respond to same (11.09.2024).
  SCM has consulted with ACTS team currently working with 1 YP on 12.09.2024 and requested a workshop be completed with the staff team to further support management of YP challenging behaviours. YP continues to engage in this service fortnightly.

Review Findings:

One young person's placement had ended in the days prior to this inspection. This was a planned ending due to the young person's age. The young person was being supported through the transition to their new placement which was within the same organisation. While an exit interview had not yet been completed with this young person, the centre manager advised that it was planned and that this would occur within the coming weeks. A review of this young person's placement occurred within a team meeting the week following the placement ending and staff in interview could articulate the learnings identified from that placement and changes to their practice as a result.

Monthly consultations occurred with the young people to support them to participate in planning goals for the upcoming month, including the plans for their key working. The young people were encouraged to give feedback on their placement during these consultations. Young people's meetings also occurred however due to the dynamic between the residents these tended to occur through individual work where the young people were asked to contribute to the planning in the house, such as weekly meal plans, activity plans etc. Parents feedback was received when updates on the young people were being provided to them by the centre. Staff and management in interview also identified that if parents had an issue with the service this could be processed through the complaint's procedure however the need for this had not arisen to date.

Parents were provided with updates on significant events (SENs) by the staff team, and the date they were notified was recorded within the SEN record. For one young person, only some SENs were not notified to their parents, and this had been agreed with the social work team and was based on the young person's needs and identified to be in their best interest.

Parents attended the young people's child in care reviews and provided feedback and their views of the placement during these which were recorded within the care plans. For one young person their parent did not attend their most recent review meeting, but their views were sought by the allocated social worker in relation to the placement and care plan.

Within team meetings there was regular discussion of various policies including antibullying and complaints. There was evidence of good quality discussions around significant events, the dynamics amongst the young people and the quality of recording within centre records. There was evidence of team members being held accountable when tasks were not completed to the expected standard. Positive feedback was also given to the team during meetings and areas of good practice discussed. Learning was shared with the team from external reviews and significant event review groups during these meetings.

The complaints policy had been reviewed in team meetings periodically since the last inspection. In interview, staff members were clear on what constituted a complaint and how the policy should be implemented into practice. From a review of a sample of recorded complaints since the last inspection, there was good evidence of the policy being implemented and complaints investigated and resolved within the designated timeframes. Young people were provided with feedback from complaints, and notified complaints had corresponding SENs. Outcomes and learnings from complaints were discussed during team meetings. On review of individual work completed with the young people, there were some occasions where young people had expressed dissatisfaction with an aspect of their care. While these issues were addressed and resolved during the individual work, there was no evidence of the young person being offered a complaint in relation to the issue. This may impact on the tracking of non-notifiable complaints and regular review of the policy with the team would be beneficial to continue to embed it into practice.

The anti-bullying policy had been discussed within team meetings. An anti-bullying champion had been appointed and discussed within the team meeting. Work was completed with the young people in relation to bullying during discussions around

their relationship with their co-resident. The dynamic that existed between the two young people and the challenges that arose from this were recorded within practice guidelines for the young people and clear direction to staff to manage this was included. In interview both staff and management had indicated that work had been attempted previously to restore the relationship between the two young people however it had not been successful. The dynamic was being managed by the staff team as effectively as was possible.

The centre had sought guidance from ACTS in relation to the management of challenging behaviour for one young person. Since the last inspection this young person had made significant positive progress in all areas of their life and was engaging positively with the placement and external activities. The young person had disengaged with ACTS however was engaging well with the care team through individual works around high-risk behaviours including drug and alcohol use. In relation to the new admission to the centre, good planning had occurred with consultation with various services. Support from the ACTS service was planned to support the centre through workshops with the team.

The centre had good quality behaviour management documentation including individual crisis support plans and practice guidance documents on file for both young people. These accurately and succinctly described the presenting behaviours for the young people, the function of these behaviours and the responses required to meet the young persons need to alleviate the challenging behaviour. Within significant events and daily logs it was evident that these plans were being implemented into practice within the centre. The SEN document had been updated as per recommendations from the last inspection. There was evidence of oversight of SENs from the regional manager, and a checklist included with each SEN to ensure that all required actions, in line with policy and reporting procedures had been followed. SENs were notified within the required timeframes, and they included relevant actions for the team to undertake in relation to work with the young people to support them. There was evidence of this follow up work being completed with the young people.

Overall, inspectors were satisfied that the centre had implemented the actions agreed within the CAPA under this standard.

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

Compliance with standards	
Practices met the required standard	**Standard 3.3**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed.**
Practices did not meet the required standard	**Not all standards under this theme were assessed.**

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

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

Issue Requiring Action:

- The centre management must ensure that all staff are trained in the administration of medications and medications management system must be fully implemented in line with centre policy.
- The centre management must ensure that the team have access to information and training in drugs their effects and risks.

Corrective Actions:

- Outstanding staff that require SAMMs training have been booked on this training (30.10.2024 - 1 staff, 29.11.2024 - 1 staff).
  Centre management completed review of young person's medical folder and ensured that any previous assessments are displayed in folder (14.10.2024).
- Centre management have requested and secured Alcohol and Drug Awareness training for management and staff team which will be delivered by Social Care training Ireland on 04.12.2024.
- Risk assessment re young person in case of presenting under the influence was created on 06.09.2024 and reviewed with the staff team on 18.09.2024, to ensure all were fully aware of the risk management plan and escalation required if necessary

Review Findings:

Following on from the last inspection, all staff received training in the safe administration of medication and training in relation to the Drug and Alcohol awareness. When new staff joined the centre, they were also trained in medication management. Medication folders were maintained for both young people and contained relevant information in relation to previous assessments completed and any new assessments that had been completed were also placed on file.

As part of this inspection a sample of risk assessments were reviewed including the risk assessment detailed within the CAPA regarding one young person presenting under the influence. Overall, the risk assessments in place were good quality, they clearly identified the risk, and the steps required to mitigate against the risk. They were risk rated appropriately in line with the centre's policy. Risk assessments were discussed during team meetings and were to be read as part of handover each day. They were also discussed within management meetings, and in interview the centre manager advised that this is the forum in which they are reviewed. However, inspectors could not clearly ascertain from the minutes of these meetings, or the risk assessment document when a review had occurred and what changes, if any were made as a result. Improvement in the recording of the review of risk assessments is required.

Overall, inspectors were satisfied that the actions required in relation to this standard were actioned appropriately.

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

Compliance with standards	
Practices met the required standard	**Standard 4.2**
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.**

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child- centred, safe and effective care and support.

Issue Requiring Action:

- The organisational management and centre management must ensure that they inform the inspectorate of when they enter compliance with the staffing requirements for this centre in a timely manner.
- The registered proprietor must provide a plan for the refurbishment of the centre to a cohesive and well presented standard.
- The centre manager must provide an update on the progress of the review of the fire doors and their mechanisms.

Corrective Actions:

- Advertising and recruitment campaign remains in place for vacant positions. SCM and RM are in daily contact in relation to same and continue to complete regular interviews for suitable candidates.
- External painting for house and entrance was completed on 09.09.2024
  Glazier contacted on 16.10.2024 to fix glass in patio door which is awaiting confirmation date for repair.
  Staff office was fully painted on 11.09.2024
  Maintenance request submitted 22.10.2024 regarding repairs to architraves and door frames.
- New fire Seals have been ordered by maintenance dept (06.09.2024). Maintenance team are scheduled to fit replacement fire seals on 29.10.2024. Centre management have been approved funding for automatic magnetic door release (24.09.2024) Awaiting confirmation on date for installation by maintenance dept (planned installation date 29.10.224)

Review Findings:

Following on from the last inspection, the registered provided advised the inspection service at the end of January 2025, that they had one social care leader on boarding, and one relief social care worker also on boarding. When these workers commenced the centre would then have been operating in line with the minimum requirements in regard to staffing as outlined in ACIMS Regulatory Notice on Staffing Levels & Qualifications for Registered Children's Residential Care Centres, August 2024.

However, following on from this, the centre experienced further changes in staffing with one further social care worker leaving. At the time of this inspection the centre was operating with seven core team members, a centre manager and deputy manager. The core team of seven was made up of four social care leaders and three social care workers. The centre had one relief social care worker to support them. One of the social care leaders was currently working their notice period and there was one social care worker onboarding for the centre but no confirmed start date.

Recruitment for the centre was on going. There was a designated human resources (HR) manager who had responsibility for recruitment. On review of recruitment updates from the HR manager, it was evident that the organisation was proactively trying to recruit staff for this centre however it remained a challenge for the centre to stabilise the team and maintain minimum staff numbers despite on-going recruitment.

At the time of this inspection, the centre had not had to rely on external agency staff to fill their roster, and this was done by the core team and support from other centres in the organisation which provided some level of stability to the young people in the centre.

It was evident that there had been significant change in staff within the centre over the past year and while the team had stabilised somewhat in the last six months, on-going development of the team was required to establish a consistent core team. Staff in interview demonstrated a high level of competency in their role, and a good understanding of the presenting needs of the young people in the centre. Staff spoke about feeling supported in their role by the management team. As detailed in the previous section there was clear expectations set for staff in relation to the expected standard regarding care provision and paperwork within the centre which supported the provision of good quality care.

In relation to the physical presentation of the centre on-going work was required to maintain this to an acceptable standard. The external walls of the house had been painted as per the action plan agreed, however the gardens surrounding the house were overgrown, there was no recreational or play equipment for the young people outdoors, and there was old furniture located at the side of the house awaiting collection for dumping. The garage area had been converted into a gym for the young people, which was a good use of space and was full of gym equipment, however some paint tins were also stored here which needed to be removed. The car port had been

covered into a recreational area for the young people, with a sofa and pool table located here.

Internally, the house required a deep clean of doors, walls, windowsills, floors etc. There was a cleaning schedule put in place following on from the last inspection, however tasks were not individually assigned at handover regarding cleaning and updates on outstanding tasks weren't recorded which was resulting in several cleaning tasks not being completed. Immediate actioning of the cleaning schedule within the house is required to ensure there is an effective system in place.

Changes had been made to the internal décor of the house since the last inspection. The sitting room had a new sofa, which provided adequate seating for the young people and staff team. However, throughout the house there was mismatched furniture, there was limited soft furnishing, and it did not create a sense of homeliness for the young people.

There was outstanding maintenance work in relation to painting on the stairs, ceilings, damage to the walls, doors in the upstairs landing, broken fire doors, staff bedrooms and young persons bathrooms. It was difficult to track from the maintenance log, what had been completed as at times tasks were noted as complete however would be re-entered at a later date, so it was not clear if the issue had arisen again, had only been resolved in part or couldn't be resolved and required external services to complete.

Improvement is required in relation to the internal and external maintenance of the centre.

Overall, inspectors found that the organisation was taking action to recruit staff for the centre and since the last inspection had recruited new members to the team. However, due to further resignations the centre had not come into compliance with Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in ACIMS Regulatory Notice on Staffing Levels & Qualifications for Registered Children's Residential Care Centres, August 2024 and recruitment was on-going.

Regarding the maintenance of the home, some changes had been made to improve the presentation and rectify the issues with the fire doors and other issues identified within the last inspection, however further work is required to ensure the centre is presented to a satisfactory standard and maintained at this level. Inspectors found

that while the actions in place to address the deficits identified in the September 2024 inspection had been substantially implemented, they had not fully resolved the presenting issues. Ongoing implementation of these actions is required to ensure all deficits are effectively addressed.

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

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 7.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed.**