



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 095

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	29th July 2025
Registration Status:	Registered from 30th December 2023 to the 30th December 2026.
Inspection Team:	Sinead Tierney
Date Report Issued:	2nd October 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 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 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 2008. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th December 2023 to the 30th December 2026.

The centre was registered as a multi occupancy service. It aimed to provide short to medium term care for four young people from age thirteen to seventeen years. 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 to support young people in their daily lives. There were four young people living in the centre at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3

This unannounced inspection focused on the centres compliance with the regulations and standards relevant to the premises following the receipt of unsolicited information. The inspector visited the centre, reviewed documentation and met with the children present on the day. An interview was conducted with one parent and persons relevant to the operation of the centre.

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 18th of August 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 22nd of August and photographic evidence of the completed works on the 29th of August. The CAPA and evidence was deemed to be satisfactory. However, a regulatory compliance meeting was held with the registered provider on the 9th of September to discuss the unsatisfactory upkeep on the premises and the expected standards that must be maintained as part of ongoing registration. The Inspectorate received assurances of action at this meeting.

The findings of this report, the assessment of the submitted CAPA and the outcome of the compliance meeting 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: 095 without attached conditions from the 30th December 2023 to 30th December 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

On arrival to the centre, the inspector found the premises was not adequately cleaned or maintained to create a homely and stimulating environment for the young people. Throughout the property, there were issues with cleanliness, untidiness and the general upkeep. The kitchen and sitting room were open plan and although a separate communal room was available, this room was underutilised and was not designed or maintained with the needs of the young people in mind. There was no outside storage space such as a shed which resulted in items lying about within the property that should be stored elsewhere.

The grounds and garden were also not maintained to an adequate standard with the inspector finding the front gate extensively damaged and other broken items throughout the garden.

The bedrooms of all young people were viewed by the inspector. For one young person, they had swapped rooms a number of months ago to a room that was previously the staff office. However, the new bedroom was not prepared in an appropriate manner for them. For example, a fire extinguisher sign remained on the wall and damage to the walls where previous fire extinguishers had been bolted and subsequently removed had not been repaired. The inspector found that the condition of a number of bedrooms was below the standard required due to worn mattresses, mould on window blinds, and damaged fittings and furniture. Similar issues were identified in other rooms, including damaged furniture not removed or fixed and a cracked window. Young people who met with the inspector identified areas of the house that required improvement, in particular their bedrooms as did one parent who was interviewed.

The centre manager and a social care worker interviewed were clear on their roles and responsibilities under health and safety. There were completed records in place such as audits and maintenance reports. Having said this, the staff team as a whole who all hold responsibility for health and safety had not fulfilled their duties to identify areas for attention and the centre manager in interview felt the property was satisfactory. This raises concerns about the culture within the centre, if this standard is deemed as acceptable. No audit relevant to the property or health and safety had been conducted by external senior managers.

The quality of maintenance of properties within this company had previously been raised with the registered provider. Whilst a maintenance team was now in place and available for this centre, the inspector found the quality of the work to be of poor standard, with repairs consisting of a patch up works.

Three cars were available to the young people and care team. The inspector found that areas for attention such as low tyre pressure, coolant and oil required were not addressed in a timely manner and carried over from checklist to checklist without action.

In terms of fire safety, a policy was in place but not dated. Fire drills had taken place with new team members and young people, and a designated fire safety officer was identified within the team. Daily, weekly and monthly fire safety checks were completed by the care team and certificates were on file that evidenced the required checks on emergency lighting and the fire alarm system by competent persons.

Overall, it was the finding of the inspection that the centre was not adequately maintained having regard to the number of children residing in the centre and the nature of their needs.

Compliance with Regulation	
Regulations met	Regulation 5 Regulation 13 Regulation 14
Regulation not met	Regulation 8

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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 2.3

Actions required

- The registered provider and regional manager must address the poor standard of accommodation and provide the inspectorate with a robust plan by 22nd August 2025.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	<p>The registered provider and regional manager must address the poor standard of accommodation and provide the inspectorate with a robust plan.</p>	<p>The daily duties cleaning list has been reviewed and updated to ensure the centre is maintained to a high standard.</p> <p>The roles and responsibilities in relation Health and Safety have been reviewed and discussed within the team meeting on the 22.08.2025. The entrance gate was repaired on 29.07.2025.</p> <p>Maintenance requests were completed for additional grounds work such as patio wall removal of low hanging branches. This work is due for completion by 12.09.25</p> <p>A request has been completed for patio storage. This was purchased on the 21.08.2025. The front sitting room has been redesigned to provide two clearly identifiable area's one of which is an art</p>	<p>The centre management team will oversee daily cleaning list and complete a comprehensive weekly centre walkaround on Monday mornings and record any issues in the daily shift plan. Young people's bedrooms will be checked weekly during the young person's room clean. Any area's requiring actions will be completed immediately or a maintenance request submitted if required.</p> <p>The centre management team will review works completed by the maintenance department and raise with the regional manager any area's to be addressed.</p> <p>The regional manager will complete monthly walkaround and highlight any issues with the centre management team recording their findings in the senior manager monthly auditing and governance</p>

		<p>area. This was completed on 30.07.25. Young people have selected paint colours for bedrooms, and maintenance requests have been submitted for completion. This is due for completion by 22.08.25. Blinds have been taken down and cleaned. The frame and outside have been cleared of foliage from boundary trees and will form part of the weekly centre check. Glass for cracked window has been ordered and due to be fitted by 27.08.25 Unnecessary signage was addressed and removed on 30.07.2025. An expense request was submitted and approved for additional artwork, accessories and new sofa, due to be in place by 03.09.25</p>	<p>report.</p>
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