



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 044

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	2nd & 3rd April 2024
Registration Status:	Registered from 08th June 2024 to 08th June 2027
Inspection Team:	Joanne Cogley Paschal McMahon Mark McGuire
Date Report Issued:	6th June 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in June 2015. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 08th June 2021 to 08th June 2024.

The centre was registered as a bespoke multi-occupancy centre to provide medium to long term care for four siblings aged between 2 to 13 years old on admission. Their model of care was based on theoretical approaches underpinned by four pillars of care; entry, stabilise and plan, support, relationship building and exit. The framework aimed to provide young people with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education. At the time of inspection, there were four siblings living in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2 & 2.3
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 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 9th May 2024. 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 27th May 2024. 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: 044 without attached conditions from the 8th June 2024 to the 8th June 2027 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

Regulation 15: Insurance

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.

Each child had an up-to-date care plan on file, with statutory reviews occurring monthly in line with National Policy in relation to the placement of children aged 12 and under in the care of the health service executive. All four reviews were held on the same day but in an individual manner and were attended by parents, representatives from the social work department and centre management. It was noted that care plans on file appeared to have some copy and paste month to month, and also had reference to other siblings' names /gender instead of the child the care plan was related to. In one instance a child had requested, via the 'me & my care plan form' to attend their statutory review meeting. This was yet to occur. Inspectors spoke with the allocated social worker who stated there was a date set for a review in May 2024 which would occur in the home and the children would be facilitated to attend for a short period to ensure their views were heard.

Placement plans were in place for each young person and were child centred and age appropriate. They accounted for the developmental stages, capabilities and level of engagement from each child. They were not overly aligned to care plans however given the age profile of the children, the placement plans in place were more appropriate for working on goals with the children. Individual work was to a high standard and age appropriate and creative work was occurring. It was noted that consistent people always carried out individual work with the children.

Specialist supports were available to the children where appropriate and referrals were in progress for art therapy and play therapy at the time of inspection. It was noted there was a lack of specialist support for the staff team working with the

children. The admissions were completed in a planned manner. A team meeting occurred in early October 2023. The meeting was attended by the organisations Behaviour Analyst and discussed the preparation for the admissions including their profile, and a move away from 'residential' language. No additional training was provided to the team taking into account the age needs of the children moving into the centre and the intricate family dynamics present in the sibling group, for example; behaviour management for families, training in the specific educational programme the team were implementing, attachment training, paediatric first aid training. Whilst the organisation was in the process of implementing a new model of care, the team were yet to complete training in same and implement into practice with the children. There was no plan at the time of inspection for additional specialist training for the staff team.

Inspectors noted from review of the visitors log that the allocated social worker had visited on two occasions in the 5 months the children had been in placement and the guardian ad litem had visited once. The allocated social worker stated that they found communication with the centre good with them updating the social work department regularly. They also stated from their observations whilst in the house that a natural caring approach was adopted by the team and the children were receiving appropriate care and affection.

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

The centre had been appropriately adapted in recent months to accommodate the young sibling group. One child had a significant visual impairment, and this had been accounted for when painting the house, layout of rooms etc. Overall, the centre was a homely environment that was warm and well lit. There was a large playroom that consisted of an art corner, play corner, reading area and television area. There were two other sitting room / dining areas available to the children that required more soft furnishings, toys etc as they were bare during the time inspectors were in the house. Inspectors spent some time observing interactions within the centre and playing with the children and found them to be presenting as feeling safe and comfortable in their environment. One child showed inspectors around the house and took pride in their participation in decorating their room.

Two children had their own bedrooms, and the two youngest children shared a bedroom, as had been the case in previous settings. Bedrooms had been decorated in

an age-appropriate manner and there was evidence to show the eldest child had made requests for items for their room that were purchased. The eldest child had an ensuite whilst the other three children had access to a large main bathroom with bath and shower. There was also a WC room available downstairs for all to use. Family photos were on display both in bedrooms and throughout the hallway in the house. The allocated social worker confirmed they had seen all the children's bedrooms and were happy with the suitability of the premises.

The outdoor areas of the house required attention. There was a dilapidated fence at the rear of the premises that was rotten and coming apart in certain areas. Behind this fence were broken bits of timber, an old doghouse, and briars. This area was accessible from the children's swing play area and did not have a boundary around it. It was also at the bottom of a gradient and had the potential for the children to harm themselves if they wandered over. The regional manager and centre manager were informed on the day of inspection this required attention immediately. The door to the boiler house was broken at the bottom and needed to be repaired / replaced. There were two picnic benches, both of which required painting and upkeep. While there was one swing set with a slide available to the children inspectors recommend that the outside areas are further developed to make it more child friendly coming into the summer months.

The centre had two cars and inspectors viewed one of them during inspection. The car had up to date tax, NCT and insurance. Weekly car checks were being completed and no major issues of concern were noted. However, when inspectors viewed the car, the interior was extremely dirty and could be considered a health and safety concern, given some health issues presented by one of the children. Weekly checklists did not include a section to cite whether the car was clean and presentable and should be amended to include this.

Inspectors reviewed fire records and health and safety documents and found overall, most to be up to date and concerns noted were acted upon. However, it was noted that the areas highlighted above had not been accounted for in records. There was a safety statement in place together with environmental risk assessments. Those interviewed, whilst they knew where to find the documents, could not outline any risks / hazards identified or roles and responsibilities, and these documents should be reviewed with the team to ensure an understanding of fire / health and safety roles and responsibilities. Given the age range of the children, it was to be expected that accidents would occur. All accidents had been recorded appropriately and where required, follow up occurred.

Due to the age of the children, PEEP's (personal emergency evacuation plans) were in place. These were detailed and those interviewed had a clear understanding of everyone's role in evacuating the children in the event of an emergency. There were several suspected and confirmed health issues with the children that could potentially impact on their ability to evacuate the building. One young persons PEEP had information that, if founded, would severely impact on their ability to evacuate. When queried it was stated this was not an issue in the opinion of those interviewed however the centre manager must ensure diagnosis is either confirmed / unconfirmed by a medical practitioner and ensure PEEPs reflect correct medical information for the purposes of evacuating the children in the event of a fire.

Fire drills occurred monthly. The children had suffered significant trauma in their lives, and it was noted that fire drills were a trigger event for them and in one instance, after a nighttime drill, it was noted one child was emotionally affected for days afterwards. As a result, the centre moved to conducting 'silent fire drills' monthly. The frequency of fire drills should be reviewed, accounting for the impact being caused by them to the children either in a regular or silent manner.

The organisation had procedures in place to manage risks to health and safety of the children, staff and visitors. This included several environmental risk assessments together with training provided. Inspectors reviewed a sample of nine staff training files and found deficits evident in training records. Only two staff members were fully trained in fire safety including the use of extinguishers, six had completed the theory element of the training and one had training from another organisation. Six staff members had no first aid training. Another six staff members had not completed mandated person training and five staff members had not completed the eLearning programme for Children First. The regional manager and centre manager must ensure all mandatory training is completed as soon as possible.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2 Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure appropriate training is provided for staff members working with a younger age cohort which takes into account their developmental needs and how best to support them.
- The centre manager must ensure that all internal rooms in the house are decorated and furnished in a way that is stimulating and provides adequate opportunities for play and skills development.
- The regional manager and centre manager must ensure the unsafe areas outside the house are addressed and that there is adequate play and recreation for the children outside.
- The centre manager must ensure the centre cars are kept clean at all times.
- The centre manager must ensure all staff members have knowledge and understand the safety statement and associated risk assessments.
- The centre manager must ensure all PEEPs contain accurate and up to date information for the purposes of evacuation.
- The centre manager and regional manager must review the frequency of fire drills accounting for the impact being caused by them to the children either in a regular or silent manner.
- The regional manager and centre manager must ensure all mandatory training is completed as soon as possible.

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.

Each child's health needs were outlined in their care plan and placement plan. There were several health needs the children were presenting with and it was evident from a review of records that appropriate interventions and supports were in place for identified needs. There were also some suspected health needs that, at the time of inspection, still required clarification from a medical professional. Inspectors spoke with the allocated social worker who confirmed communication was ongoing with the HSE to try to obtain accurate, up to date medical records for all four children.

In the case of one of the children, there was a suspected health need, that if confirmed, would inhibit the use of physical restraint. The child was also on medication at the time of inspection to mitigate the suspected health need. Inspectors reviewed the child's individual crisis support plan (ICSP) which indicated physical intervention could be utilised if required. It is recommended this is removed from the ICSP until clear guidance is received from a medical practitioner.

There was evidence of immunisation records on file for all four children. There had been some missed vaccines and there was evidence to show the centre manager was liaising with the school programme and the local public health nurse to ensure the children were part of a catch-up programme. All children had been registered with a local GP, and one young person continued to attend appointments with the consultant tasked with overseeing their care from the onset of their medical needs despite the move in placement. The allocated social worker highlighted that they were satisfied the children's health needs were being met to a high standard within the centre with all appointments facilitated as needed.

The children had attended dental and ophthalmic appointments since moving to the centre. There was concern in relation to tooth decay for the children and as a result the centre worked from a healthy eating programme which limited sugar intake

together with a bedtime routine focusing on brushing teeth. The children also partook in meal planning and made an age-appropriate contribution to cooking.

Given the age of the children there was a requirement for team members to support the children with their intimate care. It was evident from observations that a natural nurturing environment had been created within the centre which included providing affection and care to the children, however, deficits were noted in terms of ensuring practice was supported by policy. One child had been potty trained since moving to the centre, and the children required assistance bathing, dressing and when distressed during the night along with physical touch and affection. Despite the children moving into the centre in October 2023 and the organisation being aware of the age range, an intimate care policy was not initiated until March 2024. From a review of this policy, it was not robust in safeguarding the children or the adults, and staff / management interviewed were not aware of contents of the policy. There was a risk assessment in place around providing intimate care, however there were deficits in this in terms of guidance to the team around safeguarding. Both the policy and risk assessment around intimate care require strengthening to ensure both the children and the staff are appropriately safeguarded whilst balancing the privacy of the children.

Meal planning was evident within the house with a large whiteboard in the kitchen outlining meals and activities for the week. This made sure to include the children's parents coming to visit and participating in meals also. There were nutritious options available to the children. Two children ate lunch with the inspectors on both days and appeared to have healthy appetites and were offered healthy food options. Due to some concerns in relation to dental decay the centre had adopted a 'no sugar' approach, with the exception of Easter, which had just occurred. It was evident the children had adopted this approach also and were reminding inspectors of the importance of not eating too much chocolate.

There was a medication management policy in place and of the nine staff training files reviewed all had been trained in same. All medications were stored in a locked cabinet in a locked office and were correctly labelled as per the organisations policy.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must review the children's individual crisis management plans to ensure health needs are taken into account when outlining behaviour management interventions.
- The regional manager and centre manager must ensure the policy and risk assessment related to intimate care are robust to provide adequate safeguarding for all parties and that all staff members have knowledge of same.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure appropriate training is provided for staff members working with a younger age cohort which considers their developmental needs and how best to support them.	Centre Management is currently in consultation with Dr. Karen Treisman to provide a bespoke Developmental Trauma piece with the team in the centre on best approaches for the team and children to use.	The organisation will review need for external training once a referral is accepted and strive to secure this training prior to admission of young person to the centre.
	The centre manager must ensure that all internal rooms in the house are decorated and furnished in a way that is stimulating and provides adequate opportunities for play and skills development.	The dining room, identified during inspection as requiring added furniture items, has been revamped into a dining room and small sitting room with additional couch, photo frames, a rug and a bookshelf placed to create a quiet, reading area for the children.	Centre Management will review the décor and needs of the centre regularly to ensure that we are using each space as efficiently as possible in the best interest of all in the centre.
	The regional manager and centre manager must ensure the unsafe areas outside the house are addressed and that there is adequate play and recreation for the children outside.	A plan regarding fence is to commence completion on the 22.05.24	Centre Management will conduct in depth grounds reviews of the centre on a regular basis to ensure that any such risks are identified as soon as possible and rectified with relevant departments.

	The centre manager must ensure the centre cars are kept clean at all times.	The organisation has updated the online 'Car Check' form on its internal system to add that the cleanliness of the centre cars has been reviewed by staff when completing car checks.	Car checks form part of the daily task log within the centre. These are discussed each day at handover and team member assigned to complete the daily tasks for that day. Centre Management review the completed car check form online once completed and will address any issues noted.
	The centre manager must ensure all staff members have knowledge and understand the safety statement and associated risk assessments.	Site Specific Safety Statement reviewed with team at team meeting on 9 th May 2024. Site Specific Safety Statement will be reviewed with each staff member in Supervision in May 2024.	Site Specific Safety Statement is reviewed monthly by centre management. When this is reviewed, any updates and changes will be brought to next team meeting for review with the team.
	The centre manager must ensure all PEEPs contain accurate and up to date information for the purposes of evacuation.	All PEEPs reviewed and updated by centre management for each child.	PEEP's are reviewed each month by the Centre Manager and updated, where needed, to reflect the most up to date capacities and abilities of the children to evacuate the building.

	The centre manager and regional manager must review the frequency of fire drills accounting for the impact being caused by them to the children either in a regular or silent manner.	Fire Drills have been reduced to take place every 3 months with at least one per year occurring in the hours of darkness, in line with requirements.	Fire drills will be completed at 3-month intervals, except when conducted for new team members or young people being admitted to the centre. This amendment to the policy has taken effect from 23.05.2024
	The regional manager and centre manager must ensure all mandatory training is completed as soon as possible.	Training will be completed by 02.06.24. FAR training is ongoing and scheduled throughout the year.	Regional and Centre Management review training record through monthly SGR Meetings) and ensure that all team members trainings are completed
4	The centre manager must review the children's individual crisis management plans to ensure health needs are taken into account when outlining behaviour management interventions.	ICSP's have been updated and reflect the medical needs of the child, pertaining to the use of restraint or the preclusion of same.	ICSP's are reviewed each month by centre management and sent to Social Worker for review. This will ensure that ICSP's are kept up to date with all relevant information, including any current medical needs which may preclude the use of restraint.
	The regional manager and centre manager must ensure the policy and risk assessment related to intimate care are robust to provide adequate safeguarding for all parties and that all staff members have knowledge of same.	Intimate Care Policy has been further developed, updated and reflects guidance for the team whilst completing intimate care tasks. This has been shared with the organisation. This updated Intimate Care Policy has taken effect from 17.05.2024	There is to be ongoing oversight in the Centre from Unit and Regional Management regarding the need for intimate care in the centre.