



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 073**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Odyssey Social Care</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>05<sup>th</sup> and 06<sup>th</sup> of September 2022</b>
<b>Registration Status:</b>	<b>Registered from the 28<sup>th</sup> of September 2022 to the 28<sup>th</sup> of September 2025</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Linda Mc Guinness</b>
<b>Date Report Issued:</b>	<b>28<sup>th</sup> September 2022</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 2: Effective Care and Support (standard 2.3 only)	
3.2 Theme 6: Responsive Workforce (standard 6.1 only)	

## 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 their first registration in September 2010. At the time of this inspection the centre were in their fourth registration and were in year three of the cycle. The centre was registered without attached conditions from the 28<sup>th</sup> of September 2019 to the 28<sup>th</sup> of September 2022.

The centre was registered to provide care for three young people between the ages of thirteen and seventeen upon admission. Their model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. The approach to working with young people was informed by attachment theories with a focus on the development of relationships with the young people. There were two young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	Standard 2.3 only
6: Responsive Workforce	Standard 6.1 only

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 08<sup>th</sup> August 2022. There were no actions required by the registered provider.

As such, the findings of this report deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. It is the decision of the Child and Family Agency to register this centre, ID Number: 073 without attached conditions the from 28<sup>th</sup> of September 2022 to the 28<sup>th</sup> of September 2025 pursuant to Part VIII of the Child Care Act, 1991.

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

Inspectors found the layout and design of the centre was suitable to provide safe and effective care for young people. The premises was a was four bedroom, two storey house in a town in County Cork. There was a large kitchen dining area with a connected utility room that contained all required domestic appliances including laundry facilities. Each young person had their own bedroom and access to one of two communal bathrooms. There were adequate areas in the centre for rest and recreation and the garden area to the rear had a trampoline and suitable sports equipment.

At the time of the onsite visit inspectors found that the centre was clean, warm, comfortable and appropriately decorated. It was adequately lit, heated and ventilated. Inspectors spoke to social workers and a guardian ad litem, all of whom stated that the premises was suitable and fit for purpose and that the young people were happy living there. The young people completed questionnaires in which they stated that they were happy with the premises and inspectors noted that their rooms were comfortable and had suitable storage. Young people had decorated their rooms to their own taste and there were family photographs and mementos on display.

The centre held a fire safety certificate from the local county council and the premises was in substantial compliance with the *Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017* and the accompanying technical guidance document. There were fire doors throughout as required and adequate lighting and signage for the means of escape. Plans for the means of escape were on display. Fire checks were being conducted and recorded in the centre as required and there was a *Fire and General Register* available for inspectors to review. This



register contained evidence that fire drills had been conducted with young people (one during the hours of darkness) and that staff had received on site fire safety training including a centre specific induction on commencement of employment that included fire safety procedures.

Further, the centre had an adequate fire alarm system (to L1 level) and there was also a carbon monoxide alarm in the sitting room that was tested weekly. Inspectors observed that there were adequate fire extinguishers throughout the building and a small fire blanket in the kitchen and these had been recently serviced. The centre had a running contract with a company for the provision and maintenance of adequate fire fighting equipment and fire safety had been discussed with young people through a young person's meeting.

There were policies, procedures and systems in place to manage potential risks to the health and safety of young people, staff, and visitors. When the centre manager went on leave, a full handover on issues relating to health and safety was provided to the person acting their absence. Inspectors found evidence that there were regular audits on health and safety conducted by centre managers. External line managers had also visited the premises to audit it for health and safety and fire safety. The centre had a site specific safety statement that was reviewed in July 2022 and health and safety and fire safety were a standing agenda item at the regional managers' forum that was held weekly. This forum was attended by managers and deputies along with the regional manager and national services manager who was responsible for operations. Inspectors found that a full audit of the operation of the centre was conducted in August 2022 and that this comprehensively addressed all aspects of health and safety and fire safety in the building.

Inspectors were satisfied there were procedures in place to manage risks to the health and safety of young people, staff and visitors. The site specific safety statement outlined the environmental risks and hazards in the centre and the control measures in place. There was a designated health and safety representative and staff were aware of the health and safety representative's role. There was evidence that maintenance issues were recorded and addressed in a timely manner. However, inspectors recommend that the system for logging maintenance requests is reviewed to ensure that it provides opportunities for tracking and oversight. The centre had a system in place to record accidents or injuries that occurred.

The inspectors reviewed training records and found that while all staff had undertaken first aid training, no members of the team had undertaken First Aid

Responder training (FAR). While the centre manager and deputy manager were scheduled to attend FAR training, this had not been scheduled for staff members. Inspectors recommend that the registered provider completes a risk assessment to identify how many staff should be trained as first aid responders.

The centre had two centre vehicles to transport the young people and inspectors found that all vehicles were roadworthy, serviced, insured and displayed a valid tax disc. Staff completed weekly checks on the vehicles to ensure they were maintained in good order. However, it was observed that these vehicles were each 11 years old and had very high mileage. A recent governance report completed by the centre manager stated that these vehicles may need upgrading. This should be considered by the organisation. Inspectors viewed a sample of personnel files that evidenced the staff members were legally licensed to drive the centre vehicles.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.3</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required**

- None identified.

## **Regulation 6: Person in Charge**

## **Regulation 7: Staffing**

### **Theme 6: Responsive Workforce**

#### **Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe, and effective care and support.**

There was evidence of regular workforce planning both by the centre managers and by external line managers for the service. Inspectors found evidence that workforce planning was a standing item at the regional managers' forum that was held weekly. This forum was attended by managers and deputies along with the regional manager and national services manager who was responsible for operations. There was also an audit completed by external line managers on staffing that found the centre had sufficient staff. The centre manager also produced regular reports that were provided to senior managers in the organisation and these detailed staffing requirements.

This centre had a complement of one centre manager, one deputy manager, three social care leaders and six social care workers. There were also two staff members on maternity leave who would be returning in a number of months and this would increase the available staff complement. The roster pattern in place at the time of inspection saw two staff cover overnight shifts and there enough staff to cover each shift. Overall inspectors found that the number, qualifications, experience and availability of members of staff of the centre was adequate, having regard to the number of young people residing in the centre and the nature of their needs. It was observed that this team were experienced and had the skills to meet the needs of the young people.

From a review of the centre rosters, inspectors found that workforce planning by centre managers took account of annual leave, study leave, maternity leave and sick leave. The centre had contingency cover for emergencies and there were two relief staff should cover be required. Inspectors noted that relief staff were not frequently used in the centre and that there were suitable arrangements in place to promote staff retention. Two staff members had left the centre in the 12 months prior to inspection and exit interviews had been conducted with both.

Inspectors found that there were suitable formalised procedures for on-call arrangements at evenings and weekends.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 6.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None