



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 102

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Care
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	06th, 07th, and 16th March 2023
Registration Status:	Registered from the 21st May 2022 to the 21st May 2025
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	10th August 2023

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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 their first registration in 2011. At the time of this inspection the centre was in their fourth registration and in year one of the cycle. The centre was registered without attached conditions from 21st May 2022 to 21st May 2025.

The centre was registered to accommodate four young people from age thirteen to seventeen on admission. The centre's model of care consisted of a number of components including the sanctuary model based in trauma theory and a behaviour modification trauma informed crisis prevention and management system. There were three young people resident 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	2.2, 2.3
4: Health, Wellbeing and Development	4.3

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 18th April 2023. 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 20th April 2023. 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: 134 without attached conditions from the 21st May 2022 to the 21st May 2025 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.

Inspectors found that there was an up-to-date statutory care plan on file for one of the three young people in residence. The other two young people had recently been subject to child in care reviews and the centre was awaiting their updated care plans. All three young people had attended their most recent statutory reviews in person. One of the young people was reaching the age of leaving care and had an aftercare plan in place which was subject to regular review. An aftercare worker had been allocated to their case and there was evidence that the young person was actively involved in the planning and decision-making process in relation to their future plans. The centre maintained detailed records of key decisions and issues discussed at care plan and strategy meetings which informed the placement planning process.

Placement plans for the young people were developed by the centre managers on a monthly basis. The placement plans on file viewed by inspectors were clear and concise and linked to the goals of the care plans. There was evidence that young people had an input into their placement plans and this was confirmed in interview with the young person inspectors met during the inspection. Social workers, and where appropriate parents' views, were also considered in the placement plans. Each young person had two allocated keyworkers and there was a monthly key working schedule in place. Key working records reviewed by inspectors were linked to the goals of the care and placement plans. Staff were creative in their efforts in engaging the young people in key work, sourcing various worksheets and visual aids and there was a high level of engagement by the young people. Inspectors found from a review of staff supervision records that key working and placement planning was being reviewed by management and staff members were supported and guided in their

work with the young people. Allocated social workers that inspectors spoke with were satisfied that the goals in young people's care and placement plans were being addressed and with the quality of key working being undertaken with the young people. Placement plans were also discussed at team meetings and subject to regular auditing processes by the external line manager and the service's quality assurance officer.

The young people in the centre were linked in with external therapeutic supports identified in their care plans. There was evidence that young people had access to a range of counselling and support services and were consulted in relation to these services. At the time of inspection one young person required an assessment and this process had commenced. Staff had also received guidance from the organisation's behaviour support specialist to meet the specific needs of the young people.

From a review of the care records there was evidence that there was good communication between the centre management, staff and the supervising social workers and that they were working collaboratively to ensure the implementation of care plans. The allocated social workers interviewed confirmed that they were kept updated on the young people's progress and the centre was proactive in meeting the needs of the young people.

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

Inspectors were satisfied that the layout and design of the centre was suitable for providing safe and effective care for the three residents in placement. Each young person had a room to themselves which they decorated. All young confirmed in questionnaires that they were happy with their bedrooms and the amount of space they had for their personal belongings. The centre was found to be adequately lit, heated and ventilated with sufficient bathroom and laundry facilities. The centre provided spaces for recreation and activities, spacious communal areas for mealtimes, relaxation and privacy. At the time of inspection, the premises were clean and decorated to a high standard. There was evidence in young people's meetings that young people were consulted in relation to the decoration of the centre and there were lots of personal touches within the house including photographs of the young people on display. The inspectors observed positive interactions between the staff and the young people during the inspection and an environment that was calm and homely. There were gardens to the front and rear of the property which were well

maintained. Inspectors recommend that the front door area is cleaned up and the fencing around the property is repainted.

The inspectors observed that fire safety systems were in place in the centre including a fire alarm, fire blanket and fire extinguishers. The inspectors found evidence that staff carried out monthly fire drills and the importance of engaging in fire drills was highlighted at young people's meetings. The inspectors reviewed the fire safety records and found there were appropriate fire safety checks carried out by the staff team including daily, weekly and monthly checks on the means of escape, fire doors, firefighting equipment and the fire alarm system. There were up-to-date service and maintenance records on file confirming that all fire equipment was checked regularly by external fire safety consultants. New staff were informed of the fire procedure as part of their induction to the centre. From a review of training records all staff were trained in fire safety and first aid.

Inspectors found that the centre had an up-to-date health and safety statement and site-specific risk assessments were completed. The deputy manager had been appointed as the designated person with responsibility for fire, safety and health and safety within the centre and there was evidence of monthly audits being undertaken. Routine maintenance and repair work was carried out by a maintenance team employed by the organisation. A review of the maintenance log evidenced that major maintenance issues were dealt with in a prompt manner. The inspectors found that the regional manager and the centre's quality assurance auditors also routinely monitored the premises and conducted audits to ensure the maintenance of standards and safety as required under the national standards.

The centre had a system in place to record any accidents or injuries. There were specific accident report forms to record details of accidents and injuries sustained by staff and/or young people. Accidents and incidents were reviewed and monitored in the monthly health and safety audits.

The centre had three vehicles to transport the young people. The centre vehicles were found to be clean, roadworthy, insured, taxed and driven by staff who were legally licenced to drive the vehicles. The centre recorded all vehicle maintenance checks and repairs and there were systems in place to undertake weekly checks on the centre vehicles.

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

Compliance with standards	
Practices met the required standard	Standard 2.2 Standard 2.3
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

Actions required

- None identified

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found from a review of centre records and interviews that there was a strong emphasis on supporting the young people to achieve their potential in learning and development and all three young people were engaged in educational programmes at the time of inspection. There was evidence in care plan and team meeting records of young people's educational progress being reviewed and actions identified to support and meet young people's educational needs. There was a focus on education in placement plans and in key working records where staff were supporting and encouraging the young people to attend and maintain their educational placements. This approach proved successful in relation to two residents with one young person who had a poor school attendance record re-engaging in education and another young person receiving an educational award for their attendance and performance. In cases where there was poor attendance there was evidence that staff made efforts to address the issue in conjunction with the

educational placements, social workers and other professionals including the school liaison officer.

There was a comprehensive record of each young person's educational progress on file including assessment reports, school reports and certificates. At the time of inspection an assessment was required for one young person and this process had commenced. Inspectors found that the centre maintained regular communication with the young people's educational placements, attending meetings and through regular phone and email contact. Management and staff interviewed identified the key people that liaised with the young people's schools/educational placements and were well informed in relation to the young people's progress and any difficulties they were experiencing. There was also evidence that educational professionals had attended care plan reviews.

There were good routines in the centre to ensure the young people were supported with their education. Within the centre there was adequate space for young people to study and appropriate educational resources available to the young people.

One of the young people was approaching school leaving age. The young person was engaging in aftercare preparation which included guidance and support in relation to education. The centre were also accommodating an extension to the young person's placement to support the young person in completing their current education programme and a follow on educational placement was identified in their aftercare plan.

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

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
4	N/A		