



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 109

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Two Young People
Type of Inspection:	Announced
Date of inspection:	05th, 06th & 07th September 2022
Registration Status:	Registered from 05th October 2021 to 05th October 2024
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	29th November 2022

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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 October 2015. At the time of this inspection the centre was in its third registration and in year one of the cycle. The centre was registered without conditions from the 05th October 2021 to 05th October 2024.

The centre's purpose and function was to accommodate two young people of all genders from age thirteen to seventeen years on admission who are deemed as higher risk and in need of additional supports than those referred to multi-occupancy centres. The centre does not endorse a particular model of care but has a care framework which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There was one young person 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	2.3
3: Safe Care and Support	3.2
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 on the 18th October 2022. 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 2nd November 2022. This was deemed to be satisfactory. 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: 109 without attached conditions from the 05th October 2021 to 05th October 2024 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 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspectors found that the layout and design of the centre was suitable for providing safe and effective care for two young people. Inspectors were informed that a significant amount of redecoration had taken place in the year prior to the inspection. The centre had been repainted, new furniture and furnishings purchased, and the centre was homely and comfortable at the time of inspection. The premises was clean, adequately lit, heated and ventilated. There were adequate laundry and bathroom facilities. All equipment purchased appeared to be of an appropriate standard and there was evidence that portable appliance testing had been carried out on all electrical appliances.

There were two bedrooms designated for the young people. The young person residing in the centre at the time of inspection told inspectors they had adequate storage space within their room to store their personal belongings and they really liked their room. Inspectors found that young people were encouraged to offer input into the decoration of the centre and when the current resident requested the purchase of soft furnishings, such as curtains and lights for their room these requests were facilitated. This was evidenced through a review of the minutes of young peoples' meetings.

There was adequate space within the centre for privacy and relaxation. Inspectors observed that there was a range of recreational activities available to the young people including art materials, books, TVs etc. Throughout the centre, there were many personal touches including photographs of the young person and staff. The grounds were found to be very well maintained, safe and secure with plenty of space

for outdoor recreational activities. The young person's social worker and Guardian Ad Litem confirmed in interview they were satisfied with the facilities and the presentation of the centre when they visited.

Routine maintenance and repair work was carried out by a maintenance team employed by the organisation. A maintenance log was held in the centre and staff confirmed that emergency repairs were generally attended to immediately and maintenance issues were rectified in a prompt manner overall. There was evidence that the premises were regularly monitored by both internal and external managers along with the organisation's quality assurance auditors.

The centre had a named fire safety representative. Inspectors reviewed the fire register and found that appropriate fire safety checks were carried out by the staff team including daily, weekly and monthly checks on the means of escape, fire doors, firefighting equipment and fire alarm system. The organisation had a contract in place with a fire company for the servicing of the alarm and firefighting apparatus in the centre and evidence confirming that all equipment was serviced and tested. The records reviewed showed that young people participated in fire drills on a regular basis including one recently during the hours of darkness. All staff with the exception of recently recruited staff had received training in fire safety and occupational first aid and there were plans in place for the centre managers to undertake First Aid Responder training (FAR).

The centre had a health and safety statement that was up to date, signed by all staff members and on display in the staff office. There was a designated health and safety representative for the centre and there were procedures in place to manage risks to the health and safety of staff and visitors. There was evidence that the centre manager conducted monthly health and safety and fire audits and any deficits that were identified were rectified. Medicines were stored in a secure cabinet in the staff office. Inspectors found that accidents were recorded and responded to appropriately. Fire safety and health and safety were standing items on the team meeting agenda. At the time of inspection there was one centre vehicle used to transport the young person. Inspectors viewed this vehicle and found it was appropriately taxed, insured with a valid NCT. All vehicle maintenance and repairs were recorded, and weekly vehicle inspections were undertaken by the centre staff. Personnel files viewed by inspectors contained copies of full driving licenses.

Compliance with regulations	
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	Standard 2.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Staff were guided and supported in managing behaviours that challenged by a policy titled “Promoting Positive Behaviour: Managing Behaviours that Challenge including Restrictive Practice”. Training records viewed by inspectors evidenced that all staff had received training in an approved behaviour management model. The inspectors found the staff team had access to specialist advice and supports within the organisation including behaviour management trainers and a behaviour analyst to enable them to provide positive behavioural support and to assist them in identifying and responding to behaviour that challenges.

There were working guidelines, crisis and absence management plans in place for the young person which were updated as required and forwarded to the allocated social worker. In addition, there was a behaviour support protocol in place to guide staff on how best to communicate and build purposeful relationships with the young person. This was developed by the organisation's behaviour analyst who provided staff with training on its implementation. Inspectors noted that the young person's absence management plan on file contained contradictory information in relation to curfews and free time. This was brought to the attention of the centre manager at the time of inspection and amended.

A risk management plan had been developed for the young person that identified current risks and the preventative measures and controls in place. One of the identified risks was the young person having limited access to razors. Inspectors also learnt that staff members checked on the young person every thirty minutes in their room. Inspectors were informed that these measures were in place based on previous behaviours. Inspectors found from reviewing a range of documents including the young person's most recent care plan that these behaviours had decreased over a significant period. This issue regarding the frequency of room checks was a concern for the young person who had made complaints in relation to an invasion of their privacy and the young person's Guardian ad Litem was also of the view that the frequency of checks should be reviewed. The inspectors were informed post inspection by the allocated social worker that the requirement for thirty minute checks and the young person's access to razors had since been reviewed and these measures were no longer in place.

It was evident from the records and interviews that the young person had made good progress during their time in the centre and their behaviour had improved significantly. The young person had been diagnosed and was receiving medical treatment for a medical condition a few months prior to the inspection which was also seen as a contributory factor in this improvement in behaviour and in their general health. The inspectors found from a review of a range of keywork records that the staff had undertaken individual work with the young person to assist and support them in understanding and managing their behaviour. The centre did not rely on the use of negative sanctions to manage the young person's behaviour. There was a positive incentive plan in place to encourage positive behaviour whereby the young person was receiving a daily financial reward in addition to their pocket money for engaging in daily routines and keeping their room clean. This approach had been utilised in a previous centre the young person resided in and was maintained in their current placement. The inspectors deemed that offering financial incentives for what

should be considered expected behaviour is not an effective way of promoting positive behaviour for a young person who is nearly seventeen years of age. This is also not considered to be age appropriate or in line with best practice for aftercare planning and should be reviewed.

The inspectors found that due to unforeseen circumstances there was a high staff turnover in the centre in the months prior to the inspection which impacted on the centre's efforts to work effectively with the young person and on the consistency of care. The young person told inspectors that it was difficult for them to trust or build relationships with so many different individuals particularly when it was unclear as to how long these staff members would remain working in the centre. The high staff turnover resulted in the young person having several different keyworkers which the young person struggled with and at the time of inspection they were reporting difficulties with their current keyworkers. Considering this issue, management had delegated a more senior staff member to assist the keyworkers in improving their relationship with the young person. The young person did however acknowledge that there were a number of long term staff along with the centre manager that they had developed good relationships with and during the inspection, inspectors observed the young person interacting positively with staff. Inspectors were informed at the time of inspection the centre were in the process of recruiting additional staff in an effort to re-establish a stable consistent team.

There was evidence on the care file that the centre had been provided with relevant background information on admission in relation to the young person's behavioural presentation. Inspectors found that there were two psychoeducational assessment reports on file which stated that the young person had specific diagnoses. However, there was little evidence of the centre's awareness of this information in interviews with both management and staff of how these diagnoses might impact on their ability to work most effectively or to achieve the best outcomes for the young person. Inspectors also found that there was limited reference to this information in the young person's plans and there was no evidence that staff had received any guidance or training in relation to understanding these diagnoses. The registered provider must ensure that the management and staff are provided with guidance or training to enable them to understand the young person's specific diagnoses, their impact on interactions with others, and how to best interact and work with the young person going forward.

The centre maintained a significant event register and inspectors noted that there had been a reduction in the number of significant events in the previous number of

months prior to the inspection. inspectors were informed by the allocated social worker that all incidents were reported in a prompt manner both via phone and e-mail. There was evidence that the centre manager and regional manager had oversight and provided commentary on all significant events. There had been a number of significant incident review meetings held with senior management and appropriate professionals. Inspectors found there was a good analysis of the significant events reviewed and learning outcomes and actions required were identified. Feedback from these reviews was relayed back to the team by the centre manager to inform future practice and this was confirmed by staff interviewed.

The centre had a number of auditing systems in place which included a review of behaviour management in the centre. Inspectors reviewed a sample of these audits and were satisfied that they were appropriate internal and external mechanisms in place to ensure there was sufficient oversight of the centres approach to managing behaviour.

The centre had a comprehensive written policy on the use of restrictive procedures. Restrictive practices were recorded on the young person's individual risk management plan and there were procedures in place for monitoring and oversight of such practices within the centre. The allocated social worker was aware of the restrictive procedures in place and was satisfied they were required to ensure safety.

. Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that approaches to behaviour which include the financial incentives are reviewed in terms of age appropriateness and in line with best practice for aftercare planning.

- The registered provider must ensure that the management and staff are provided with guidance or training to enable them to understand the current resident's specific diagnoses, their impact on interactions with others, and how to best interact and work with the young person going forward.

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 focus on supporting the young person to achieve their potential in learning and development and the centre were proactive in responding to the young person's educational needs. At the time of inspection, the young person had completed state examinations and the centre was actively supporting the young person in accessing a follow on education and training programme.

The young person's educational needs were discussed at their care plan meetings. This process considered the views of the young person, and they confirmed this in interview with the inspectors. In the young person's most recent care plan review in June 2022 the young person expressed their preference in relation to their future educational options and these wishes were being facilitated by the centre and the young person's social worker. A Tusla career guidance officer also attended a number of professionals meetings in relation to the young person's education and had met with the young person to discuss their educational options and to assist them in making an informed decision. In addition, the centre assisted the young person in sourcing part time work experience in the industry they wanted to work in, and they had completed several courses relevant to their career goals.

There was evidence on file that the centre had maintained good communication with the young person's school placement and that the school provided feedback to the centre on the young person's progress. Centre records evidenced that the centre was liaising on a regular basis with the young person's social worker regarding their educational needs and future educational options. Consultation had also taken place with the young person's parent to ascertain if they were in support of the young person's educational plans going forward.

The centre maintained an education section on the care file which contained relevant educational information. As highlighted previously in the report psychoeducational assessment reports were on file stating that the young person had a number of learning disabilities which impacted on their learning and memory functioning. There was evidence that the young person's school were made aware of these diagnoses and arrangements had been put in place for additional learning support.

The young person's educational goals were outlined in their placement plan and their educational progress had been reviewed at team meetings. Inspectors saw evidence in the daily logs that the staff consistently encouraged the young person to attend school. The young person confirmed to inspectors that they had a desk and adequate space to study in their room and additional tuition had been provided to them when required. Staff had also undertaken individual pieces of work with the young person to support them in their education, explore their future plans and how these goals could be achieved.

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		
3	The registered provider must ensure that approaches to behaviour which include the financial incentives are reviewed in terms of age appropriateness and in line with best practice for aftercare planning.	<p>Financial incentives have been reviewed and updated including a review by the behaviour support analyst. Updated incentive plan focuses on specific aftercare tasks to support aftercare preparation and planning for the young person in this period. This includes budgeting in areas such as food shopping and managing other household tasks such as managing living space and paying bills and utilities.</p> <p>Focussing on best practice individual needs assessment review will focus on promotion of independence and development of related skills that will further promote this, whilst equipping the young person for the real world. This plan has been implemented since the 7/10/22.</p>	Incentive plans will be monitored and adjusted based on age appropriateness, young people's ability, and stage of placement.

	<p>The registered provider must ensure that the management and staff are provided with guidance or training to enable them to understand the current resident's learning disabilities, their impact on interactions with others, and how to best interact and work with the young person going forward.</p>	<p>Spaces have been booked for key staff to attend training with Dyslexia Ireland on 22nd and 29th of November 2022. This training course with Dyslexia Ireland will educate the staff team on how best to support the young person and will focus on key topics such as advocacy. Once this training has been completed a team meeting will be scheduled for December 2022 and will include the trained staff members sharing their learnings with the wider team.</p> <p>The centre manager will link in with the behaviour support analyst to conduct a review of the individual behaviour support plan and the team will be informed of the changes made to ensure implementation.</p>	<p>In the event of a young person having or receiving a diagnosis, appropriate training will be sourced and carried out to ensure the staff team are equipped to work with the young person based on their needs.</p>
4	N/A		