



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 110**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</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>06<sup>th</sup>, &amp; 07<sup>th</sup> June 2023</b>
<b>Registration Status:</b>	<b>Registered from the 18<sup>th</sup> of August 2021 to the 18<sup>th</sup> of August 2024</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> August 2023</b>

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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 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 18<sup>th</sup> August 2015. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without attached conditions from the 18<sup>th</sup> August 2021 to 18<sup>th</sup> August 2024.

The centre was registered as a multi-occupancy service to accommodate three children 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 living in the centre at the time of the inspection. The centre was granted derogation to accommodate two of the young people as they were less than thirteen years of age on admission, and this was not in line with the centre purpose and function.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child Centred Care and Support	1.6
3: Safe Care and Support	3.1
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 children, 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 10<sup>th</sup> of July 2023. There were no identified shortfalls during the inspection, therefore there was no requirement for centre management to submit a completed CAPA. Centre management indicated that there were no factual inaccuracies in the draft report. 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. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 110 without attached conditions from the 18<sup>th</sup> August 2021 to 18<sup>th</sup> August 2024 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care practices and operations policies**

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

Inspectors were satisfied from a review of centre records and meeting with the children that their views and preferences were listened and responded to by the management and staff team. Individual work records showed that when children were admitted they were given age-appropriate information by their keyworkers in relation to their rights including how to complain and information on external advocacy services such as EPIC (Empowering Young People in Care). An EPIC advocate had also visited the centre and met with the children to outline their role in supporting young people in care. The children, in questionnaires and interviews with inspectors, confirmed they were aware of how to make a complaint and named several members of the staff and management team that they would talk to if they were dissatisfied with any aspect of their care. There was good evidence of consultation with children with house meetings taking place twice a week. From a review of records, inspectors could see that the reasons for decisions made were explained to the children in line with their age and level of understanding. Childrens' complaints were also a standing item at team meetings.

The centre had a written complaints policy and procedure for staff to follow when children raised an issue of concern or a complaint. The policy was consistent with relevant legislation, Tusla complaints procedures and best practice. The policy had been reviewed prior to the inspection and updated to include a reference to the Tusla "Tell Us" complaints and feedback policy and online training in Tell Us was introduced for staff. The staff interviewed were aware of the policy and demonstrated an awareness of the importance of having a robust complaints procedure to safeguard the children in placement. The centre also had a parents information booklet informing them of how to make a complaint along with contact details of the management and senior management in the organisation.

The centre recorded all complaints in a register and online on the organisation's server which the regional manager and senior management in the organisation had

access to. There were a small number of complaints on the register. Inspectors found that complaints were recorded, managed and reviewed in line with the timeframe on the centre's complaints policy and there was evidence the children were satisfied with the outcomes. The allocated social worker informed inspectors that they were made aware of all complaints and were satisfied with the way in which complaints were dealt with by the centre.

Oversight of complaints was evident in the managers monthly service governance reports, and in external audits. The regional manager was also conducting a quarterly trend analysis of complaints to identify any patterns that had arisen and actions required to improve practices. Additionally, learning in relation to complaints identified in the inspection of the organisations other centres was used to inform improvements in the complaints policy and procedures.

There was evidence on the complaints form that the children were given the opportunity to provide feedback on the complaints process. This was routinely carried out by the centre manager during their investigation and resolution of complaints.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 16</b> <b>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 1.6</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 identified.

## Regulation 16: Notification of Significant Events

### Theme 3: Safe Care and Support

#### **Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

Inspectors reviewed the centre's safeguarding and child protection policies and procedures and found they were in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. These policies included a child protection / safeguarding and reporting policy, lone working policy and a staff code of conduct. The centre had a child safeguarding statement which was displayed in the centre. Inspectors found that the child safeguarding statement had been reviewed and updated to reflect the current risks to the safety of children and young people.

All staff had received training in the Tusla e-learning module: Introduction to Children First, 2017 and the centre's child protection and safeguarding policies. Staff interviewed identified the regional manager as the named DLP and were familiar with the role and responsibilities of the DLP. The centre maintained a list of all mandated and non-mandated persons in the centre and all staff had completed the Tusla mandated person eLearning training. Staff were aware of the appropriate responses in responding to a disclosure of abuse and were all registered on the Tusla portal to facilitate them to report a child protection or welfare concern. It was evident from team meeting records that child protection was a standing agenda item.

The centre maintained a register of child protection concerns. The inspectors examined the records of child protection concerns on file and were satisfied that they had been reported and managed appropriately. Oversight of child protection concerns was evident in the centre's internal service governance reports and externally by the regional manager.

The inspectors found from a review of a sample of personnel files that there were safe recruitment practices in place with the required number of references and Garda and overseas police vetting secured on file prior to commencement of employment.

The centre had an anti-bullying policy. Staff interviewed demonstrated a good awareness of bullying and had carried out individual work with a young person to assist them in identifying and responding to bullying behaviour and keeping

themselves safe. The centre had a written policy in place on internet and social media use and age-appropriate restrictions on the use of children's access to technology were implemented in consultation with the allocated social worker.

The centre had a robust gatekeeping policy and pre-admission risk assessments had been carried out prior to the children's admission to identify and address areas of vulnerability and risk. The social worker told inspectors in interview that the centre regularly forwarded them risk assessments for their comments and they were made aware of any safety concerns.

Inspectors found at the time of inspection there was a stable management and staff team in place and a positive atmosphere in the centre. The inspectors observed the children interacting with care staff and found that the children had a fun and trusting relationship with staff. In questionnaires and in an interview the children confirmed they felt safe in their placement and identified staff and managers they could talk to if they felt unsafe.

Inspectors found evidence from interviews and a review of centre records that there was a close working relationship between the centre and the social work department. The social worker for the children confirmed they were satisfied their allocated children were safe, cared for effectively and they had no safeguarding concerns. There were agreed procedures in place to inform parents of allegations of abuse.

The organisation had an "honesty and whistle blowing policy" that outlined the procedure for a staff member to disclose any wrongdoing, illegal practices or unethical conduct which may come to their attention through the course of their work. Staff interviewed were confident they could call out poor practices without fear of adverse consequences for themselves and identified a number of individuals within the organisation to whom they felt comfortable in reporting any concerns.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.1</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>
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**Actions required:**

- None identified.

**Regulation 10: Health Care**

**Theme 4: Health, Wellbeing and Development**

**Standard 4.2 Each child is supported to meet any identified health and development needs.**

The centre had a policy on the “general health, wellbeing and development of the young person” to guide staff on supporting the identified health and development needs of the children living in the centre. Inspectors found that there was a good focus on the health and wellbeing of each of the children. The inspectors reviewed the care files and found there were assessment reports on file informing the physical and mental health needs of the children. The relevant sections of care and the admission files contained a record of up to date medical, psychological, and social history reports.

At the time of inspection, the centre were waiting on up-to-date care plans for two children to be forwarded, and these had been requested by the centre manager. The centre had developed placement plans in the interim based on the centre’s recorded minutes of the care plan meetings and health goals were identified for the children. The placement plans detailed a number of scheduled appointments and follow up actions with dentists, opticians and other health professionals. A basic care audit was also conducted monthly which included an assessment of the children’s health needs. However, inspectors noted that health was not a standing item on the placement plan proforma form and recommends this is amended going forward.

Each child had a medical card and signed medical consent forms on file. While each child had access to a suitably qualified medical practitioner when required, the centre had experienced difficulty in accessing a G.P. for two children. Inspectors were informed at the time of inspection that a G.P had recently been sourced and a medical assessment was scheduled for both children. There was evidence staff in the centre worked in collaboration with the allocated social workers to ensure that the

children's care records were clear and complete. The childhood vaccination records for two children were not on file and there was evidence that the centre manager had requested these records from the social work department.

The children were linked in with a range of specialist services who were supporting them and providing guidance to the staff team. Staff had completed individual work that focused on some aspects of the children's health and wellbeing in an age-appropriate manner using child friendly resources. Prior to the inspection, a team day took place, facilitated by the managers and social care leaders focussing on effective ways of supporting the children and meeting their needs which staff stated was very beneficial. There was also evidence that the centre was proactive in terms of seeking additional supports and guidance in terms of meeting the children's health needs including sexual development and puberty. The children's dietary needs were considered, and they were encouraged to engage in a healthy lifestyle and were engaging in a range of physical activities inside and outside the centre.

The centre had a medication management policy which was in line with the legislative and regulatory requirements. Training records provided to inspectors evidenced that all staff had received training in the administration of medication. The medication files were well organised with evidence of centre management oversight. There was evidence that following a medication error a month prior to the inspection an updated medication management policy had been reviewed and disseminated to staff.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.2</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 identified.

## 4. CAPA

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