



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	29th & 30th April 2024
Registration Status:	Registered from the 18th of August 2021 to the 18th of August 2024
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	24th 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 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 18th August 2015. At the time of this inspection the centre were in their third registration and were in year three of the cycle. The centre was registered without attached conditions from the 18th August 2021 to 18th 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 welltree model of care is informed by evidence based practice with children who have experienced a range of traumatic life events. 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.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child Centred Care and Support	1.5
2: Effective Care and Support	2.2
6: Responsive Workforce	6.3

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 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 6th of June 2024. There were no identified shortfalls during the inspection, therefore there was no requirement for centre management to submit a completed CAPA. 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 18th August 2021 to 18th August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The inspectors found that management and staff interviewed demonstrated an awareness of the importance of family contact and provided examples of the ways in which they supported the children in their contact with parents, families and other significant people in their lives. Staff were facilitating access arrangements and there were well maintained family contact records on file. In cases where there were complex family arrangements and limited contact, alternative contact methods were used by encouraging the children to send cards and gifts to significant family members. Two of the children placed in the centre were siblings and there was evidence that they were supported to spend time with other family members where appropriate. In another child's case the team facilitated visits to their community of origin which was a significant distance away from the centre to maintain links with friends and previous carers.

The placement plans on file evidenced how the centre promoted social contacts within the community. The inspectors found that the children were involved in a variety of clubs and activities including gymnastics, rock climbing, swimming and had participated in a number of local community events. One young person had a part time job and was in the process of learning to drive. The inspectors found that the centre manager was a strong advocate for the children and actively promoted the children's participation which included the development of a children's newsletter for the organisation along with sports days and other shared activities.

There was evidence that birthdays were celebrated with parties and gifts and the children were consulted in relation to how they wanted to celebrate these events.

It was clear from pictures displayed in the house and conversations with the children that they celebrated other special times throughout the year including Christmas and Halloween. Special days and milestones for both the children and staff such as anniversaries were also celebrated.

The inspectors found that the children had access to a telephone, mobile phones, television, reading material and the internet as appropriate. At the time of inspection one child was due to get a mobile phone and the team had been proactive in doing individual work with them and putting safeguards in place prior to purchasing the phone. The centre manager and staff outlined the safeguards in place to ensure appropriate and safe access to the internet and social media sites. Individual work had been completed with the older resident in relation to staying safe online.

Compliance with Regulations	
Regulation met	Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
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 5: Care Practices and Operational Policies
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.

At the time of inspection there were up to date care plans on file for the three children living in the centre. The inspectors found evidence that the care for the two children who were under 12 was being reviewed in line with the timeframes set out in the legislation and as required in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. The centre had received updated care plans following these reviews and a schedule for future reviews was in place. The centre manager met with the two children on a monthly basis prior to and following their reviews to ascertain their views and provide feedback. The third child informed inspectors that they had attended their statutory review in person and was satisfied that their views were taken into account and responded too. There were progress reports on file that the centre had prepared in advance of the children's reviews and evidence of strategy meetings taking place between the centre and the social work department when deemed necessary. The allocated social workers were managing communications as appropriate with family members.

Up to date placement plans had been developed for the three children that reflected their identified goals as outlined in their care plans. Staff in interview were clear in terms of how the placement plans were formulated and records of individual work viewed by inspectors evidenced a focus on these placement plans goals. The team demonstrated a high level of creativity in carrying out this individual work and in ensuring the children's voices and input was considered. The centre managers had an effective case management system in place which was evident in their oversight of placement plans and individual work.

Inspectors found that the management and care team were making great efforts to engage the children and to support them in their progress. Inspectors met with the three children during the inspection and they told inspectors that they were very happy living in the centre, the staff were caring and helped them in lots of areas of their lives. The inspectors shared a meal with the children and staff and observed very positive interactions between them. The allocated social worker for two of the

children who spoke with inspectors also commented on the high quality of care the children were receiving and the trusting relationships they had developed with the care team caring for them.

Each child was linked in with appropriate specialist services in line with their care plans including speech and language services, occupational therapy and ACTS (Assessment Consultation Therapy Service). Placement plans viewed by inspectors included guidance from specialist services and the centres positive behaviour support team. One young person who was attending a therapist prior to admission was able to maintain this arrangement as the centre transported the young person to appointments despite the considerable distances involved. The centre also worked closely with the children's schools to ensure that any identified supports and assessments were being sourced.

While the centres statement of purpose was to provide care for three teenagers, as previously highlighted two of the children the centre were providing care for were under 12. There was evidence that the team had received input from the organisation's behaviour analyst and ACTS in relation to adapting the environment and the centres approaches to accommodate the needs of these younger children. This included making the premises more child friendly and guidance for the team on the appropriate use of language in working with younger children based on their age and level of understanding.

There was evidence of effective communication between the centre and social work departments on file. Regular email communication was evident along with monthly documents including placement plans being sent to social workers for review. One child had three social workers in the year prior to inspection which was difficult for them. The centre manager reported that the child's social work team leader was available to them at times when there was no allocated social worker and was responsive in terms of responding to the needs of the child and any issues of concern that arose. The allocated social worker that spoke with inspectors confirmed that there was excellent communication and they received regular updates from the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards

Practices met the required standard	Standard 2.2
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 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

All those interviewed by inspectors had a clear understanding of their roles and responsibilities. Job descriptions were evident on staff personnel files reviewed by the inspectors. There were clear lines of authority and accountability within the organisation and staff interviewed stated that the regional manager and senior management were accessible to them. Inspectors found evidence that the centre was well managed with a relatively consistent and long serving team. The centre had procedures in place to protect staff and to minimise the risk to their safety including training in a recognised behaviour management programme, post crisis de-briefing, a lone working policy and an on-call system. There was evidence in staff meetings that policies and procedures were reviewed on a consistent basis. Staff induction records also evidenced that staff had reviewed policies and procedures.

Inspectors found there was a positive dynamic amongst the management and the care team who were cohesive in their approach, and this was reflected in the progress the children had made to date. It was clear to inspectors that staff enjoyed working in the centre, they felt supported in their work and were committed to the children in their care. Staff were confident in their practice and reported that they were encouraged to exercise their professional judgment and provided evidence of this in interviews.

The organisations approach to providing ongoing learning and development opportunities for management and staff in the centre was clearly evident. This was found from the review of supervision records, team meeting minutes, management meetings and training records. There was evidence that the centre manager encouraged a culture of learning and reflective practice within the centre and inspectors found examples of how the team had incorporated new learning and clinical guidance into their practice. There were regular team meetings that evidenced good oversight of practice and opportunities for planning and review. Staff meeting minutes also had an agenda item on “learning and review” which included a focus on learning outcomes from inspections of the organisation’s other centres.

The inspectors found the centre had a supervision policy which stated that all staff members were supervised every four to six weeks. Inspectors found in the sample of supervision files reviewed that in most cases staff were receiving supervision every four weeks in practice. There was a set agenda and both the supervisor and supervisee brought items for the agenda. Records were signed by both supervisor and supervisee and were held on file securely by the centre manager. Staff in interview were clear on the purpose of supervision and stated that they found this to be supportive and beneficial to their work.

There was a system in place to formally appraise staff members’ performance on an annual basis. A written record was kept of this appraisal and signed by the staff member and the manager. There was also evidence in staff supervision records of staff performance being reviewed, identifying additional training needs and an emphasis on professional development.

The organisation had good support systems in place to manage the impact of working in the centre with a strong emphasis on self-care. Staff interviewed confirmed there were effective supports in place to assist with their well-being including supportive management and supervision. Additional supports identified included team days, and access to and educational and employee assistance programmes.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.3
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.