



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 122**

**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>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>23<sup>rd</sup>, 24<sup>th</sup> &amp; 25<sup>th</sup> August 2022</b>
<b>Registration Status:</b>	<b>Registered from 18<sup>th</sup> of November 2022 to the 18<sup>th</sup> of November 2025.</b>
<b>Inspection Team:</b>	<b>Sinead Tierney Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> November 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>8</b>
<b>3. Inspection Findings</b>	<b>9</b>
3.1 Theme 1: Child-centred Care and Support (Standard 1.6 only)	
3.2 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.3 Theme 4: Health, Wellbeing and Development (Standard 4.3 only)	
<b>4. Corrective and Preventative Actions</b>	<b>18</b>

## 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 its first registration in November 2016. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 18<sup>th</sup> of November 2019 to the 18<sup>th</sup> of November 2022.

The centre was registered to provide medium to long-term residential care for four children aged seven to eleven years on admission. The centre's care framework outlined the principles of therapeutic approaches and models that underpin young people's placements. The framework 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 were two young people in residence at the time of inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	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, parents, 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 12<sup>th</sup> of September 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 26<sup>th</sup> of September. 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: 122 without attached conditions from the 18<sup>th</sup> of November 2022 to the 18<sup>th</sup> of November 2025 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.**

At the time of inspection, two young people were living in the centre. Both completed a questionnaire to inform the inspection and one young person met directly with inspectors. Both young people stated they felt happy, safe, and identified several people they could share their feelings with. They liked how the care team treated them and felt listened to. The young person who met with inspectors fully explained what happened when they complained and were satisfied that complaints made were acted upon and resolved. Empowering Young People in Care (EPIC) regularly visited the centre and also attended one young person's child in care review (CICR) as their advocate. A young person's notice board displayed accessible information on the rights of children, Tusla's *Tell Us* Complaints and Feedback procedure, the National Standards for Children's Residential Centres, 2018 (HIQA) and the centre's complaints procedure.

The centre had a range of policies in place that supported young people's rights, diversity, and inclusion. An open culture had been established that valued the voice of the young people and was encouraging and supportive of them raising their dissatisfaction and making complaints. This was evident from feedback provided to inspectors by young people, meeting minutes and quality assurance audits. Young people's meetings occurred frequently. These had a planned agenda such as deciding activities, meal planning, complaints, bullying, accessing information and a general area for the young people to raise their own discussion points. Records of these meetings were detailed, discussed at team meetings, and monitored by the centre manager. The meeting space was also used to facilitate restorative conversations and repair relationships due to the young people not getting along at times. Information regarding external agencies such as the Ombudsman for Children, Tusla and EPIC was shared with young people and the care team.

Whilst the centre's statement of purpose and function stated that the organisation sent out an annual survey to gain feedback from young people for review by senior management, this had not taken place. During interview, team members shared that one young person was not comfortable with such formal feedback mechanisms. Whilst the young people's meeting could be used to gather feedback, the inspectors recommend that if the organisation states that annual feedback surveys are sent and centre management have identified that this is not viable, then alternative methods to seeking this feedback are put in place in line with children's age, needs, abilities, and preferences.

The centre had an up-to-date complaints policy and procedure in place. This outlined a four-stage approach in the management and resolution of complaints. These stages ranged from local resolution with a social care worker at stage one to investigation by the social work department at stage four. From a review of records inspectors found that complaints were responded to mainly at level one, with two complaints requiring resolution by the centre manager and social work department. Records of complaints managed and resolved by the team, centre manager and social worker detailed the complaint, its resolution, if the young person was satisfied with the outcome or wished to escalate it.

As mentioned, at times the young people were not getting along, and this had resulted in complaints from the young people. Inspectors found that the team and management were responsive, fair, and timely in the responses and correctly utilised the centre's child safeguarding procedures for incidents that were excluded from being dealt with under the complaint's procedure. The social workers for both young people and one parent who were interviewed stated that they were satisfied with how the dynamics between the children and subsequent complaints were responded to and monitored.

Members of the care team and management that were interviewed demonstrated a sound understanding of the complaints process and their roles in supporting young people to access complaints and resolve them. Complaints were discussed at team meetings and the regional manager had conducted complaints training with the team.

Social workers interviewed confirmed they were notified in a timely manner of all complaints and were satisfied that the management and resolution of these complaints was child-centred and effective. Furthermore, they felt that young people voices were actively sought and heard.

The parent interviewed confirmed they were kept up to date on their child's progress and they themselves felt respected and listened to in their interactions with team members. They knew they could provide feedback or raise any concerns with the centre manager or social worker.

There was consistent oversight of complaints at team meetings, management meetings and within the quality assurance audits. An audit of complaints was completed in May 2022 by a person external to the centre. It was evident from the audits that service improvements were taking place to the benefit of the children and value added from this process. The complaints register was up to date and recorded key information related to the complaints. Whilst it recorded if the young person was satisfied with the resolution and if it was closed, inspectors suggest the outcome is also stated, that is if the complaint was upheld, not upheld, upheld in part.

In summary, the inspection highlighted that the centre continues to be lead and managed in an effective manner. This has contributed to the open and supportive culture in place in which young people feel listened to, heard, and empowered by the team caring for them.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16 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 required

## **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.**

On visiting the centre, inspectors found it to be homely, child orientated, and the layout was appropriate to provide safe and effective care for the young people. Policies and procedures were in place relevant to providing a safe environment and adhering to legislative requirements. Personalised pictures of the young people and their artwork was on display, and they were involved in decorating the centre. Sensory equipment was available to support the young people as identified in care planning.

Each young person had their own bedroom, and they were content to show inspectors their respective bedrooms. The bedrooms were well decorated to each young person's interests, with ample toys and storage for their belongings. Feedback from young people and a review of relevant records demonstrated that they respected their environment.

There was adequate space for indoor and outdoor recreational activities. The outside area was well maintained with opportunities for play geared towards the needs of the children. Garden activities were subject to risk assessments as part of the centre safety statement and had control measures in place. There was a cleaning roster in place and inspectors found that the centre was clean and comfortable.

An organisational and centre specific safety statement were in place. The organisational safety statement was detailed, user friendly and outlined legislative responsibilities. Individual health and safety responsibilities were illustrated, and all team members interviewed demonstrated knowledge of these. The statement outlined the monitoring and safety arrangements in place including occupational road safety and maintaining a smoke free policy. One young person informed inspectors that some team members had used electronic cigarettes in their presence

whilst out of the centre. Inspectors discussed this breach of policy with the centre manager and a plan was put in place to address this matter immediately with all team members. The organisational statement referred to carbon monoxide alarms fitted in the centre, however in practice the centre's risk assessment had determined that this alarm was not required.

The centre specific safety statement contained similar details to the organisational statement and included the identification of hazards and ratings of associated risks. It noted that the control measures in place to minimise the impact and likelihood of these identified risks were contained in the organisational safety statement. However, this was not the case. The control measures were named in a health and safety risk register. On review of the health and safety risk register inspectors found that whilst it contained the assessment of risks and control measures, it did not correspond with the hazards and risks rated in the centre safety statement. The registered provider must ensure that the organisational and centre safety statements contain accurate information and align to practice within the centre.

The centre manager provided documents to evidence the centre's compliance with fire safety legislation. There were contracts in place with an external fire company for the maintenance of fire equipment and emergency lighting and certificates on file that they had been checked regularly. Fire safety had recently been revisited with young people and there was evidence of regular fire drills both during daylight and hours of darkness. One young person talked inspectors through the fire evacuation procedure and confirmed drills happened frequently.

The centre had a range of health and safety checklists in place and records were found to be up to date with clear oversight by the centre manager. Inspectors observed a team member competently completing daily safety checks. This employee was relatively new to the organisation and verbally confirmed they had received a health and safety induction which inspectors verified on review on their personnel file. All team members were trained in the centre's behaviour management model, first aid, manual handling, ligature training and fire safety in line with the centre's policy. Three team members had upcoming dates scheduled to complete the practical element of fire safety training. Inspectors found that the ligature cutter was locked in a place that did not allow ease of access for team members in an emergency. On discussion with the centre and regional manager, they agreed to move it to a more accessible place without delay.

A maintenance register was in place that evidenced timely action by the maintenance team. All household electrical equipment had safety testing stickers signalling they had passed safety tests. A review of the centre's two cars evidenced they were recently serviced, insured, certified as roadworthy and driven by people who were legally licensed to drive the vehicles. Accident reporting procedures were in place and a review of records evidenced that accidents were responded to appropriately, procedures adhered to, and parents and social workers promptly notified.

Inspectors found that the centre manager maintained effective oversight of health and safety within the centre. Audits were completed monthly by the centre manager and quarterly by the regional manager. These were found to be comprehensive with sound connection to ongoing risk management and actions completed in a timely manner. Inspectors noted that the risk of lone working was not being monitored in line with the organisations risk escalation procedure and the centre manager is required to act on this.

Overall, inspectors found that the physical environment was responsive to the young people's need and ensured that they lived in safe, comfortable and homely surroundings.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</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>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

## Actions required

- The registered provider must ensure that the organisational and centre safety statements contain accurate information and align to practice within the centre.
- The centre manager must ensure that the risk of lone working is monitored in line with the organisations' risk escalation procedure.

## Regulation 10: Health Care

## 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.

Both young people had care plans on file with evidence that monthly statutory child in care reviews (CICR) took place 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*. Whilst young people did not always attend their CICR's, their views and opinions were sought, and one young person had an EPIC advocate that attended on their behalf. Details in one young person's care plan were outdated and the inspectors informed the supervising social worker on this in interview. The centre manager was also advised to raise this at the next CICR to ensure that plans were an accurate reflection of the young person's current circumstances.

Educational needs and goals were key aspects of care and placement planning with practice informed by policies on education and planning. Placement plans were up to date and in line with care plans. Young people's views were sought on their goals and a parent interviewed felt involved in all aspects of their child's care. Educational reports and assessments were maintained as part of each young person's care record.

Both young people attended school and there was a good overall understanding of their educational needs. A partnership approach was in place between the centre manager, parents, social workers, school principals and external specialist supports such as psychologists. A principal of one young person's school attended CICR's with reports available to inform planning. Social workers interviewed were satisfied with the supports and communication in place. One social worker spoke of how the young person had thrived since their admission, was a happier, healthier child and was more confident in their abilities.

The children had a suitable, age-appropriate routine and at the time of inspection were on their summer holidays and preparing for a return to school. Observations during the inspection showed warm, caring, and responsive interactions and relationships between the children and care team. Young people were involved in mealtime preparation and completing creative artwork. Both young people felt supported in attending school and one young person took pride in showing inspectors projects they had completed over the summer. Team members interviewed were aware of each young person's strengths and there was a focus on helping them explore new hobbies and develop their interests. Young people were connected to their local community and arrangements in place to support their friendships with other children from school.

Key working was in line with placement plans and care plan goals and records evidenced the voice of the young people. Records showed that supporting the young people with their emotional regulation was a key goal in helping them maintain school attendance. Preparation work had commenced on returning to school and managing interactions with peers. It was evident that appropriate role modelling especially from male members of the team was beneficial to both young people. Key working was reviewed at a monthly key working planning meeting with consistent oversight from the centre manager.

Specialist supports were in place to assist the young people. Copies of findings and recommendations from recent assessments were on file and efforts underway to incorporate these into planning. There was evidence of the centre manager supporting the team to include various sensory activities into the young people's everyday lives.

Overall, the centre prioritised the development and educational needs of the young people and the co-ordinated care and support provided was enhancing their individual skills and abilities.



<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 4.3</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 required

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None required		
2	<p>The registered provider must ensure that the organisational and centre safety statements contain accurate information and align to practice within the centre.</p> <p>The centre manager must ensure that the risk of lone working is monitored in</p>	<p>The centre manager together with senior management and quality auditors have reviewed these correlating documents. The need for, and location of multiple risk ratings has been reviewed and unnecessary duplication has been identified. These templates have now been updated. Risks continue to be identified in all corresponding documentation. However, risk ratings are now only recorded where fundamental in supporting practice, thus removing the likelihood of further misalignment. All corresponding control measures are also more clearly outlined.</p> <p>The centre manager together with senior management and quality auditors have</p>	<p>These updates will be shared for learning throughout the organisation, with all documentation being updated for a uniform approach to risk management. The implementation of these improvements will be overseen by the internal quality auditing system and will be reviewed and signed off by regional managers.</p> <p>These updates will be shared for learning throughout the organisation, with all</p>

	line with the organisations' risk escalation procedure.	reviewed these documents and again found duplication. Specifically in the multiple measuring and recording of lone working risks, causing misalignment with the escalation policy. These templates have now been updated. Lone working risks continue to be identified in all corresponding documentation. However, risk ratings are now only recorded where fundamental in supporting practice and monitored in line with escalation policy, thus removing the likelihood of further misalignment.	documentation being updated for a uniform approach to the safe management of lone working, in line with the escalation policy. The implementation of these improvements will be overseen by the internal quality auditing system and will be reviewed and signed off by regional managers.
4	None required		