



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 134

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Care Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	16th, 17th January 2023
Registration Status:	Registered from the 22nd of January 2021 to the 22nd of January 2024
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	22nd March 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 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 January 2018. At the time of this inspection the centre was in its second registration and in year three of the cycle. The centre was registered without conditions from the 22nd of January 2021 to the 22nd of January 2024.

The purpose and function of the centre was amended in 2023 to a multi-occupancy bespoke service to accommodate a family grouping from age six 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. At the time of inspection there were two young people residing in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3 & 2.3
6: Responsive Workforce	6.1

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 22nd February 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 6th March 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 22nd of January 2021 to the 22nd of January 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 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

There were two young people residing in the centre both of whom had been admitted ten days prior to the inspection. The young people were siblings and did not have up to date care plans on file or a date set for a child in care review within the required regulatory timeframe. There was evidence on centre records that the centre manager had contacted the allocated social worker requesting a date for statutory reviews following the young people's admission. Post inspection the allocated social worker informed inspectors that a date for statutory reviews had been scheduled for both young people.

There was evidence of robust planning for the young people's admission to the centre. An admission meeting and a number of professional and strategy meetings had taken place with the centre management, social work department and the young people's Guardian ad Litem. A transition plan was also implemented and pre-admission risk assessments were undertaken that outlined strategies to respond to and manage identified risks. In addition, educational placements were sourced for both young people which they were attending at the time of inspection. The two young people met with inspectors during the inspection and informed them that they were consulted in relation to their care. There was also evidence on file that staff had provided them with age appropriate information on the operation of the centre including welcome booklets and information on complaints and access to their records.

There was comprehensive referral information on file for the young people and the centre used this information to develop initial placement plans that focussed on

assisting the young people to settle in the centre and on establishing routines. Each young person had two allocated key workers who had met with the young people prior to admission and consideration was given to the profile and needs of the young people when allocating key workers. Initial key working sessions took place with both young people focussing on areas such as education, family access and the house rules. There were arrangements in place for the young person's family to participate in the care and placement planning and family members had visited the centre. Placement plans and key working were to be subject to review at team and monthly key working meetings. One of the organisation's quality assurance officers had provided training in placement planning and key working at a staff team day prior to the admission of the current residents.

There were a number of identified external supports in the young people's referral information and the social worker informed inspectors of the progress to date in accessing these specialist services. Both the social worker and centre management were satisfied with the level of communication since the admission of the young people. The allocated social worker had visited the centre and met young people following their admission and was satisfied that they were good routines in place for the young people and they were settling in well.

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

The centre was a two-storey building located in a rural setting. The house was detached and set in its own grounds with large gardens. The centre was in good structural repair and the layout and design of the centre was suitable for providing safe and effective care for the two residents in placement. The premises was spacious, comfortable, and well maintained overall.

Each young person had their own bedroom with adequate and secure space to store their personal belongings. The two young people in placement were recently admitted and had been allocated funding to furnish and decorate their rooms. Inspectors viewed the young people's bedrooms during the inspection and found that they were nicely decorated and personalised. There was adequate communal space for both indoor and outdoor recreational activities. The rooms were equipped with TVs, game consoles, board games, books, arts and craft materials and sports equipment. There was a spacious hard surface area with a basketball hoop to the rear of the house and a large lawn to the front of the premises that was well maintained.

At the time of inspection, the centre was clean, adequately lit and ventilated and bathroom and laundry facilities were satisfactory. Inspectors noted during the inspection that the kitchen area in the centre was cold. Inspectors were informed by centre management that the centre's heating system needed to be upgraded and were provided with evidence that a plan was in place to upgrade the heating system in the coming weeks. The manager was provided with a budget for the running and upkeep of the centre. Inspectors recommended that the funding for groceries is reviewed to ensure it is sufficient based on the number of young people and staff working in the centre and the recent increases in food prices. The allocated social worker for the young people told inspectors that they were very satisfied with the quality of accommodation commenting on the spaciousness of the premises and the pleasant environment.

The centre had procedures in place to ensure compliance with the requirements of fire safety legislation. The centre maintained a fire register and had an appointed fire safety representative. The inspectors reviewed the fire safety records and found that 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. Onsite firefighting equipment was serviced on a quarterly basis or as required. Monthly fire drills were recorded in the fire register and the two young people had participated in a fire drill following their admission.

The centre had a site-specific safety statement on display in the staff office which had been reviewed in July 2022. The centre maintained a daily health and safety register which recorded identified hazards and risks which were reviewed on a regular basis. There was evidence that the centre and regional managers were conducting monthly and quarterly health and safety audits. Inspectors also viewed evidence of external audits conducted by the organisation's quality assurance auditors that included an assessment of the centre's compliance with health and safety, fire safety and prevention. A review of the maintenance log evidenced that there was a prompt response to any major repair and maintenance requirements. Inspectors observed that cleaning products and young people's medication were stored securely. The centre had a system in place to record any accidents or injuries. There were a number of recorded accidents on file which were reviewed by centre management detailing the action taken in response and where necessary action plans were identified to prevent further accidents and reduce the risk of injury.

Mandatory training was completed or scheduled for all staff in manual handling, behaviour management, fire safety, and occupational first aid. Inspectors were informed at the time of inspection that plans were in place for all staff to complete a three day first aid responder (FAR) training programme. The centre manager and the organisation's training department had systems in place to track staff training requirements.

There were two designated vehicles to transport the young people. Inspectors viewed the vehicles while on site and found that they were licensed and insured. One of the vehicles was due for an NCT test and this was scheduled. Both vehicles had adequate safety equipment including breakdown triangles and first aid kits and staff completed weekly checks on the vehicles to ensure they were maintained in good order. Copies of full driving licences were evidenced on the personnel files reviewed by the inspectors.

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	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 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence from a review of governance records, audits and weekly management meetings that workforce planning took place and that staffing requirements were under constant review at a regional and centre level. The centre staff team comprised of a manager, deputy manager, three social care leaders and six social care workers. Six staff held social care qualifications while other staff had appropriate qualifications in a related social care field.

Inspectors found from a review of the staffing information provided that the centre did not have the required number of staff to cover the roster in operation. The agreed staffing ratio as agreed and funded by the national private placement team was for three staff on shift each day with the two young people. The shift patterns consisted of two staff working a 24.5 hour overnight and a third staff member working from 8am to 11pm each day. This required the centre to have 9.5 posts to operate this roster. At the time of inspection, the centre had only nine whole time equivalent staff who worked 48 hours per week which was not sufficient to cover this roster. Furthermore, the centre did not have access to a panel of relief staff to provide cover for annual leave, sick leave, and contingency cover for emergencies. Inspectors were informed by centre managers that the centre was in the process of recruiting one additional social care worker and there were ongoing efforts to recruit relief staff across the organisation.

A review of the centre roster and daily logs showed that the agreed daily staffing complement was only in place on 2 out of the 10 days since the admission of the young people when there were only two staff on shift. In a number of cases the third staff member scheduled on the roster was redeployed to one of the organisation's other centres to cover staff shortages despite the fact that the centre did not have the required number of staff to cover their own roster. In interview the regional manager stated that they were experiencing very high levels of sick leave across the organisation which resulted in the redeployment of staff to other centres due to the lack of availability of relief staff. All those interviewed during the inspection acknowledged the requirement for having three staff on duty based on the age and

needs of the young people highlighting the additional stress placed on staff when there were only two members on shift. The registered provider must ensure that the centre has the required three staff on shift each day and the practice of one of the three scheduled staff members covering shifts in other centres must cease immediately.

The centre had a policy and measures in place to promote staff retention. This included access to pension and health schemes, pay increments and training opportunities. Increased pay rates for relief staff have also been introduced to attract and retain relief staff. Inspectors found that there was a consistent experienced management team in place and a low turnover of staff in the year prior to inspection.

There was a formal on call policy and procedure in place at evenings and weekends which staff found beneficial in terms of support and guidance.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre has sufficient numbers of staff to fulfil the roster in operation.
- The registered provider must ensure that the centre has access to a panel of relief staff to provide cover for annual leave, sick leave, and contingency cover for emergencies.
- The registered provider must ensure that the centre has the required three staff on shift each day and the practice of one of the three scheduled staff members covering shifts in other centres must cease immediately.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	N/A		
6	<p>The registered provider must ensure that the centre has sufficient numbers of staff to fulfil the roster in operation.</p> <p>The registered provider must ensure that the centre has access to a panel of relief staff to provide cover for annual leave, sick leave, and contingency cover for emergencies.</p>	<p>Recruitment was actively in place for the centre at the time of inspection and the centre has now sourced 2 additional contracted staff. These staff members are currently in the vetting and training process. Both additional contracts are expected to begin working in the centre at the start of April 2023 (pending garda vetting). This will bring the centre to 10 full time contracts.</p> <p>The centre was closed for several months, due to successful planned discharges of former residents. As a result of this at the time of inspection no regular relief team members had yet been identified. There are now two regular relief team members identified for the centre</p>	<p>The organisation has ongoing workforce planning reviews in place. Any staffing requirements will be escalated immediately to endeavour that enough staff are contracted to the centre. Ongoing recruitment for all locations remains actively in place.</p> <p>The organisation has identified a need to continuously recruit for part time relief contracts for this area. Active recruitment is in place for this role on an ongoing basis with weekly interviews in place. This will provide additional stability and support to the centre for sick leave and annual leave planning,</p>

	<p>The registered provider must ensure that the centre has the required three staff on shift each day and the practice of one of the three scheduled staff members covering shifts in other centres must cease immediately.</p>	<p>and working within the centre on a regular basis.</p> <p>This practice has ceased and there are 3 staff members rostered on per day.</p>	<p>The organisation will endeavour through the recruitment process to ensure adequate numbers of contracted and relief staff are in place across the organisation at all times. Three staff members are rostered to the centre daily</p>
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