



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	8th, 9th & 10th January 2024
Registration Status:	Registered from the 22nd of January 2024 to the 22nd of January 2027
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	4th April 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 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 three children residing in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1 & 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 children, staff and management for their assistance throughout the inspection process.

1. 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 12th February 2024. 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 26th February 2024. After further communication and subsequent information was provided by the organisation in respect of the CAPA, it 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 2024 to the 22nd of January 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
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 that they were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. The centre also had a child safeguarding statement (CSS) that was approved by the Tusla Child Safeguarding Statement Compliance Unit and was displayed in the centre. The CSS identified the potential risks of harm/abuse for the children living in the centre and identified measures in place to mitigate these risks. All those interviewed were familiar with the CSS and there was evidence that it was subject to review at team meetings.

The training records reviewed by the inspectors evidenced that all team members had received training in the Tusla e-Learning module: Introduction to Children First, 2017 and in the organisation's in-service child protection training. The majority of the team had also completed Tusla's mandated person and child sexual exploitation training.

The centre had an anti-bullying policy in place. While there was evidence of negative dynamics between the children at times this was assessed as more akin to sibling rivalry and conflict as opposed to bullying. The thresholds for risk of harm were discussed with the children's social work department and staff and management interviewed by the inspectors were aware of the identified thresholds. There was evidence in the key working, team meetings, house meetings and other centre records that the team were making efforts to monitor and address the sibling dynamics and the thresholds of harm. Key working records reviewed by inspectors evidenced a focus on kindness, respect, caring relationships and group dynamics.

The inspectors reviewed key working records and found there was a significant amount of age-appropriate work undertaken with the children around keeping themselves safe. Areas of vulnerability were identified and appropriate safeguards

including individual risk assessment assessments and safety plans were implemented when required. While there was evidence that risk and safety plans were reviewed at team meetings, inspectors noted that in a number of cases individual risk assessments were not evidenced as reviewed on a regular basis or updated in the centres active folder. 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.

Staff interviewed were aware of the individual vulnerabilities of the children and the safeguarding practices in place. Staff interviewed were familiar with the lone working policy and the procedures in place to attend to the children's personal care. Child protection was a standing agenda item for discussion at team meetings.

The centres child protection and safeguarding policy outlined the procedures in place to manage any allegation of harm by a staff member. Inspectors were satisfied that the Child Protection and Welfare Report Forms (CPWRFs) on file were reported appropriately through the Tusla portal. However, inspectors found in two instances allegations made against staff members were not managed appropriately in line with the policy or Children's First guidelines. Following a review of the centre's child protection records the inspectors noted that staff who received the disclosures of alleged harm/abuse did not respond to the children in line with the centre policy or best practice guidance relating to disclosures of abuse. Additionally, records of follow-up meetings with the staff members concerned were either not evidenced on file or were not sufficiently robust.

All team members were registered individually on the Tusla portal to facilitate them to report child welfare or protection concerns. Inspectors found from reviewing the CPWRFs on file that the centre manager was recorded as the sole reporter on a number of occasions while the details of the staff member who received the concern was not recorded. The centre manager must ensure that when making joint reports the name of the staff member who received the child protection concern is recorded as a reporter on the CPWRF. There was evidence on file that following the submission of CPWRFs the centre management were proactive in their efforts to secure documentary evidence from the social work department to ascertain the status of reported child protection concerns.

There was evidence that the centre worked in partnership with the children's social worker and family where appropriate to promote the safety and well-being of the children. The social worker and the Guardian Ad Litem for the three children

confirmed they were satisfied that the 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 a policy on whistleblowing and protected disclosures that outlined the procedure in place for staff to raise concerns in relation to wrongdoing, illegal practices or unethical conduct of other colleagues which they may encounter in the course of their work. All those interviewed were aware of the line management structure in the organisation and were confident they could raise a concern with their managers or question a manager's practice without fear of negative consequences.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- The registered provider must ensure that all allegations against staff are managed and recorded appropriately in accordance with centre policy and Childrens First guidance.
- The centre manager must ensure that when submitting a joint report on the Tusla portal that the Child and Welfare Report Form includes the name of the staff member who received the child protection concern in accordance with Childrens First reporting procedures.

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.

Inspectors found there was a positive approach to managing behaviour in line with the centre's behaviour management policy. It was clear from interviews and a review of centre documents that there was a focus on reinforcing positive behaviour with an emphasis on praise and encouragement. It was evident the children had developed good relationships with the managers and several members of the care team. The inspectors observed warm, caring and positive interactions between the staff and the children. The children completed questionnaires about their care for the inspectors and indicated they were happy and content overall living in the centre.

Inspectors found there was a consistent management team in place along with a small number of core experienced staff, however, overall, there was a high turnover of staff members throughout the previous twelve months. This impacted significantly on the children. The children raised this issue previously with staff and it was noted on the care records, the children also highlighted the issue of staff leaving with the inspectors. additional staff for the centre and were on-boarding at the time of the inspection.

Inspectors were informed at the time of inspection that the organisation was in the process of implementing of a new model of care. Training had commenced for managers but there was there was no clear time frame for staff training and the implementation of the model. Inspectors recommend that this issue is prioritised and addressed by senior management.

All team members were trained in a recognised model of behaviour management and there was evidence of regular refresher training completed by staff. The centre had a range of supporting documents to guide them to support the children's behaviours that included working guidelines and individual absent management plans. As previously highlighted there had been a high level of staff turnover in the year prior to inspection. Inspectors found that this had impacted on the centres capacity to manage behaviour in terms of maintaining a consistent approach and the implementation of these guidelines and plans.

Each child had an individual crisis support plan (ICSP) that outlined intervention strategies to be employed when the children presented with behaviour that challenges. The children's ICSP allowed for the use of physical intervention as a last resort, however, the ICSP's did not identify the specific physical restraint

interventions that were permitted or the contra-indicators to undertaking physical restraint for one of the children. The ICSPs must be reviewed and updated in this regard.

The management and the care team displayed an understanding of the children's behaviour and had insights into the meaning behind these behaviours. The focus was to help and support the children to learn more positive ways to manage their feelings. The children were aware of the expectations for their behaviour through key working, young people's meetings and on-going discussions with staff. A review of significant event records (SENS) evidenced that life space interviews were carried out following incidents in an effort to support the children to understand their behaviour and reflect on more appropriate ways to manage their feelings. Interviews with staff and a review of the care records evidenced a therapeutic and nurturing approach. Targeted work was undertaken with the children to support them to understand their behaviours and to learn new coping skills. The staff used age-appropriate resources including visual tools and role play to support the children's learning.

The staff interviewed were attuned to the children's current emotional and behavioural presentation as well as their mental health and emotional vulnerabilities. It was evident that staff were committed to the children and were able to identify the progress they had made since their admission. The approach to promoting positive behaviour was based on positive reinforcement and was not reliant on the use of sanctions. The centre environment was adapted to meet the needs of younger children with positive age-appropriate murals, pictures and artwork on display.

The allocated social worker and Guardian ad Litem for the children were satisfied with the centres approach to supporting the children's behaviour. They were satisfied with the quality of care the children had received to date and acknowledged the commitment of the managers and the care staff to the children and their child centred approach.

A behaviour support specialist attached to the service had provided the team with some guidance to assist them in understanding the underlying causes of behaviour. Staff interviewed stated that the team would benefit from additional clinical guidance to support the children given the complexity of their needs and in managing the sibling dynamics. The children were also linked in with a range of external specialist services and engaged positively in the organisations adventure programme.

There was evidence that the centre manager, regional manager and where appropriate the centre's behaviour management trainer monitored and reviewed the centres approach to managing behaviour, commenting on the quality of interventions. Approaches to behaviour management were also reviewed through a range of other forums including team meetings and at the organisations centre managers weekly meetings. SEN's were risk rated and significant event reviews, following more serious incidents, were attended by senior managers and the services behaviour support specialist. All staff interviewed confirmed that SEN reviews had taken place following serious incidents and learning outcomes were identified. Inspectors were informed that in January 2024 there was a change in the external auditing system as the organisations auditor was no longer in post. External auditing of the centres approach to managing behaviour that challenges was now the responsibility of the regional manager.

The centre had a written policy on the use of restrictive procedures. Following a review of the records the inspectors found there was a lack of clarity in relation to restrictive practices. Inspectors found there were active risk assessments in place for a number of restrictive practices that were no longer being implemented and the files were not updated to reflect this. In addition, inspectors were made aware that the centre currently locked some internal doors at nighttime which was recorded as a safety measure however this practice must be risk assessed and recorded as a restrictive practice.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that there is a clear time frame for the implementation of the centres new model of care.
- The centre manager must ensure that the children's ICSPs are reviewed to specify the physical interventions that are permitted and identify contra-indicators to physical restraint where relevant.
- The centre manager must ensure that all restrictive practices are reviewed in the centre and recorded appropriately.

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.

At the time of inspection all three children attended school in the community. The children had exemplary attendance records and participation in the whole school community was supported and encouraged by staff and school personnel. There was a focus on education in the children's placement plans and their educational progress was reviewed regularly at care plan and team meetings. It was evident from the records that all the children had made considerable progress in their education since their admission to the centre.

Inspectors found that the school the children all attended were exceptional in their efforts to support them, not only in relation to their educational needs, but in terms of their overall wellbeing. When the children faced challenges in the school environment such incidents were managed appropriately and sensitively by the school personnel. The school personnel displayed a strong commitment to the children and they attended the care plan reviews and provided feedback on the children's progress. Equally, the centre records evidenced that the school appreciated the high level of support they received from the staff team that enabled them to support the children in their education.

The children's social worker and Guardian ad Litem in interview also highlighted the commitment and collaboration between the school and the centre in their efforts to meet the needs of the children. A parent of the children who spoke to inspectors stated they were kept updated on the children's progress and also expressed their happiness at the level of progress the children were making and the level of work being done to facilitate this by both the school and the centre.

The centre maintained a record of each child's educational progress on file including, school reports, certificates of achievement along with evidence of consistent communication between the centre and the school.

There was evidence on key work records of regular discussions with the children in relation to their school progress. At the time of inspection, no educational assessments were required for the children. Inspectors found that recommendations and supports identified in previous assessment reports on file were implemented with the exception of occupational therapy services which the social worker informed inspectors were now sourced. The centre also made efforts to require additional supports when required and had sought guidance from the Special Educational Needs Organiser support service (SENO) and the National Educational Psychological Service (NEPS) when required.

Within the centre there was adequate space for the children to do their homework and appropriate educational resources were available to them. There was ample evidence to show how staff supported the children to reach their potential and maximise their individual strengths and abilities which was demonstrated by their level of involvement in a range of extracurricular activities in various sports and clubs in the community.

Compliance with standards	
Practices met the required standard	Standard 4.3
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

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	The registered provider must ensure that all allegations against staff are managed and recorded appropriately in accordance with centre policy and Childrens First guidance.	The centre manager will ensure communication with the social work department is made a timely manner in relation to all allegations against staff. On 27/02/2024 a review of Child Protection Policy will take place in the team meeting. Training in relation to disclosures of abuse will take place at the team meeting.	The regional manager will ensure oversight and review all CPWRF documentation and ensure the reporting and management of the concern is in line with the centres Child Protection and Safeguarding Policy in line with Children's First Guidance. This will be reviewed in the Child Protection Audit, scheduled for March 2024 and takes place quarterly.
	The centre manager must ensure that when submitting a joint report on the Tusla portal that the Child and Welfare Report Form includes the name of the staff member who received the child protection concern in accordance with Childrens First reporting procedures.	The centre manager will ensure that the correct mechanisms for the joint reporting are used. This will be reviewed with the team at the team meeting on 27/02/2024.	The regional manager will ensure that the correct mechanisms for the joint reporting are used through auditing all documentation as part of quarterly Child Protection Audits and through the Monthly Service Governance Reports.
	The registered provider must ensure that there is a clear time frame for the	An organisational decision has been made to cease progress with the current model of care. An alternative model of care has been	The staff team remain informed on the progress around the new model of care. The centre manager will ensure that there

	<p>implementation of the centres new model of care.</p> <p>The centre manager must ensure that the children's ICSPs are reviewed to specify the physical interventions that are permitted and identify contra-indicators to physical restraint where relevant.</p> <p>The centre manager must ensure that all restrictive practices are reviewed in the centre and recorded appropriately.</p>	<p>identified and is currently at service level agreement stage.</p> <p>The Indication of physical restraint has been added to the ICSP where relevant. This was reviewed in the team meeting on 27/1/24.</p> <p>A restrictive practice Risk Assessment has been updated on 16/2/24 to include the highlighted areas.</p>	<p>is open communication and robust training, and development plans are put in place for the team. This will be communicated to ACIMS by the C.E.O. once the plan is finalised. This is anticipated to be March 2024.</p> <p>The Individual Crisis Support Plan (ICSP) is reviewed monthly by the centre manager. This will also be reviewed by the regional manager through external auditing.</p> <p>Restrictive Practices are reviewed in the monthly Service Governance Report by centre management. All professionals review restrictive practice in monthly child in care reviews.</p>
4	N/A		