



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 146

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Three young people
Type of Inspection:	Unannounced
Date of inspection:	6th, 7th & 10th November 2023
Registration Status:	Registered from 1st March 2022 to 1st March 2025
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	6th February 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 on the 3rd December 2018. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 1st March 2022 to the 1st March 2025.

The centre was registered as a multi-occupancy service to accommodate three young people from age thirteen to seventeen on admission. The centre's model of care consisted of a number of components including the Sanctuary Model based in trauma theory and a behaviour modification, trauma informed crisis prevention and management system. There were two young people resident in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Effective Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers, and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the 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 18th December 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 6th January 2024. The CAPA returned was used to inform the registration decision. 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: 146 without attached conditions from the 1st March 2022 to 1st March 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.

The young people met with inspectors and stated they were happy living in the centre, they felt listened to and were satisfied that their views and preferences were taken into account in relation to their care. The care records evidenced consultation with the young people and encouragement and support from staff to be actively involved in decision making in relation to their care. Their input was evident in aspects of their care for example, placement planning, menus options and the décor of their bedrooms. Inspectors found there was a culture of openness and transparency within the centre and this was evident across a range of care records including complaints, young people's meetings and team meetings. There was a consistent management team in place and a number of experienced staff members which was beneficial in terms of establishing relationships with the young people. While in the centre the inspectors observed positive interactions between the staff members and the young people. The staff demonstrated nurturing, child-centred approaches to the young people's care in line with their individual needs and level of functioning.

The centre had a complaints policy and procedure in place and the young people were aware of how to make a complaint. There was evidence on file that when the young people were admitted they were provided with age-appropriate information on the centre. Individual work was completed with them in relation to their rights including the centre's complaints process and their right to access their care records. One of the young people showed the inspectors the information folder they received on admission. The folder included details of the centres complaints process and information on other external agencies that could be contacted if they had a complaint. Additionally, there was information on the national advocacy service for young people in care, EPIC (Empowering Young People in Care), the Ombudsman for Children and Tusla's "Tell Us" complaints and feedback procedure. An advocacy worker from EPIC had also visited the centre and met with the young people.

A review of young people's house meetings and key working records provided evidence that the complaints process had been discussed with the young people on a regular basis. There was also copies on file of information booklets provided to parents with the name of the manager and other individuals they could contact if they had a concern or complaint. Inspectors spoke with one parent during the inspection and they were satisfied that any complaints made by their child had been responded to appropriately.

Inspectors reviewed the complaints recorded on file and were satisfied that they were well managed. Social workers confirmed they were notified of complaints in a timely manner. There was a section in the young people's daily logs titled "opinions of placement" which was used to record minor issues that young people may have in relation to their care. Inspectors were informed that this was overseen and monitored by the centre management.

There was evidence that complaints were reviewed by the centre manager and externally by the regional manager. Complaints were a standing agenda item at all team meetings and recorded in the monthly service governance reports completed by the manager that provided an overview of complaints. The organisations quality assurance auditor conducted a themed audit under the National Standards for Children's Residential Centres, 2018 (HIQA) in June 2023. The centre's complaint procedure was reviewed with required actions identified which were addressed at the time of the inspection. There was also evidence that the regional manager and other senior management met periodically with the young people to enquire if they were happy with the care they received.

Inspectors were informed that the effectiveness of the complaints process had been reviewed across all the organisations centres prior to the inspection. Following a review of questionnaires completed by the young people as part of this process the inspectors found that young people indicated they were satisfied with the current complaint procedure in place. There were a number of recommendations from this organisational review which were due for implementation for example to create a more colourful complaints form for the young people and a recommendation that the complaints process is discussed in young person's meetings twice a year at a minimum.

Compliance with regulations	
Regulation met	Regulation 5

	Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
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 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 found that the centre had a range of policies and procedures in place to protect and safeguard the young people from abuse and neglect in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017 and other relevant legislation. The centres Child Protection, Safeguarding & Reporting Policy was updated in February 2023 and the regional manager attended a team meeting in June 2023 to discuss the policy with the staff team. Records of team meetings showed that safeguarding and child protection was a standing agenda item at all team meetings.

The centre had a Child Safeguarding Statement (CSS) in place which was on display in the centre. The statement identified the regional manager as the Designated Liaison Person (DLP). Some staff interviewed by the inspectors were not familiar with the risks identified on the centre's CSS and it must be reviewed again with the team. All staff had undertaken the Tusla e-Learning module: Introduction to Children First, 2017 and training in the centres child protection and safeguarding policies. The majority of the team had also received training in mandated person and child sexual exploitation training. Inspectors found that not all staff members were

clear in interview regarding the procedures to follow in the event of a disclosure of a child protection concern. In addition, there was uncertainty regarding the roles and responsibilities of mandated persons, the identity of the DLP and the implementation of the centres whistleblowing policy.

The centre had an anti-bullying policy in place and while there were occasions when there were negative dynamics between the young people there was no evidence of bullying behaviours. Group dynamics and incidents/complaints within the resident group were appropriately recorded, reported and managed with identified learning outcomes. There was evidence that bullying was also discussed at young people's meetings. The centre had a written policy on young people's use of electronic equipment and there were appropriate safeguards in place in relation to the young people's use of the gaming consoles, internet and social media.

The centre maintained a register of child protection concerns. The inspectors examined the records of child protection concerns on file and found that child protection and welfare report forms (CPWRFs) were appropriately recorded and reported promptly to Tusla. All staff members were individually registered on the Tusla portal to facilitate them to report a child welfare or protection concern. Inspectors found that in most cases the centre manager took the lead to complete and upload the CPWRFs to the Tusla portal. However, the inspectors noted that on some occasions the name of the staff member who received the information from the young person in relation to the child protection concern was not identified as a reporter on the CPWRF. 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. The child protection register evidenced that the centre manager was proactive to follow up on reported concerns with the relevant social workers to ascertain the status of the reported concern.

There was evidence that risk assessments were undertaken and safeguarding measures put in place where required in response to child protection concerns. Oversight of child protection concerns was evident in the service governance reports and in regional manager reports and quality assurance audit reports. There were measures in place through joint working with social work departments to ensure parents were notified of any allegation of abuse. The centre maintained records of all family and professional contacts.

There were preadmission risk assessments on file for both young people in placement. Individual risk assessments were developed in response to risks

associated with the young people's presentation and there were safeguarding measures identified to protect them. Staff interviewed were aware of the vulnerabilities and risks associated with each young person in placement. Safety plans were also developed when required. There was evidence of oversight of the centre's risk management systems by internal and external management.

The inspectors met with both young people in placement. They stated they felt safe and well cared for within the centre and identified staff members and managers they could speak with if they had a concern. Social workers for the young people also confirmed they were satisfied their allocated young person was safe and cared for effectively. They were satisfied the centre had appropriate measures in place to keep the young people safe. Inspectors found evidence on file of individual work undertaken with the young people in terms of keeping themselves safe including discussions on internet safety and cyberbullying.

The organisation had an "Honesty and Whistle Blowing Policy" that outlined the procedure in place for making a protected disclosure. This policy outlined the investigative process and identified internal managers and some external agencies such as a solicitor, the Gardai or Tusla to whom individuals could raise their concerns. However as previously identified not all staff interviewed were familiar with this policy.

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 centre manager must ensure that all staff are aware of the procedures to be followed in the disclosure of child protection concerns, the role and responsibilities as a mandated person, the identity of the DLP and the centres whistleblowing policy.

- 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 Children's First reporting procedures.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

The centre had a policy on the general health, development and wellbeing of the young person to guide staff to meet the health and developmental needs of the young people in their care. Each young person had an up-to-date care plan which outlined their physical and mental health needs. There were comprehensive medical records on file for both young people including medical, educational and psychological reports to inform necessary interventions. Inspectors reviewed vaccination records on file and found that there was no record of the young people having received the HPV vaccine and this should be followed up with the allocated social workers.

All young people had attended a health assessment with a general practitioner (GP) on or following admission and had on-going access when required. There was evidence that the young people had access to dental and optical services when required. Both young people were linked in with a range of specialist services and efforts were made to encourage the young people to attend their appointments.

At the time of inspection, the centre was attempting to access additional specialist and assessment services for one of the young people who had complex needs. There was a delay in the social work department accessing one of these assessments which was significant in determining an appropriate educational placement and further therapeutic intervention for the young person. The young person had three different social workers allocated to them since their admission and this had significant impact on planning to promote their health and development needs. At the time of the inspection the regional manager had escalated the centre's concerns in relation to the delay in accessing this assessment to the social work team leader. The young person's parent also spoke to the inspectors and highlighted their concerns that their child did not have an appropriate educational placement. The young person's current social worker informed inspectors that there were ongoing efforts to access this assessment.

There was evidence that staff had undertaken individual work in relation to a number of health issues with the young people including diet and healthy eating which needs to be maintained. Additional guidance for the team in relation to nutrition was being sought as required based on the young people's needs and presentation. The inspectors reviewed the individual work and key working on file and found, for one young person, there was no educative work undertaken with them on sexual development and puberty since their admission. Furthermore, inspectors found that the centres policy in relation to sexual health outlined that the centre required permission from the social work department and parents to undertake this work. Inspectors recommend that the policy is reviewed and that sex education will be undertaken with the young people in consultation with parents and social workers as opposed to seeking their permission. Key working records showed that young people were being supported in terms of maintaining their mental health and managing their emotions and staff had received "safe talk" suicide awareness training. Some staff interviewed stated that training in gender identity would be beneficial for the team.

The centre had a medication management policy that was in line with good practice. Training records provided to inspectors evidenced that all staff had received training in the administration of medication. There was a number of medication administration errors recorded in the months prior to inspection and there was evidence that these had been reviewed for learning purposes and the medication policy was reviewed at a staff meeting. Centre management must maintain a close oversight of this issue as post inspection, inspectors were informed that another medication error took place. The medication files were well organised with evidence of centre management oversight.

Compliance with regulations	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that sex education is incorporated into one of the young people' placement plan.
- The centre manager must ensure that all staff understand and are adhering to the centres medication management policy.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	N/A.		
3	The centre manager must ensure that all staff are aware of the procedures to be followed in the disclosure of child protection concerns, the role and responsibilities as a mandated person, the identity of the DLP and the centres whistleblowing policy.	Internal Child protection training refresher to be provided to staff team at team meeting on 04/01/2024. This training provides an overview of procedures to be followed in the disclosure of child protection concerns, the role and responsibilities as a mandated person, the identity of the DLP and the centres whistleblowing policy. All staff members to be encouraged to refresh children's first- and mandated-person training on Tusla eLearning platform. Honesty and whistleblowing policy to be reviewed as part of team meeting 04/01/2024 to further ensure understanding of policy following training.	Quarterly review at team meetings of procedures to be followed in the disclosure of child protection concerns, the role and responsibilities as a mandated person, the identity of the DLP and the centres whistleblowing policy. Any staff members who are unsure of procedures or responsibilities will be required to complete children's first- and mandated-person eLearning program to refresh information and knowledge. Quarterly review of honesty and whistleblowing policy to be completed also.

	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.	Centre manager to ensure that all joint reports for CPWRF's includes the name of the staff member who received the child protection concern. Centre manager to provide guidance to team on the steps involved in submitting a CPWRF on the TUSLA portal at team meeting on 04/01/2024. Follow up to occur during supervisions scheduled for January 2024 with all team members to ensure all team members are clear on the steps involved.	Quarterly review at team meetings of the steps involved in submitting a CPWRF on the TUSLA portal, to ensure all staff remain familiar with same. All new staff will also be provided with guidance on steps involved in submitting a CPARF on the Tusla portal.
4	<p>The centre manager must ensure that sexual development and puberty forms part of one young person's placement plan moving forward.</p> <p>The centre manager must ensure that all staff understand and are adhering to the centres medication management policy.</p>	<p>Busy bodies program added to placement plan for one young person for January 2024. Further resources to be explored following completion of busy bodies program, with particular focus on supporting the young person's understanding of sexual development and puberty.</p> <p>Medication management refresher training completed with team on 24/10/2023. Medication management policy to be reviewed at team meeting on 04/01/2024. All staff to be reminded of</p>	<p>All young people in the centre to be provided with age appropriate sexual development and puberty information in consultation with Social workers and families where appropriate.</p> <p>Quarterly review at team meetings of medication management policy. Any staff members involved in medication errors going forward will be required to undertake refresher of medication</p>

		the importance of understanding and adhering to the policy.	management training and will not be permitted to administer any medication until refresher has been completed.
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