



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 243

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	14th & 15th October 2024
Registration Status:	Registered from the 19th April 2024 to the 19th April 2027
Inspection Team:	Joanne Cogley Linda McGuinness
Date Report Issued:	27th November 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 1 Child centred care and Support (standard 1.1 only)	
3.2 Theme 3 Safe care and support (standard 3.3 only)	
3.3 Theme 4 Health, wellbeing & development (standard 4.2 only)	
4. Corrective and Preventative Actions	15

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 19th April 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 19th April 2024 to the 19th April 2027.

The centre was registered to provide multi occupancy short and medium-term care for up to six young people aged thirteen to seventeen. It was dedicated to the provision of placements for young people entering the country as separated children seeking international protection (SCSIP). The model of care was underpinned by the Welltree model of care which aims to be flexible and responsive to the individual needs of young people and provides a holistic approach to care. There were six young people living in the centre at the time of the inspection, one of whom was placed under derogation.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.3
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 and the allocated social workers. 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 to the relevant social work departments on the 29th October 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 8th November 2024. 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: 243 without attached conditions from the 19th April 2024 to the 19th April 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The centre had a range of policies in place relating to the rights of young people however all policies related to the organisation's mainstream centres and did not account for separated children seeking international protection. The regional manager and centre manager confirmed consideration had not been given to this when opening the centre but that discussions had occurred recently relating to the need to make organisational policies specific to SCSIP centres. Work was yet to commence on this and a timeframe for completion and rollout had not been identified at the time of inspection. Following inspection, on the 18th October the regional manager confirmed that policies would be developed throughout the month of November with a full roll out and implementation occurring before the end of the year.

Work had been completed with young people in relation to their rights to access their files, right to complain, right to feel safe / anti bullying and right to access education. One young person, who had limited English, had an upcoming statutory review meeting. The centre had engaged the services of a translator to meet with the young person and go through the “me and my care plan” form to ensure their views on placement were included. Inspectors spoke with the allocated social workers for four young people and all confirmed they were satisfied young people’s rights were being upheld within the centre. Social workers had visited the house and did not have any concerns in relation to the dynamics between young people and commented on the positive, supportive atmosphere within the house.

A welcome booklet was in place for the young people however, similar to policies, this focused on children in the mainstream centres and did not account for the profile of the current cohort of young people. It did not include relevant topics such as access to translators, access to services to aid with family reunification / location, access to local mosques / halal services to name a few. Consideration had also not been given to translating the booklets into native languages. The welcome booklet was discussed as part of an initial key working session with all young people however as aforementioned at the time of admission some young people struggled with the English language.

Inspectors noted a restrictive practice in place at the time of inspection in the form of door alarms. The risk assessment in place and team meeting minutes review of this noted these were in place “due to the number of young people in placement”. Social workers were aware this was in place. Numbers of young people in placement do not necessarily constitute a risk and inspectors recommend this risk assessment is reviewed with young people’s rights taken into consideration.

Inspectors met with three young people, and all stated they were happy in the house, felt safe, and felt respected. They spoke positively of their experience and staff members supporting them where required. All three were in education in the local community. They confirmed they had been supported to find and attend their local mosques and halal shops and were actively involved in cooking and menu planning within the house. Young people were also provided with prayer mats and religious prayer books upon admission and important religious services / holidays were observed within the house. Social workers agreed that young people’s religious and cultural identities were well supported within the centre.

Young people had developed a list of likes at a recent young person’s meeting relating to breakfast and lunch items and staff prepared meals daily based on the foods they identified. Young people engaged in weekly dinner planning and at times cooked for themselves and the group. One young person had suggested at a recent meeting that a traditional food night for their home country be catered for, this was yet to occur. Where relatives were in the country, phone calls and visits were facilitated with social worker approval. One young person informed inspectors how they had recently been supported by staff to find a family member in their native country through Red Cross contact tracing.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 17
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 1.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure policies are reviewed in a timely manner to meet the needs of the young people and reflect the purpose and function of this centre.
- The registered provider must ensure consideration is given to translating welcome booklets into native languages to ensure young people best understand their rights and responsibilities.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

As aforementioned the policies were not fit for purpose and did not reflect the purpose and function of the centre. A risk management policy was in place that accounted for who significant event notifications were sent to for mainstream services however this did not account for the separate reporting process for SCSIP services. This policy was updated during the inspection process and a paragraph inserted for the notification to professionals. The policy did not account for the notification to family members, it also did not account for the management or review

of incidents. Safeguarding policies did not account for the risks associated with separated children for example, practices of female genital mutilation, forced marriages, human trafficking to name a few.

Given the cohort of young people in placement, it was not always possible for management to have contact with family members. Where possible the centre would communicate with parents or significant others. Inspectors saw in one young person's case, where their parent continued to reside in their home country, the centre manager emailed regular updates to them in relation to their child's care. The parent communicated back to the centre via email and their wishes were included in planning for the young person. The allocated social worker commended the centre manager on building this relationship with the parent.

Significant events were very limited with the majority reported being admissions and positive events. Inspectors reviewed complaint records and found that any issues of dissatisfaction or complaints made were responded to promptly and to the satisfaction of young people and it was evident an open culture was promoted in the house. Inspectors reviewed a range of documents and found two significant child protection and welfare concerns that had not been appropriately reported or responded to. In one instance the concern had been reported through the significant event notification system to social workers however a CPWRF had not been submitted in line with Children First. In the second instance the disclosure had been recorded in a daily log. The centre manager was not aware of the second disclosure and no CPWRF had been reported. In both instances staff did not fulfil their role as mandated persons. Inspectors requested both disclosures be reported retrospectively through the Tusla portal, and the centre manager confirmed on the 15th October 2024 this had occurred. Staff interviewed stated they were aware of who the designated liaison person was and their role as mandated persons however this did not translate through into practice. The allocated social worker confirmed the disclosures had been reported to them post inspection. Social workers interviewed noted that on the whole, communication was forthcoming from the centre and there was regular verbal and email updates from the centre manager in relation to their allocated young person.

Inspectors found that learning from events within the centre had not been factored into a training needs analysis for staff working with the young people. Those interviewed, both management and staff members did not display an understanding of the risks and trauma experiences associated with separated children.

It is understood that prior to inspection notification there was no specific person identified with responsibility for oversight of the centre. This was confirmed by the regional manager interviewed who had been temporarily appointed to oversee the centre in the previous three weeks. The current centre manager was due to step up to a service manager role when a second SCSIP centre opened. As a result, deficits identified during the inspection process had not been identified or actioned by the organisation themselves.

Compliance with Regulation	
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 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure safeguarding policies take account of the specific risks and vulnerabilities for working with separated children and provide guidance and training to staff members in understanding how to manage risks and vulnerabilities.
- The centre manager and regional manager must ensure staff members understand and fulfil their role as mandated persons and ensure all disclosures of concern are reported appropriately.
- The registered provider must ensure the regional manager arrangements remain in place until such time as the service manager takes up position.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

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

Given the nature of the centre, it was not always possible to receive social, medical or health information from birth for the young people. There was limited information available on file with the centre learning as they go with the young people. Policies did not reflect this being a natural part of working with separated children.

All young people in placement had attended appointments with dentists, opticians and doctors as required. One young person was referred for specialist services and on a waiting list for same. All young people had been offered counselling however at the time of inspection chose not to engage in same. Allocated social workers were satisfied the young people's health needs were being adequately met and supported.

Concerns had been raised in relation to the eating habits of one young person, and whilst this had been discussed regularly in team meeting minutes, there was no clear plan in place to support or manage this behaviour. It was also not accounted for in placement planning or key work sessions. Clinical oversight was not evident in relation to the concern and guidance had not been sought from reputable agencies to support the team. The allocated social worker stated they were happy with the current monitoring of the aforementioned situation.

A second young person had made a disclosure in relation to their time in their home country. This disclosure had repercussions on their physical health and at the time of inspection they were experiencing issues that required doctor visits. Whilst the visits were supported and facilitated, through interviews it was evident that management and staff did not have an understanding of the connection between what had occurred in their home country and the subsequent medical issues and as a result had not educated the young person on the medical implications either. As discussed under standard 3.3, the centre had not taken learning from these two concerns and factored them into training requirements for the staff team working with the young people.

The centre had a medication management policy in place. This was understood by those interviewed and staff had been trained in the safe administration of medication. Medication folders were reviewed by inspectors and found to be in order.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
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 registered provider must ensure health policies are reviewed taking into consideration the profile of young people they are caring for.
- The registered provider must ensure where needs are identified, training is provided to staff in a timely manner to equip them to work with the young people.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider must ensure policies are reviewed in a timely manner to meet the needs of the young people and reflect the purpose and function of this centre.	Policy review scheduled for 20 th / 21 st November to include CEO/ Head of care/ Service manager and centre manager. This review will undertake development of policy specific and reflective of the centre for children seeking international protection. All related implementations will be completed by end of year 2024.	Once implemented policies will be reviewed every 2 years or on an as needed basis.
	The registered provider must ensure consideration is given to translating welcome booklets into native languages to ensure young people best understand their rights and responsibilities.	The young person welcome booklet will be reviewed and expanded to include young persons statement of purpose and other information deemed necessary and relevant. This will be completed by 3 rd December 2024. Following this translation services will be utilised to appropriately and correctly translate the information into identified languages currently in use within the centre and languages of	Information will be translated into any new language once informed of incoming admission. Document will be reviewed as needed with any changes to process, procedures, policies or rights-based pieces. With a standard two-yearly review also in place.

		potential upcoming admissions. This will be completed by end of December 2024.	
3	The registered provider must ensure safeguarding policies take account of the specific risks and vulnerabilities for working with separated children and provide guidance and training to staff members in understanding how to manage risks and vulnerabilities.	<p>Policies will be reviewed on 20th/ 21st November 2024 with full implementation by end of December 2024. Training for staff in supporting separated children has taken place in the area of FGM (05/11/2024), Child protection (05/11/024) and CSE (05/11/2024). Children's first is being refreshed and recertified with all team members to be completed by 15th November 2024.</p> <p>Risk management training/ workshop to take place with staff team including elements on risk identification and management, this will take place on 27th November 2024. A workshop will take place with the staff team on working with separated children seeking international protection to include culture dynamics, background and history, trauma and integration, as well as outlining specific risks and vulnerabilities related to the young people in situ and in terms of the general profiles of children seeking</p>	All new starters will undertake the same training and workshops as part of their in centre induction.

	<p>The centre manager and regional manager must ensure staff members understand and fulfil their role as mandated persons and ensure all disclosures of concern are reported appropriately.</p> <p>The registered provider must ensure the regional manager arrangements remain in place until such time as the service manager takes up position.</p>	<p>international protection. This will be completed on 17th December 2024.</p> <p>Mandated persons workshop/ training will be delivered to all staff by Regional Manager on 27th November 2024. This will be followed up with all staff recertifying in the Tusla mandated persons elearning module with all to be completed by 4th December.</p> <p>Centre manager will review all daily logs and associated daily paperwork to ensure all reports are made and reported appropriately.</p> <p>Regional manager arrangement is remaining in place at this time until service manager takes up position.</p>	<p>All new starters will undertake the same training and workshops as part of their in centre induction.</p> <p>Going forward at all times regional manager or service manager will be in place.</p>
4	<p>The registered provider must ensure health policies are reviewed taking into consideration the profile of young people they are caring for.</p>	<p>Policies will be reviewed on 20th/ 21st November 2024 with full implementation by end of December 2024. Health policies will be reviewed to include registration and medical check up with local area GP,</p>	<p>Once implemented policies will be reviewed every 2 years or on an as needed basis.</p>

	<p>The registered provider must ensure where needs are identified, training is provided to staff in a timely manner to equip them to work with the young people.</p>	<p>dental and optical checks. Any young person presenting with specific additional needs, referral to services will be requested through appropriate person or made directly from the centre.</p> <p>Training for staff has taken place in the area of FGM on the 5th November 2024. Contact has been made with external service (BodyWhys) in relation to identified additional need for one young person relating to eating disorders and a workshop/ training is scheduled for 19th November 2024. A workshop will take place with the staff team on working with separated children seeking international protection to best equip them in their work, this will be completed on 17th December 2024.</p>	<p>Should further trainings or needs be identified external supports and training will be sought.</p>
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