



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 122

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	26th, 27th & 28th June 2023
Registration Status:	Registered from 18th of November 2022 to the 18th of November 2025
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	10th August 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 November 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from the 18th of November 2022 to the 18th of November 2025.

The centre was registered to provide medium to long-term residential care for four children aged seven to eleven years on admission. On occasion, the centre was granted a derogation and children over the age of twelve lived there. The centre's care framework outlined the principles of the therapeutic approaches and models that underpin young people's placements. The framework was relationship based and had four pillars: entry; stabilise and plan; support and relationship building and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were two young people living in the centre at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
1: Child-centred Care and Support	1.5
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 to the relevant social work departments on the 12th of July 2023. The centre manger confirmed no factual inaccuracies within the report.

The findings of this report deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 122 without attached conditions from the insert date 18th of November 2022 to the 18th of November 2025 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 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Throughout this inspection it was evident that the managers and staff team, in consultation with social work departments and other professionals, placed children at the centre of all decisions taken. This standard was added after the inspection commenced so inspectors could comprehensively report the high standard of care observed throughout the course of the inspection.

The manager was a strong leader who supported and guided the team in the provision of child focused care. The care approach was individualised for each child based on their own strengths and challenges. Inspectors spoke with children and staff, reviewed centre records and observed practice. It was evident that children were afforded many opportunities on a daily basis to contribute to decisions that affected them taking account of their age and ability. Planning forums were considered from the perspective of the children and what was important to them. All communication with them took place at their level and given their young age there was thoughtful use of appropriate language and visual aids. One child requested that the centre be known as the 'house/home' rather than the official name of the centre and staff were immediately advised by the manager to be mindful of this for the particular child concerned. Children described to inspectors the positive relationships they had with the adults who cared for them. Weekly plans were developed with the children and were displayed in the centre. Each child was appointed two keyworkers and inspectors found that sensitive and considered key working and individual work took place with them.

The work in the centre was trauma informed and staff's knowledge of attachment-based responses and their understanding of the impact of adverse childhood experiences was evident (ACEs) was clear.

Community meetings were one of the tools used to implement a holistic approach, with the involvement of children, to ensure better outcomes. Space, time, and opportunity was provided so that they could contribute to daily decision making and learn about their rights and advocacy. Their rights were explained fully to them and upheld in all aspects of their care. Information about advocacy was displayed in a child friendly way in the house and children were facilitated to share this information in the community meetings when new young people came to live in the house.

The children were familiar with the national advocacy group Empowering People In Care (EPIC) and with the local EPIC advocate who visited the house regularly. One child was supported by staff when they requested to write to the President of Ireland about their long-term care. The children were confident in their knowledge of the centre's complaints procedure and stated that their complaints were listened to and responded to.

The centre manager used modelling, direction, and feedback with the team to ensure that they developed the skills required. There was evidence that the team embraced this approach and that they helped children to express their views and opinions. Children were equipped with the language of emotion to express their needs. Thoughtful consideration was given when allocating keyworkers and it was evident from speaking to children and social workers that relationships of trust were established and working well to support them in all areas of their lives. Inspectors observed warm, caring supportive interaction throughout their two days in the house.

There was evidence that children were provided with information about why staff maintained records about their care, this was regularly discussed with them and they had contributed to writing their own daily record.

A culture of respect was evident and when issues arose these were managed effectively with the full participation of children to maximise their development and learning.

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Families were involved in the care of their children in line with their current care plans. Family contact, consultation and information sharing with parents was a key priority for the managers and staff. There was evidence that the centre manager was skilled and experienced in their communications and engagement with the children's parents and families. Social workers spoke highly of the centre manager's capacity to build relationships with family members. Children were supported to understand why they were in care and to understand their family dynamics. The care plan for one child set out the social history and need for care in child friendly language. Where feasible, there was a focus on reunification with family or foster carers.

Supports and resources were made available to enable family access and sibling contact was encouraged and facilitated and set out in care and placement planning. The team were flexible and child centred and the views of young people were considered in relation to meeting their friends. Some of the children chose to invite friends to the centre while others preferred peer contact in the community.

Young people were actively involved in community activities and used local resources such as parks, swimming pools, play centres etc. Their interests, talents and hobbies were encouraged and supported. They were enrolled in various recreational camps during school holiday periods with their school friends.

Special occasions such as birthdays, personal achievements and special occasions were marked, celebrated and documented on the care records. The family of one young person participated in preparations for a special religious event and attended a party to celebrate the occasion. Children were proud to show inspectors photos of these special occasions and of their achievements that were displayed throughout the house and in the children's bedrooms.

Children were facilitated to communicate with families. Access to the internet was supported by child protection and safeguarding protocols. Children had supervised access to streaming services. None of the children had mobile phones but they were being prepared in advance about safety online and the responsibilities that come with having a mobile phone.

The manager and team were also conscious to ensure the children had the same opportunities as their peers and they communicated closely with the schools in this

regard. One child was facilitated with access to a music streaming service when they made a complaint that was upheld by the manager.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.3 Standard 1.5
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.

The centre's safeguarding and child protection policies and procedures were reviewed in March 2023 and inspectors found they complied with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. These policies included child protection, safeguarding and reporting, staff recruitment and selection, training, child sexual exploitation, bullying and maintaining professional boundaries. The centre had a child safeguarding statement dated 26th April 2023 that contained all relevant information including an up-to-date risk assessment and appropriate control measures. The statement was displayed in the centre as required and there was an accompanying letter of compliance from Tusla's Child Safeguarding Statement Compliance Unit (CSSCU).

Following a review of personnel files and training records the inspectors found that all staff received training in the Tusla e-learning module: Introduction to Children First, 2017 and in the centre's child protection and safeguarding policies. Staff interviewed were familiar with the role and responsibilities of the designated liaison person (DLP) and identified the regional manager as the DLP. As required, the centre manager maintained a list of all mandated and non-mandated persons in the centre and staff had completed the Tusla mandated person eLearning training. Staff were all registered on the Tusla portal to facilitate reporting a child protection or welfare concern and in interview described appropriate responses and reporting procedures regarding disclosures of abuse. A comprehensive child protection and safeguarding folder was available to guide staff. Staff interviewed were aware of their statutory responsibilities as mandated persons.

The centre maintained a register to record all child protection concerns including those that did not meet the threshold for a mandated report. Following a review of care records inspectors were satisfied that all child protection concerns were reported and managed appropriately. Inspectors found that the records were maintained to a high standard and facilitated oversight, tracking, appropriate escalation, and details of conclusions/outcomes.

Child protection was included as a standing agenda item at team meetings and there was evidence of in-depth discussions related to risk, safety and protecting children. Monthly service governance reports completed by the centre manager included a review of child protection and were overseen by the regional manager both online and during their visits to the centre.

Inspectors reviewed a sample of personnel files and found that the recruitment training and selection policy was adhered to and that safe recruitment practices were in place. All staff files contained appropriate Garda and overseas police vetting, evidence of qualifications and three written verified references as required.

The safeguarding policies included an anti-bullying policy. Staff interviewed demonstrated a keen awareness of any signs of potential bullying. This behaviour was a concern in the months prior to inspection and children spoke up about this and were confident to make a complaint. Inspectors found that these complaints were upheld immediately, and children were reassured of their right to feel safe in their home. Inspectors found that the issue was dealt proactively in a robust and transparent manner and the records supported prompt action and advocacy for young people. The manager and team carried out individual work with all young

people to address bullying and harmful behaviour and the children devised a contract of behaviour to keep the house safe for all. There was a balanced approach whereby children were safeguarded as well as an exploration of the function of behaviour and supportive interventions for another child. Appropriate child protection welfare referrals were made to Tusla in line with Children First when behaviour was considered to reach the threshold of harm. Timely strategy meetings with all social work departments took place and safety plans were implemented and reviewed regularly. The children who spoke to inspectors said the adults responded quickly to keep them safe and that they were “*told what was happening*” in response to their concerns. They told inspectors they were fearful previously, but they felt safe now.

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 were implemented in consultation with allocated social workers. None of the children had unsupervised access to the internet but had access to streaming services for movies and games under adult supervision.

Preadmission individual and impact risk assessments were developed prior to admission to identify and address areas of individual vulnerability or risk including the potential risks within the group dynamic. All social workers confirmed in interview that they received these risk assessments and were made aware of any potential safety concerns.

Interviews with social workers, centre staff, Guardians ad Litem and a review of centre records evidenced that all relevant professionals worked in partnership to ensure optimum care and protection. Inspectors spoke to all social workers, and each confirmed their allocated child was well cared for and that the issues related to safeguarding described above were dealt with in a robust, child friendly manner with positive outcomes.

There were agreed procedures in place to inform parents of allegations of abuse in consultation with social work departments.

As part of safeguarding and best practice the organisation had an “honesty and whistle blowing policy” dated July 2022 that outlined the procedure for a staff member to disclose any wrongdoing, illegal practices or unethical conduct which came to their attention. Staff interviewed were confident they could call out poor practices without fear of adverse consequences and they identified people to whom they could report their concerns.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.1
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 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.

Inspectors found that the management and staff team adopted a holistic approach and prioritised the health and wellbeing of each of the children to support them to reach their full potential. There was a policy on the “general health, wellbeing and development of the young person” that included physical health, exercise, diet and nutrition, sexual health, substances misuse awareness, emotional and specialist supports and bullying.

The centre worked closely with supervising social work departments and social workers who spoke to inspectors were satisfied that all health and development needs were being addressed in line with care plans. Each child had monthly child in care statutory child in care review meetings. There was a slight delay with the provision of the most up to date care plan for one young person due to the implementation of a new system across Tusla. The social worker confirmed that it was prepared and would be sent as soon as the issue was resolved.

Inspectors reviewed the care plans on file and found that they identified the health and development needs for each child. There was a section of the records dedicated to health and medical needs. These records were clear and complete and subject to appropriate oversight. There was a comprehensive record of immunisations, medical, and psychological reports. Each child had a medical card and signed medical consent forms on file.

A basic care audit was conducted monthly which included an assessment of the children's health needs. However, inspectors noted that health was not a standing item on the placement plan pro forma form and recommend this is added to fully align it with care plans. Staff were specifically assigned pieces of work to follow through relating to health and other needs. Keyworkers co-ordinated routine medical, dental, and optical check-ups. Child friendly resources were used to teach children about their health and wellbeing.

Children were all assigned a local general practitioner and received prompt medical attention if they were unwell. Health issues of a sensitive nature were managed thoughtfully and respectfully. There was appropriate sharing of information with relevant professionals to support children.

There were comprehensive psychological reports on one child's file and the psychologist who worked with them facilitated additional training and guidance to the staff team. The feedback in interviews with staff was overwhelmingly positive and they felt that it facilitated them to have a greater understanding of the child's presentation and thus to respond more effectively to their needs. A second child moved into the centre in January 2023 and was referred for a range of assessments to facilitate effective planning. These assessments had commenced at the time of inspection.

Inspectors found that children were encouraged and facilitated to participate in sports and recreation/leisure activities of their choice. The centre had a trampoline, swings, and a large pool so children were also active when at home. Healthy, homecooked meals were prepared in consultation with the children.

Supplementary training was available to the staff team to support them with specified health needs including the use of an EpiPen for severe allergies. Parents were kept up to date on their child's progress or any significant issues. The centre had a written medication policy and a comprehensive medical folder for each child with all relevant information for staff including the ten 'rights of medication'. All staff received

training in the safe administration of medication and the records showed evidence of oversight and adherence to organisational policy. Medication was stored securely, there were regular stocktakes, check and balances and unused medication was returned to the pharmacy.

Inspectors found written confirmation from designated GPs approving PRN medications such as antihistamines, creams, cough syrup and age-appropriate paracetamol-based medications.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
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
1	None identified.		
3	None identified.		
4	None identified.		