



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Odyssey Social Care
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	14th & 15th May 2024
Registration Status:	Registered from 18th of November 2022 to the 18th of November 2025
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	25th June 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 November 2016. 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 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. The centre's care framework was based on the Well Tree model of care. The model provided trauma informed outcome focused care to young people. It was designed for impact in improving complex traumatised children's wellbeing and ensured the voice of the child was central and focused on the child's strengths and concerns and was not just a response to their behaviour. There were two young people living in the centre at the time of inspection. One young person was placed outside of the centre's purpose and function and a derogation was approved by the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
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, 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 31st May 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 17th June 2024. This was deemed to be satisfactory.

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: 122 without attached conditions from the 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 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

One young person had lived in the centre over twelve months, whilst the other moved in before Christmas 2023. Both were under the age of twelve and in line with National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive, statutory reviews were occurring monthly, however up to date care plans were not on file for either young person. There was evidence to show care plans had been requested by the centre manager and escalated by the regional manager. social worker cited lack of staff resources as reason for the delay in providing the centre with up to date plans. The centre manager kept their own detailed minutes on file from statutory reviews that had occurred. The children did not participate in their reviews, nor had they been invited to do so by the social work department and only recently had completed a “me and my care plan” form for the first time. The centre manager explained there was a plan in place for the next child in care reviews to occur in the centre with the children attending a portion of the meeting.

There were up to date placement plans on file for both children, prepared by key workers. These had clear, tangible goals. Each child had an allocated key worker and from a review of records it was evident these two key workers were the consistent people carrying out key working sessions. Key working with the children was to a high standard with age-appropriate social stories, flash cards and worksheets being utilised to educate the children. Both children indicated in their inspection questionnaire that if they had anything they wished to talk about, good or bad, they would speak with their key worker.

One young person was admitted to the centre in December 2023 with an identified onward foster placement. Unfortunately, this broke down and no other foster placement could be identified. The young person had made a complaint in relation to not knowing where they would be moving to, and it was evident this lack of clarity was having a negative impact on the child and their emotional regulation. This complaint was escalated to the social work department, however a satisfactory response had not been provided to the child. In recent weeks, the centre manager was informed the young person had been accepted by another residential centre however there was no transition plan in place or definitive timeline for admission. Records showed that the young person was thriving in their current placement, had begun playschool and was creating attachments with the team. Due to the unknown status of the onward placement, no therapeutic supports were in place and the centre were not in a position to adequately plan for primary school in September. Inspectors spoke with the allocated social worker in relation to the importance of a decision being made to allow the centre to adequately plan and prepare the young person. The social worker indicated a final decision would be made by the end of June as to whether the young person will remain in placement or move to the new placement.

The other young person was progressing well in placement, attending school daily and attending local community activity groups. Inspectors observed interactions throughout the course of inspection and found the children to present as feeling safe and comfortable within the setting. Staff had a caring, affectionate approach to the children and were attuned to their needs. There was a lot of play in the house throughout the course of the inspection. Whilst physical affection was part of the day-to-day living, intimate care was not required for either child. An updated intimate care policy had been developed and inspectors were informed it had been rolled out on the 17th May to all staff in the centre. The allocated social worker for the younger child had no concerns in relation to the physical care being provided to the child.

Inspectors spoke with both allocated social workers who noted that communication with the current centre manager was to a high standard with them making efforts to ensure families and significant others were kept up to date also.

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

The staff and children moved to a new house purchased by the organisation in November 2023. This was a modern two storey house in a cul de sac estate. It was clean, appropriately decorated and maintained in good structural condition. The layout and design of the residential centre was suitable for providing safe and effective care to the two children living there at the time of inspection. There were sufficient bathrooms, and it was well lit, heated and ventilated. Both children had their own bedrooms. Inspectors viewed one bedroom, it was clean, tidy and appropriately decorated given the young age of the child. There was evidence of age appropriate bedtime routines including settling time and story time. Both social workers were of the opinion the house was meeting the needs of the children, allowed them space to play and interact appropriately and felt it was warm and inviting during their visits.

There was a sitting room and playroom within the house and large gardens outside, all of which provided ample opportunities for rest, play and skills development. There were lots of toys and outside there were swings, football goals and one of the children had begun potting herbs. Inspectors observed interactions between the staff and children throughout the day and it was evident play formed a large part of interactions.

One of the children living in the house had been part of the house move and was involved in picking out items for the new house. The other child moved to the new house and was involved in decorating their bedroom. There were lots of photos displayed throughout the house of the children and staff, and the children had family photos in their bedrooms.

Inspectors reviewed the centre's fire register and found it to be consistently completed with no issues of note. Extinguishers and alarms had been serviced by an external contractor three times since moving to the new property. There were personal emergency evacuation plans (PEEPs) given the young age of the children. Staff interviewed weren't overly familiar with the content of same and should refresh their knowledge of the evacuation plans should they be required.

The centre had a site-specific health and safety statement outlining roles and responsibilities. There were also site-specific environmental risk assessments in place. Inspectors found, during interviews with three staff members, knowledge and

awareness of roles, responsibilities and hazards to be lacking and this should be refreshed with the team.

While the house was maintained to the required standard, there were some deficits noted in the maintenance register. The register indicated that maintenance personnel had not been present in the house since early April 2024 and prior to this had not been in the house since December 2023, despite a number of issues being recorded. On the 31st January 2024 it was recorded that there was a railing loose on the stairs banister, this was not rectified until the 10th April. On the 1st December 2023 it was noted that the staff bedroom downstairs could not be locked due to an issue with it sticking, this was not rectified until the 22nd December. There were issues noted with one of the children's bedrooms on the 5th December that were yet to be rectified and it was noted on the 18th April the heating in the staff bedroom was not working, again no action appeared to have been taken. Whilst a comprehensive regional manager audit had been completed in April 2024, it did not identify the deficits noted by inspectors.

Inspectors reviewed a sample (seven) of staff training files. Of the seven files reviewed, all staff had fire safety training completed. Two staff members had first aid responder training, however four did not have any first aid training, 1 staff member had basic first aid training. All staff members had completed a recent refresher in a recognised model of behaviour management and it was noted that physical intervention was not utilised in the centre.

Given the young age of the children, it was natural that accidents such as minor falls and trips would occur. Inspectors reviewed accident reports and found they had been recorded and reported appropriately. During the inspection inspectors witnessed the aftermath of an accident that occurred, first aid had been applied and appropriate comfort and affection was provided to the child.

Inspectors saw the two centre cars, these were taxed, insured and had certificates of road worthiness. Those interviewed confirmed they were fully licenced drivers. Inspectors were provided with evidence to show the premises and building contents were adequately insured.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure all staff members are fully aware and understanding of their roles and responsibilities in relation to fire safety and health & safety.
- The regional manager and centre manager must ensure that maintenance is completed in the centre in a timely manner.
- The regional manager and centre manager must ensure all staff members are trained in a form of first aid.

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.

Both children had a number of health requirements at the time of inspection. One child was engaged with a specialist consultant and appointments had been facilitated by the centre. They had also attended the dentist and doctor since being admitted to the centre. The allocated social worker was satisfied their health needs were being met and appointments facilitated without issue.

The second child was undergoing an assessment at the time of inspection and it was envisaged this would inform supports required moving forward. This child also had a severe allergy which required the carrying of epi pens. Inspectors found there was no allergy management plan nor a robust risk assessment in place, there was no awareness of proper storage of the epi pens, neither was there an awareness of the ingredients staff should be looking out for that may trigger a reaction. The child also had other underlying health diagnoses and there was a lack of awareness as to how this may impact during an allergic episode and how to manage same. During the course of the inspection, one inspector, with knowledge and experience in this area, provided the centre manager with examples of allergy management plans and provided contact information for training to be completed. It was also noted there was a policy gap in relation to this area. Once highlighted to the centre manager and regional manager, immediate action was taken by both and an up to date, robust risk assessment was implemented. The centre manager must now ensure that the risk assessment and allergy management plan is clearly understood by staff members and supported by policy.

As mentioned under Standard 2.3 of this report, four of the seven staff training files reviewed did not have any form of first aid training which should be reflected on the centre's risk register in light of the potential need to administer first aid should the child be subject to anaphylaxis or other serious reaction as a result of their allergy.

Up to date information was on both children's files in relation to their medical needs, specialist supports and immunisation records. Both had a GP (general practitioner) in the local town.

A medication management policy was in place however staff members interviewed did not demonstrate competent knowledge of same. In addition to the aforementioned deficits above, inspectors noted that medication counts were not being completed in line with policy. The organisations policy noted stock counts would occur daily by staff and weekly by management. Inspectors noted counts were not occurring and guidance had been given to staff not to conduct counts on medications that were not actively being used. In one instance a topical cream was being used and the count stated there was one tube in place, when the cabinet was reviewed by inspectors this tube was almost empty. Again, once highlighted in verbal feedback swift action was taken by the centre manager with a new, more robust, medication count audit template implemented the day post inspection.

Compliance with Regulation	
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 the risk assessment and allergy management plan is clearly understood by staff members and supported by policy.
- The centre manager must ensure medication counts occur in line with the centre's policy on medication management.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure all staff members are fully aware and understanding of their roles and responsibilities in relation to fire safety and health & safety.	<p>Centre Manager has completed a full review of the Personal Emergency Evacuation Plans for both young people (15/05/2024) outlining the roles and responsibilities of the sleepover staff in supporting young people should an evacuation be required.</p> <p>Centre Manager and Deputy Manager used the team morning handovers to communicate the changes and their roles going forwards. This was also noted in the Team Meeting on the 29/05/2024.</p>	<p>Fire Safety to remain a rolling topic on the Team Meeting Agenda. Team responsibility to be addressed in the house induction for both new starters and relief.</p> <p>Team to be given responsibility to review the PEEPs Monthly as per best practice for their own learning.</p>
	The regional manager and centre manager must ensure that maintenance is completed in the centre in a timely manner.	The maintenance works highlighted in inspection process have now been completed as of 10th June.	A weekly review of maintenance needs in the centre will be sent by the Regional Manager moving forward with any substantial delays risk assessed for external contractors to complete if

	The regional manager and centre manager must ensure all staff members are trained in a form of first aid.	Basic First Aid Training has been sourced for all staff members in the centre who do not currently have FAR training completed. This will take place on 26th July 2024 in the centre and is an external certified training covering all elements of basic first aid.	required. FAR training is currently being rolled out across all services. Where gaps are identified in first aid training provision this will be added to our risk register and followed up with interim basic first aid training as required.
4	The centre manager must ensure that the risk assessment and allergy management plan is clearly understood by staff members and supported by policy.	Centre Manager reviewed the Allergy risk assessment (15/05/2024) and the Weekly Medication Audit for governance to include checks on the EpiPen and the Allergy Management Plan. The Allergy Management Plan presented and discussed with social worker and School at the CICR (19/06/2024). Centre Manager ordered EpiPen (Trainer Pen) to support the team in becoming more confident in using the pen. Centre manager and Deputy Manager use Supervision and Handover to asked individual team members the signs	Allergy Management and care to be a rolling agenda topic on the Team Meeting and to be a feature in the individual inductions of new staff. The Medication Management Policy has been updated to include allergy management with a view to rolling out the policy update across all services by July 2024. A session on the use of EpiPens will be delivered to the staff team in July 2024 by

	<p>The centre manager must ensure medication counts occur in line with the centre's policy on medication management.</p>	<p>of Anaphylaxis and how to support young person and use the EpiPen.</p> <p>Centre Manager and Deputy Manager completed full review of the Medication folders and medication cabinet (15/05/2024). Counts were completed with what was stored for each young person in line with policy. Medication for both young people is now stored and labelled – easily identifiable. This was discussed with the team in handover and in the team meeting on the 29/05/2024.</p>	<p>a clinical nurse.</p> <p>Medication Management Policy has been updated to include management of low-risk medications. This includes medication in liquid, spray or cream form that can be risk assessed as excluded from the count process. The medication policy update will be rolled out in all services by July 2024 via team meetings in each service.</p>
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